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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-20-20EN; Docket No. CDC-2019-  
0116]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and  
Prevention (CDC), Department of Health  
and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
Control and Prevention (CDC), as part of  
its continuing effort to reduce public  
burden and maximize the utility of  
government information, invites the  
general public and other Federal  
agencies the opportunity to comment on  
a proposed and/or continuing  
information collection, as required by  
the Paperwork Reduction Act of 1995.  
This notice invites comment on a  
proposed information collection project  
titled “Identifying Information Needs  
and Communication Channels for  
Reaching At-Risk Populations During  
Emergencies”. This information  
collections aims to understand the  
preferences, needs, and challenges of  
persons with limited English  
proficiency (LEP) in accessing and  
understanding health protection  
information during an infectious disease  
emergency as well as persons who will  
likely help them navigate and  
understand health information during  
an outbreak: Family, physicians, staff at  
community-based organizations, and  
staff at local public health agencies.

**DATES:** CDC must receive written  
comments on or before March 23, 2020.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2019-  
0116 by any of the following methods:

- *Federal eRulemaking Portal:*  
*Regulations.gov.* Follow the instructions  
for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information  
Collection Review Office, Centers for  
Disease Control and Prevention, 1600  
Clifton Road NE, MS-D74, Atlanta,  
Georgia 30329.

*Instructions:* All submissions received  
must include the agency name and  
Docket Number. CDC will post, without

change, all relevant comments to  
*Regulations.gov.*

*Please note:* Submit all comments  
through the Federal eRulemaking portal  
(*regulations.gov*) or by U.S. mail to the  
address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
request more information on the  
proposed project or to obtain a copy of  
the information collection plan and  
instruments, contact Jeffrey M. Zirger,  
Information Collection Review Office,  
Centers for Disease Control and  
Prevention, 1600 Clifton Road NE, MS-  
D74, Atlanta, Georgia 30329; phone:  
404-639-7570; Email: *omb@cdc.gov*.

**SUPPLEMENTARY INFORMATION:** Under the  
Paperwork Reduction Act of 1995 (PRA)  
(44 U.S.C. 3501-3520), Federal agencies  
must obtain approval from the Office of  
Management and Budget (OMB) for each  
collection of information they conduct  
or sponsor. In addition, the PRA also  
requires Federal agencies to provide a  
60-day notice in the **Federal Register**  
concerning each proposed collection of  
information, including each new  
proposed collection, each proposed  
extension of existing collection of  
information, and each reinstatement of  
previously approved information  
collection before submitting the  
collection to the OMB for approval. To  
comply with this requirement, we are  
publishing this notice of a proposed  
data collection as described below.

The OMB is particularly interested in  
comments that will help:

1. Evaluate whether the proposed  
collection of information is necessary  
for the proper performance of the  
functions of the agency, including  
whether the information will have  
practical utility;
2. Evaluate the accuracy of the  
agency’s estimate of the burden of the  
proposed collection of information,  
including the validity of the  
methodology and assumptions used;
3. Enhance the quality, utility, and  
clarity of the information to be  
collected; and
4. Minimize the burden of the  
collection of information on those who  
are to respond, including through the  
use of appropriate automated,  
electronic, mechanical, or other  
technological collection techniques or  
other forms of information technology,  
e.g., permitting electronic submissions  
of responses.
5. Assess information collection costs.

#### Proposed Project

Identifying Information Needs and  
Communication Channels for Reaching  
At-Risk Populations During  
Emergencies—New—Center for

Preparedness and Response (CPR),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

Nearly one tenth of the United States  
population over age five, or more than  
25.9 million people, have limited  
English proficiency (LEP). Persons with  
LEP are disproportionately vulnerable to  
negative health outcomes, particularly  
in infectious disease emergencies.  
Communicating with such persons  
quickly and effectively in an emergency  
is essential, as it can encourage them to  
take protective personal actions like  
hand-washing or vaccination. These  
actions can protect persons with LEP  
and their friends and family members  
while reducing the spread and scale of  
the outbreak.

