

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form number	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Current total burden (in hours)
	HAIC.400.7	HAIC—CDI Case Report and Treatment Form.	10	1650	38/60	10450
	HAIC.400.8	HAIC—Annual Survey of Laboratory Testing Practices for <i>C. difficile</i> Infections.	10	16	17/60	45
	HAIC.400.9	HAIC—CDI Annual Surveillance Officers Survey.	10	1	15/60	3
	HAIC.400.10	HAIC—Emerging Infections Program <i>C. difficile</i> Surveillance Nursing Home Telephone Survey (LTCF).	10	45	5/60	38
	HAIC.400.11	HAIC Candidemia Case Report Form	10	170	40/60	1133
	HAIC.400.12	HAIC—Laboratory Testing Practices for Candidemia Questionnaire.	10	20	14/60	47
	HAIC.400.13	HAIC Death Ascertainment Project	10	8	1440/60	1,920
Total	42,440

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Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

[FR Doc. 2024–03889 Filed 2–26–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–24–24DD; Docket No. CDC–2024–
0012]

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 information collection, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a proposed information
collection project titled Project
Confianza to Identify Medical Mistrust
Drivers among Hispanic/Latino Gay,
Bisexual, and Other Men Who Have Sex
With Men (HLMSM). The data
collection is designed to identify the
root causes of medical mistrust and
opportunities to implement
interventions that can make HIV-related
services trusted and acceptable for
HLMSM to increase access to, and
utilization of, HIV prevention and care

services, as well as contribute toward
achieving Ending the HIV Epidemic in
the U.S. (EHE) goals and National HIV
Strategic Plan health disparities goals.

DATES: CDC must receive written
comments on or before April 29, 2024.

ADDRESSES: You may submit comments,
identified by Docket No. CDC–2024–
0012 by either of the following methods:

□ *Federal eRulemaking Portal:*

www.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 H21–8, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without
change, all relevant comments to
www.regulations.gov. Please note:
Submit all comments through the
Federal eRulemaking portal
(*www.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
H21–8, Atlanta, Georgia 30329;
telephone: 404–639–7118; 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;

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; and

5. Assess information collection costs.

Proposed Project

Project Confianza to Identify Medical
Mistrust Drivers among Hispanic/Latino
Gay, Bisexual, and Other Men Who
Have Sex With Men (HLMSM)—New—
National Center for HIV, Viral Hepatitis,
STD, and TB Prevention (NCHHSTP),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

Although the HIV diagnosis rate among Hispanic/Latino Americans (H/L) has decreased in the United States (from 17.6/100,000 in 2014 to 11.0/100,000 in 2019), H/L continue to be disproportionately affected by HIV. H/L account for 18.7% of the US population and in 2019 they accounted for 29% of new HIV diagnoses, the majority (85%) of which were among H/L gay, bisexual and other men who have sex with men (HLMSM). Medical mistrust (MM) is a social determinant of health associated with HIV disparities (e.g., low PrEP willingness and adherence) among HLMSM that prevents and delays access and engagement in HIV prevention and care services (e.g., PrEP, ART). To date, most MM studies in the United States have focused on Black/African American persons. The few studies that

have examined MM among H/L are mostly in non-HIV fields (e.g., reproductive health and chronic diseases, such as cancer screening). The literature highlights the need for research about MM among HLMSM.

Because its root causes in this priority group are unknown, the goals of this collection are to understand pathways that lead to MM in HLMSM, and to capture variations in MM drivers among different H/L subgroups (e.g., Indigenous, Mexican, Puerto Rican, Salvadoran, Columbian). Methods used to collect data during this project include (1) In-depth interviews, focus groups, and quantitative surveys with HLMSM and (2) key informant interviews and focus groups with health care providers and H/L leaders/gatekeepers. Projects collecting information under this request should:

(1) identify the root causes of MM and opportunities to implement interventions that can make HIV-related services trusted and acceptable for HLMSM to help increase HLMSM access to, and utilization of, HIV prevention and care services; (2) contribute toward achieving Ending the HIV Epidemic in the U.S. (EHE) goals; and (3) respond to the National HIV Strategic Plan health disparities goals.

CDC awarded a research cooperative agreement to three academic institutions (Johns Hopkins University [JHU]; the University of California, San Francisco [UCSF]; and Wake Forest University [WFU]) through a Notice of Funding Opportunity (NOFO) PS23-006. The total estimated annualized burden hours requested are 2,580. There is no cost to respondents other than their time to participate.

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 hours
HLMSM	In-Depth Interview Screener (JHU) ..	66	1	10/60	11
HLMSM	In-Depth Interview Guide (JHU)	60	1	75/60	75
HLMSM	Eligibility Questionnaire (WFU)	70	1	5/60	6
HLMSM	Demographic Questionnaire (WFU)	60	1	15/60	15
HLMSM	In-Depth Interview Guide (WFU)	60	1	1.5	90
HLMSM	In-Depth Interview Screener (UCSF)	48	1	10/60	8
HLMSM	In-Depth Interview Guide (UCSF)	40	1	45/60	30
HLMSM	Focus Group Interview Screener (JHU).	55	1	10/60	9
HLMSM	Focus Group Interview Guide (JHU)	50	1	75/60	63
Key Informants (Service Providers and Community Leaders).	Focus Group Interview Screener (JHU).	55	1	10/60	9
Key Informants	Focus Group Interview Guide (JHU)	50	1	75/60	63
Key Informants	In-Depth Interview Screener (JHU) ..	55	1	10/60	9
Key Informants	In-Depth Interview Guide (JHU)	50	1	75/60	63
Key Informants	Demographic Questionnaire (WFU)	30	1	10/60	5
Key Informants	In-Depth Interview Guide (WFU)	30	1	1.5	45
Key Informants	In-Depth Interview Screener (UCSF)	12	1	10/60	2
Key informants	In-Depth Interview Guide (UCSF)	10	1	1	10
HLMSM	Cross-Sectional Survey Screener (JHU).	1,788	1	10/60	298
HLMSM	Cross-Sectional Survey (JHU)	1,625	1	1	1,625
HLMSM	Questionnaire Screener (UCSF)	144	1	10/60	24
HLMSM	Questionnaire (UCSF)	120	1	1	120
Total	2,580

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[FR Doc. 2024-03884 Filed 2-26-24; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

**Administration for Children and
Families**

**Submission for Office of Management
and Budget Review; Tribal Child
Support Enforcement Direct Funding
Requests: (Office of Management and
Budget #0970-0218)**

AGENCY: Office of Child Support
Services, Administration for Children

and Families, United States Department
of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office of Child Support
Services (OCSS), Administration for
Children and Families (ACF) is
requesting to extend approval of
revisions to an approved information
collection the Tribal Child Support
Enforcement Direct Funding Requests
(Office of Management and Budget
(OMB) #0970-0218). These revisions