among school principals and lead health education teachers at the secondary school level to assess school health policies and practices related to health education, physical education and physical activity, tobacco use prevention, nutrition, school-based health services, family and community involvement in school health, and school health coordination. CDC seeks a one-year approval to conduct the School Health Profiles Test-Retest Reliability Study.

Profiles surveys are administered widely. In 2018, 48 states, 21 large urban school districts, and two territories conducted School Health Profiles. Across all of these jurisdictions, questionnaires were completed by approximately 10,000 principals and by approximately 9,000 lead health education teachers. States and large urban school districts use Profiles as a data source for performance measures for two Centers for Disease Control and Prevention cooperative agreements: CDC–RFA–PS18–1807, Promoting Adolescent Health Through School-Based HIV Prevention (PS18–1807), and CDC–RFA–DP18–1801 Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (DP18–1801). No other surveillance system measures school health policies and programs nationwide.

Between September and December of 2020, approximately 200 principals and 200 lead health education teachers from regular public secondary schools in the United States containing at least one of grades six through 12 will complete both a Time 1 and Time 2 Profiles questionnaire. Five questions will be added at the end of both the principal and lead health education teacher questionnaires at the Time 2 administration to gather data on why responses to the same questions may have changed or stayed the same between the two administrations. The table below reports the number of respondents annualized over the one-year project period. There are no costs to respondents except their time. The total estimated annualized burden hours are 686.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
School Principal	School Principal Questionnaire Time 1.	200	1	45/60	150
School Principal	Nonresponse follow-up call	150	1	5/60	13
School Principal	School Principal Questi\onnaire Time 2.	200	1	50/60	167
School Principal	Nonresponse follow-up call	150	1	5/60	13
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 1.	200	1	45/60	150
Lead Health Education Teacher	Nonresponse follow-up call	150	1	5/60	13
Lead Health Education Teacher	Lead Health Education Teacher Questionnaire Time 2.	200	1	50/60	167
Lead Health Education Teacher	Nonresponse follow-up call	150	1	5/60	13
Total					686

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–1208]

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 The National Health and Nutrition Examination Survey (NHANES) to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on December 6, 2019 to obtain comments from the public and affected agencies. CDC received one comment 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.* 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

Developmental Projects to Improve the National Health and Nutrition Examination Survey and Related Programs, (OMB Control No. 0920–1208 Exp. 12/31/2020)—Revision — National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability; environmental, social and other health hazards; and determinants of health of the population of the United States. The Division of Health and Nutrition Examination Surveys (DHNES) has conducted national surveys and related projects periodically between 1970 and 1994, and continuously since 1999.

The mission of DHNES programs is to produce descriptive statistics which measure the health and nutrition status of the general population. The continuous operation of DHNES programs presents unique challenges in testing new survey content and activities, such as outreach or participant screening.

In 2023 and beyond, NHANES may need to implement changes to the survey such as sample design, outreach activities, procedures, content, protocols, methods and settings in which the survey is conducted. The survey may also need to collaborate more closely with other public health surveys and programs, both within NCHS/CDC and with outside organizations. Such changes may be needed to respond to declines in response rate, adapt to changes in technology and address future public health needs. To prepare for such change, the program may need to do more testing than in past cycles. This request includes an increase in number of participants and burden hours for Developmental Projects & Focus Group activities. It also expands the types of participants covered by this generic request to include ''current or past participants of other NCHS surveys/programs/projects'' and ''individuals eligible to be participants of other NCHS surveys/programs/projects, but who did not actually screen in''.

This generic revision request covers developmental projects to help evaluate and enhance DHNES existing and proposed data collection activities to increase research capacity and improve data quality. The information collected through this Generic Information Collection Request will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings from these projects may be reported.

The purpose and use of projects under this NHANES generic clearance would include developmental projects necessary for activities such as testing new procedures, equipment, technology and approaches that are going to be folded into NHANES or other NCHS programs; designing and testing examination components or survey questions; creating new studies, including biomonitoring and clinical measures; creating new cohorts, including a pregnancy and/or a birth—24 month cohort; testing of the cognitive and interpretive aspects of survey methodology; feasibility testing of proposed new components or modifications to existing components; testing of human-computer interfaces/usability; assessing the acceptability of proposed NHANES components among likely participants; testing alternative approaches to existing NHANES procedures, including activities related to improving nonresponse; testing the use of or variations/adjustments in incentives; testing content of web based surveys; testing the feasibility of obtaining bodily fluid specimens (blood, urine, semen, saliva, breastmilk) and tissue sample (swabs); testing digital imaging technology and related procedures (*e.g.,* retinal scan, liver ultrasound, Dual-energy X-ray absorptiometry (DEXA), prescription and over-the-counter dietary supplements bottles); testing the feasibility of and procedure/processes for accessing participant's medical records from healthcare settings (*e.g.,* hospitals and physician offices); testing the feasibility and protocols for home examination measurements; testing survey materials and procedures to improve response rates, including changes to advance materials and protocols, changes to the incentive structure, introduction of new and timely outreach and awareness procedures including the use of social media; conducting crossover studies; creating and testing digital survey materials; and conducting customer satisfaction assessments.