Despite widespread recognition of  
risks for persons with LEP in outbreaks  
and the importance of effective  
emergency risk communication, current  
guidelines are insufficient. Further, the  
empirical evidence to develop such  
guidelines is extremely limited. There is  
little understanding of persons with  
LEP’s communication needs in  
emergencies, particularly from their  
own perspective and in their own voice.  
There is little data about preferences for  
and trust in information sources,  
communication channels, or formats—  
particularly social media—nor data fully  
describing barriers in accessing  
information. There is also little  
discussion of how the sociocultural  
context or social determinants play a  
role. Without evidence-based guidelines  
that address such central issues, it can  
be extremely challenging to create a  
communication or behavior change  
strategy, drive related programming, or  
develop messages and materials. This is  
especially true in the high-pressure  
moments of infectious disease  
emergencies, where time is limited, the  
science is evolving, and organizations  
have competing priorities.

This research effort will provide CDC  
with information about the preferences,  
needs, and challenges of persons with  
LEP in accessing and understanding  
health protection information during an  
infectious disease emergency. The  
findings will be used to develop  
evidence-based emergency risk  
communication recommendations for  
CDC and state, local and territorial  
public health agencies. The results will  
be used to help ensure LEP-focused  
communications are effective, prevent  
delays, reduce inequities in health  
outcomes, and help contain infectious  
disease outbreaks that affect LEP  
communities and the broader public.  
The proposed study utilizes a rigorous

mixed methods design. It incorporates views of persons with LEP through a survey (via mail, online, telephone, or in-person, depending on respondent preference) and qualitative, in-depth interviews (IDIs) (via telephone). It also incorporates the views of persons who

will likely help persons with LEP navigate and understand health protection information during an infectious disease emergency: Family, physicians, and staff at community-based organizations and local public

health agencies. IDIs will be conducted with each group (via telephone).

CDC is requesting a two-year approval for this information collection. The total annualized burden hour estimate is 369 burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents    | Form name                     | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|------------------------|-------------------------------|-----------------------|------------------------------------|--|-------------------------|
| Persons with LEP ..... | Persons with LEP—Survey ..... | 637                   | 1                                  | 20/60                                  | 212                     |
| Persons with LEP ..... | Persons with LEP—IDIs .....   | 44                    | 1                                  | 1                                      | 44                      |
| Family members .....   | Family members—IDIs .....     | 44                    | 1                                  | 1                                      | 44                      |
| Physicians .....       | Physicians—IDIs .....         | 33                    | 1                                  | 1                                      | 33                      |
| CBO staff .....        | CBO staff—IDIs .....          | 18                    | 1                                  | 1                                      | 18                      |
| LPHA staff .....       | LPHA staff—IDIs .....         | 18                    | 1                                  | 1                                      | 18                      |
| <b>Total .....</b>     | .....                         | .....                 | .....                              | .....                                  | <b>369</b>              |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-1156]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Performance Monitoring of “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations” (OMB# 0920-1156, Exp. 01/31/2020) to the Office of Management and Budget (OMB) for review and approval. A revision is requested to reduce burden hours and extend data collection through the end of the funding period (09/30/2020). CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on September 5, 2019 to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project.

The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Performance Monitoring of “Working with Publicly Funded Health Centers to

Reduce Teen Pregnancy among Youth from Vulnerable Populations”—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Although the 2017 U.S. rate of 18.8 births per 1,000 female teens aged 15–19 years represents a continued decline, the United States has one of the highest teen birth rates of all Western industrialized countries. Access to reproductive health services and the most effective types of contraception has been shown to reduce the likelihood that teens become pregnant. Nevertheless, recent research and lessons learned through a previous teen pregnancy prevention project implemented through CDC in partnership with the Office of Adolescent Health (2010–2015; OMB No. 0920-0952, Exp. 12/31/2015) demonstrate that many health centers serving teens do not engage in youth-friendly best practices that may enhance access to care and to the most effective types of contraception. Furthermore, youth at highest risk of experiencing a teen pregnancy are often not connected to the reproductive health care that they need, even when they are part of a population that is known to be at high risk for a teen pregnancy. Significant racial, ethnic and geographic disparities in teen birth rates persist and continue to be a focus of public health efforts.

To address these challenges, CDC has provided funding to three organizations to strengthen partnerships and processes that improve reproductive health services for teens. These awardees are working with 25 publicly