

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Systems change project participants	Clinical Process Improvement Survey.	246	2	10/60	82
Systems change project participants	TCU Organizational Readiness Survey.	246	2	10/60	82
Systems change project participants	Organizational Readiness to Change Assessment.	220	2	10/60	74
TOTAL	29,573	3,790

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–19ABV]

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 “Information Collection on Soil-transmitted Helminth Infections in Alabama and Mississippi” 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 April 2, 2019 to obtain comments from the public and affected agencies. CDC did not receive any 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. 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

Information Collection on Soil-transmitted Helminth Infections in Alabama and Mississippi—New—Center for Global Health (CGH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Soil-transmitted helminths (STH) are intestinal worms transmitted through contaminated soil. They include roundworms (*Ascaris lumbricoides*), whipworms (*Trichuris trichiura*), hookworms (*Ancylostoma duodenale* and *Necator americanus*) and the worm *Strongyloides stercoralis*. These infections were widespread across the American South through the early 20th century, yet despite the historically high burden of STH infections in these endemic areas of the United States, few resources have been devoted to surveillance, prevention, and treatment of STH infections in recent years and

they are missed by routine information collection systems. As a result, the current prevalence of STH infections in previously endemic areas is unknown, but socioeconomic and environmental conditions favorable to ongoing transmission persist in areas of the south, including Alabama and Mississippi. Collecting this data, along with biological specimens to document infection, is critical to determine the prevalence of STH infections, their distribution, and risk factors associated with infection. This data will be used to inform the development and implementation of effective and sustainable prevention and control measures in affected areas.

The core data elements were developed with input from community advocates, and local, state, and federal public health and environmental health partners in both Alabama and Mississippi. The questionnaires have been designed for self-completion by respondents. The data that are collected will be pooled and analyzed by university partners and CDC, to generate hypotheses about potential risk factors for infection.

CDC requests OMB approval to collect critical information, not available otherwise, on the prevalence and distribution of disease and on risk factors, knowledge, attitudes and/or practices related to STH infections among residents in at-risk areas in Alabama and Mississippi. This information is critical for planning and implementation of disease prevention and control strategies targeting STH infections in the southeastern United States.

This data collection is not expected to entail substantial burden for respondents. The estimated total annualized burden associated with this data collection is 220 hours (approximately 958 individuals interviewed × 10 minutes/response). There will be no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Child or parent/guardian in Alabama	Questionnaire—Alabama	600	1	10/60
Parent/guardian in Mississippi	Questionnaire—Mississippi	358	1	10/60
Child or parent/guardian in Mississippi	Anthropometric data—Mississippi	358	1	10/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–19–19BBV]

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 “Online training for law enforcement to reduce risks associated with shift work and long work hours” 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 10, 2018 to obtain comments from the public and affected agencies. CDC did not receive 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. 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

Online training for law enforcement to reduce risks associated with shift work and long work hours—NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Law enforcement officers work in stressful and dangerous conditions to enforce law and order, prevent crime, and protect persons and property. Police often work during the evening, at night, and sometimes irregular and long hours. Shift work and long work hours are linked to many health and safety risks due to disturbances to sleep, circadian rhythms, and personal relationships. These work schedules and inadequate sleep are likely critical contributors to the many health problems seen in police: Shorter life spans, high occupational injury rates, and burden of chronic illnesses. One important strategy to reduce these risks is training programs to inform employers and law enforcement officers about the risks and strategies to reduce the risks. This is a new Information Collection Request for one year of data collection. The National Institute for Occupational Safety and Health is authorized to carry out this data collection through Occupational Safety and Health Act of 1970.

The purpose of this project is to develop a training program to relay the risks linked to shift work and long work hours and give workplace strategies for employers and personal strategies for the officers to reduce the risks. Once finalized, the training will be available on the NIOSH website. The training will be pilot tested with 30 recent graduates of a police academy in their first field experience and 30 experienced officers. Study staff will recruit 60 law enforcement officers during a 30-minute phone call. All will work full time on fixed night shifts. The pilot test will use a pretest/posttest design to examine sleep (both duration and quality), worktime sleepiness, and knowledge retained. Pre-test measures will be collected two weeks before the training. Post-test measures will be collected the week of the training, one week after the training and at weeks 11 and 12 of the study. Additional post-test measures will include feedback about the training and if specific behaviors changed.

Before starting the pretest, the respondent will sign an informed consent form. The pilot pre-test will start with the respondent filling out a 10 minute online survey that includes four short surveys: (1) Demographic information and work experience; (2) the Epworth Sleepiness Scale; (3) the Pittsburgh Sleep Quality Index; and (4) a knowledge test. The respondent will be fitted with a wrist actigraph, which will record activity and estimate the times of sleep. The respondents will keep an online sleep activity diary and wear the actigraph continuously during weeks one to four of the study. The online sleep activity diary takes approximately two minutes a day to complete. The sleep diary and actigraph are being used together to obtain a more accurate timing of respondent's sleep and activity.

During the third week of the study, the respondent will take the 2.5 hour online training program. Immediately after completing the training, the respondent will take the post-test knowledge test and will provide feedback about the training including barriers to using the training information and what influential people