The types of participants covered by the NHANES generic may include current or past NHANES participants; family or household members of NHANES participants; individuals eligible to be participants in NHANES, but who did not screen into the actual survey; convenience samples; volunteers; subject matter experts or consultants such as survey methodologist, academic researchers, clinicians or other health care providers; NHANES data or website users; members of the general public or individuals abroad who would be part of a collaborative development project or projects between NCHS and related public health agencies in the U.S. and/or abroad.

The type of participants involved in a given developmental project would be determined by the nature of the project. The details of each project will be included in the specific GenIC submissions. Participation is voluntary and confidential. There is no cost to respondents other than their time. We are requesting a three-year approval, with 59,465 annualized hours of burden.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals or households	Developmental Projects & Focus Group documents.	35,000	1	90/60
Volunteers	Developmental Projects & Focus Group documents.	300	1	90/60
Individuals or households, Volunteers, NHANES Participants.	24-hour developmental projects	200	1	25
NHANES participants	Developmental Projects	1,000	1	90/60

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Subject Matter Experts	Focus Group/ Developmental Project Documents.	15	1	1

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—CE–20–003, Research Grants for Preventing Violence and Violence Related Injury; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—CE–20–003, Research Grants for Preventing Violence and Violence Related Injury; April 1–2, 2020, 8:30 a.m.-5:00 p.m., EDT, in the original FRN.

Embassy Suites Buckhead, 3285 Peachtree Road NE, Atlanta, GA 30305, which was published in the **Federal Register** on February 11, 2020, Volume 85, Number 28, pages 7760–7761.

The meeting is being amended to change to a virtual meeting. The meeting is closed to the public.

FOR FURTHER INFORMATION CONTACT: Kimberly Leeks, Ph.D., M.P.H., Scientific Review Official, NCIPC, CDC, 4770 Buford Highway NE, Building 106, MS S106–9, Atlanta, Georgia 30341, telephone (770) 488–6562; *KLeeks@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–05257 Filed 3–13–20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

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

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Advisory Committee on Breast Cancer in Young Women (ACBCYW). This meeting is open to the public, limited only by audio and web conference lines (80 audio and web conference lines are available). The public is welcome to listen to the meeting by accessing the teleconference number 1–888–606–5944, and the passcode is 8340472, (80 lines are available). The web conference access is *https://adobeconnect.cdc.gov/rwa641n3jrry/.* Online Registration Required: All ACBCYW meeting participants must register for the meeting online at least 5 business days in advance at *https://wwwdev.cdc.gov/cancer/breast/what_cdc_is_doing/conference.htm.* Please complete all the required fields before submitting your registration and submit no later than May 7, 2020.

DATES: The meeting will be held on May 13, 2020, from 8:00 a.m. to 1:00 p.m., EDT.

ADDRESSES: The teleconference access is 1–888–606–5944, and the passcode is 8340472. The web conference access is *https://adobeconnect.cdc.gov/rwa641n3jrry/.*

FOR FURTHER INFORMATION CONTACT: Jeremy McCallister, Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 4770 Buford Highway NE, Mailstop S107–4, Atlanta, Georgia 30341; Telephone: (404) 639–7989, Fax: (770) 488–4760; Email: *acbcyw@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Purpose: The committee provides advice and guidance to the Secretary, HHS; the Assistant Secretary for Health; and the Director, CDC, regarding the formative research, development, implementation and evaluation of evidence-based activities designed to prevent breast cancer (particularly among those at heightened risk) and promote the early detection and support of young women who develop the disease. The advice provided by the Committee will assist in ensuring scientific quality, timeliness, utility, and dissemination of credible appropriate messages and resource materials.

Matters To Be Considered: The agenda will include discussions on current topics related to breast cancer in young women. These will include Mental/Behavioral Health, Sexual Health, Genetics and Genomics, and Provider Engagement. Agenda items are subject to change as priorities dictate.

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–05259 Filed 3–13–20; 8:45 am]

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