

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-27-1368; Docket No. CDC-2026-1651]

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 continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Performance Monitoring of CDC's Comprehensive Suicide Prevention Program. This program seeks to reduce suicide morbidity and mortality by 10% in populations disproportionately impacted by suicide in participating jurisdictions.

DATES: CDC must receive written comments on or before December 14, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2026-1651 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: 404-639-7570; 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;
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

Performance Monitoring of CDC's Comprehensive Suicide Prevention Program (OMB Control No. 0920-1368, Exp. 11/30/2028)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Suicide rates have increased by approximately 31% between 2000 and 2024. In January 2020, CDC received an appropriation for its Comprehensive Suicide Prevention program (CSP). This program seeks to reduce suicide

morbidity and mortality by 10% in populations disproportionately impacted by suicide in participating jurisdictions. The 24 recipients of the CSP cooperative agreement are required to develop a comprehensive approach to suicide prevention and implement and evaluate this approach. Specifically, recipients will provide an accounting of their progress in each of six elements of the comprehensive approach (i.e., partnerships, data, inventory, strategy selection and implementation, communications, and evaluation).

The results of the data collection have been vital to ensuring efficient management of the program since its inception in 2020. Results will continue to allow NCIPC staff to provide data-driven technical assistance to recipients. In addition, the data collection informs the continuous quality improvement process and allows NCIPC staff to make annual course corrections and describe the impact on suicide-related outcomes.

NCIPC will continue to use the information collected to perform program activities to accomplish the following objectives:

- Monitor each awardee's progress and identify facilitators and barriers to program implementation and achievement of outcomes.
- Identify trends in injury surveillance data to inform state priorities for suicide prevention and intervention strategies as well as the production of relevant reports, journal articles, and resources for state health departments.
- Identify, translate, and disseminate information about successful suicide prevention and control strategies implemented by recipients through the development of journal articles, tools, templates, and other suicide prevention resources/products.

NCIPC received initial OMB approval for this data collection in September 2022. This Revision is for the addition of a new instrument to monitor recipient progress related to budget, staffing, and activity implementation on a monthly schedule. The monthly report enables CSP recipients to provide monthly updates to CDC, describing any technical assistance needs, staffing changes, implementation successes and challenges, and evaluation updates. This ensures CDC is appraised of updates and activities conducted within jurisdictions.

CDC requests OMB approval for an estimated 912 annual burden hours. 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 (in hours)
CSP Program Recipients	Annual Progress Report	24	1	12	288
CSP Program Recipients	Syndromic Surveillance Report	24	4	2	192
CSP Program Recipients	Monthly Report	24	12	1.5	432
Total					912

Jeffrey M. Zirger,
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Regulations, 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–27–0260]

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 “Health Hazard Evaluations/Technical Assistance and Emerging Problems” 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 June 18, 2026 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. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. 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

Health Hazard Evaluations/Technical Assistance and Emerging Problems (OMB Control No. 0920–0260, Exp. 1/ 31/2027)—Extension—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Institute for Occupational Safety and Health

(NIOSH) responds to requests for Health Hazard Evaluations (HHEs) to evaluate health concerns involving chemical, biological, or physical hazards in workplaces throughout the United States. Section 20(a)(6) of the Occupational Safety and Health Act of 1970 and Section 501(a)(11) of the Federal Mine Safety and Health Act of 1970 [Attachment A1] mandate NIOSH respond to these requests.

Data is collected through field evaluations, medical interviews, survey questions, and industrial hygiene exposure assessment techniques. Nearly all investigations use cross-sectional methods to assess current exposures and health status. For some investigations retrospective exposure information also is collected (e.g., through record review). Investigations may draw upon medical, industrial hygiene, epidemiologic, organizational and industrial psychology, ergonomic, engineering, toxicologic, and communication expertise. Investigation results document current and potential workplace health hazards of concern to employers and employees specific to their workplace. Findings support recommendations for corrective or preventive measures to eliminate hazards and prevent work-related injury and illness in the investigated workplace. Findings also are used to identify future research needs.

In the previous Extension, an additional nine emerging problems were added in anticipation of additional need in this area. However, over the past three years the anticipated increase was not realized. Therefore, for this Extension request, the number of estimated emerging problem projects were reduced from 15 to six. NIOSH requests a three-year extension of approval for a total of 1,745 annualized burden hours.