

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

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(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

Assessment of Outcomes Associated with the Preventive Health and Health Services Block Grant—New—Office for State, Tribal, Local and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Preventive Health and Health Services Block Grant (PHHS Block Grant) has provided flexible funding for all 50 states, the District of Columbia, two American Indian tribes, five U.S. territories, and three freely associated states to address the unique public health needs of their jurisdictions in innovative and locally defined ways. First authorized by Congress in 1981 through the Public Health Service Act (Pub. L. 102-531), the fundamental and enduring purpose of the grant has been to provide grantees with flexibility and control to address their priority public health needs. In 1992, Congress amended the law to align PHHS Block Grant funding priorities with the 22 chapters specified in Healthy People (HP) 2000, a set of national objectives designed to guide health promotion and disease prevention efforts. Additional amendments included set-aside funds specifically dedicated to sex offense prevention and victim services, thus requiring grantees receiving this support to include related HP objectives and activities as part of their PHHS Block Grant-funded local programs.

CDC is establishing a comprehensive, standardized method to collect data to describe select outputs and outcomes and ensure the accountability of the PHHS Block Grant. The CDC PHHS Block Grant Measurement Framework is an innovative approach to collecting data on public health infrastructure improved (i.e., information systems improved and quality improved—efficiency and effectiveness improvements achieved in programs, services, and operations), emerging public health needs addressed, and evidence-based public health interventions implemented.

The purpose of this information collection request (ICR) is to collect data that assess select cross-cutting outputs and outcomes of the grant (as defined by the framework measures) and that demonstrate the utility of the grant on a national level. This data collection will describe the outcomes of the PHHS Block Grant as a whole—not individual grantee activities or outcomes.

The respondent universe consists of 61 PHHS Block Grant coordinators, or their designees, across 61 health departments (50 states, the District of Columbia, two tribes, five US territories, and three freely associated states). The assessment will be administered to PHHS Block Grant coordinators electronically via a web-based questionnaire. A link to the assessment will be provided by email invitation. The survey will be completed once every two years. The total annualized estimated burden is 46 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHHS Block Grant Coordinator or Designees	PHHS Block Grant Assessment	61	1	45/60

Jeffrey M. Zirger,

Acting 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

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 6772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 83 FR 50379, dated

October 5, 2018) is amended to reflect the reorganization of Office of the Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Office of Infectious Diseases, Centers for Disease Control and Prevention. This reorganization was driven by both functional necessity and the need to mitigate risk of cross-channel communication inefficiencies.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and functional statement for the *Office of Program Planning and Policy*

Coordination (CVJ16) and insert the following:

Office of Policy, Planning and Partnerships (CVJ16). (1) Identifies program priorities through strategic planning and other processes as appropriate; (2) oversees the development of the center's performance plan and performance reports to ensure accountability and improve programs and activities; (3) coordinates with the center director, deputy director and management officer on the formulation of the NCHHSTP budget; (4) liaises with the CDC Business Services Offices on congressional, legislative, and other inquiries; (5) maintains liaison with Congress on matters including appropriations, legislative bill tracking, and legislative requests, testimony for hearings, congressional inquiries, etc.; (6) develops policy- and program-related materials for internal and external stakeholders; (7) oversees the preparation and routing of controlled correspondence; (8) maintains liaison with key CDC offices and individuals working on public health policies and legislative issues; (9) serves as liaison to governmental and nongovernmental partners on policy-related issues; (10) oversees coordination of CDC OD engagement requests, executive or legislative branch issues, and management efforts; (11) conducts analysis related to short- and long-term CIO priorities; (12) develops and manages partnership activities, including non-governmental and private sector organizations; (13) develops long-term partnership and policy development plans across CIO divisions and in coordination with center OD offices; (14) disseminates information to CIO leadership and staff, as appropriate, on policy, planning and partner engagement situation analyses; (15) coordinates the completion of Freedom of Information Act requests, supporting CIO Divisions; (16) coordinates with Health Communication Science Office to disseminate information to partner organizations; (17) manages two federal advisory committees for CIO; and (18) coordinates risk mitigation activities across CIO.

After the functional statement for the *Office of Program Planning and Policy Coordination (CVJ16)*, insert the following:

Health Communication Science Office (CVJ17). (1) Serves as the principal advisor to NCHHSTP on communication and marketing practice, research, and science; (2) provides oversight to ensure the quality of health communication and marketing campaigns and products created by NCHHSTP and its divisions;

(3) serves as NCHHSTP clearance office for health communication campaigns and products; develops and manages clearance systems; (4) provides strategic planning and coordination for NCHHSTP strategic communication and social marketing programs in collaboration with OD and division-level staff; (5) collaborates with NCHHSTP divisions and center policy staff to ensure consistent and timely translation of center-specific scientific findings and recommendations for messages and materials effective for the news media, social media, partner, and other communication channels; (6) coordinates and provides center input on communication activities; (7) coordinates CDC and NCHHSTP brand management and logo licensing; (8) provides oversight and consultation on partner/stakeholder communication; (9) provides oversight, consultation, and strategic coordination on partnership development and relationships in collaboration with NCHHSTP divisions and CDC CIOs for the National Prevention Information Network; (10) manages communication infrastructure for NCHHSTP partnerships; (11) oversees management, policy guidance, and governance of NCHHSTP digital channels and websites per HHS and CDC policy for the use of communication platforms; (12) provides coordination and conducts activities to support NCHHSTP's presence on networked media, including social, mobile, and traditional media; (13) collects/analyzes user data/metrics from communication channels and technologies to assess system performance, usability, accessibility, and usefulness; (14) formulates strategic communication objectives for advancing program priorities and addressing identified long-range issues through news media, partner, and other communication strategies; (15) oversees the implementation of strategic communication plans through several functional areas; (16) develops and implements all proactive media outreach and reactive media responses for the center; (17) provides media training and technical assistance, as appropriate; and (18) serves as liaison to key offices for obtaining CDC and HHS media clearance on products/activities.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-19-18AAE]

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 *Barriers and Facilitators to Expanding the NHBS to Conduct HIV Behavioral Surveillance Among Transgender Women (NHBS-Trans)* 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 May 29, 2018 to obtain comments from the public and affected agencies. The notice was entitled *National HIV Behavioral Surveillance System Among Transgender Women (NHBS-Trans)*. CDC did not receive comments related to the previous notice. The current notice serves to allow an additional 30 days for public and affected agency comments. The project title has been revised to clarify project goals.

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