Questions may undergo cognitive testing because they have not been used in previous surveys; for example, questions related to the emergence of a new public health concern (such as e-cigarettes). In addition, testing may be conducted on previously used questions to assess their use in a different information collection mode; for example, testing might be conducted to convert questions developed for a paper survey to an interview format or an electronic survey format; or testing might be conducted to identify issues specific to a subpopulation or language translation. Respondents are asked to review questions and/or surveys to discuss their impressions of the items under consideration, the questions, the response set, individual words within the question, or the focus of the questionnaire itself. Incentives may be offered to respondents who participate in the in-person phase of cognitive testing since these activities involve additional burden and inconvenience.

Pilot testing is used to determine whether methods or modes of data collection (such as phone or mail surveys, in-person interviews or online data collection) are appropriate and efficient ways of collecting data. Pilot testing may include testing of changes in sampling or contacting potential respondents.

The majority of participants in cognitive and pilot testing activities are expected to be adults ≤ 18 years of age. Information may be collected during the recruitment process to assist in the selection of respondents. Respondents may be recruited to take part in testing through online or newspaper advertisements. If the participants are not recruited to be present at a physical location, they may be called and recruited by telephone.

Cognitive and pilot testing are efficient means of identifying problems with questions and procedures prior to implementation of data collection. Thus, they are cost effective approaches to providing evidence on survey questionnaire performance. A consequence of cognitive and pilot testing is to maintain high levels of participation in the information collection process itself.

Initial response and burden estimates are based on anticipated information collection needs for the Generic Information Collection Request for Cognitive Testing and Pilot Testing for the National Center for Chronic Disease Prevention and Health Promotion, with an additional allocation for a variety of NCCDPHP programs and collaborators. Each information collection activity conducted through this Generic will be submitted to OMB for approval in a project-specific information collection request that describes its purpose and methods.

Participation in cognitive and pilot testing is voluntary, but respondents will be encouraged to participate by explanations of the need for their input in the introduction of each survey. CDC requests OMB approval for an estimated 35,850 annual burden hours. There are 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 response (in hours)
General U.S. Population or Selected Subpopulation Screening for Pilot Testing.	Screening for Cognitive testing	2,500	1	15/60
	Screening for Pilot Testing	40,000	1	15/60
	Cognitive Testing in Person	1,500	1	60/60
	Cognitive Testing by Phone	1,500	1	45/60
	Cognitive Testing by ABS/Mail/Web	600	1	60/60
	Pilot Testing in Person	1,000	1	30/60
	Pilot Testing by Phone	3000	1	30/60
	Pilot Testing by ABS/Mail/Web	40,000	1	30/60

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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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2022–0137]

Proposed Update to the CDC Framework for Program Evaluation in Public Health; Extension of Comment Period

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

ACTION: Request for information and extension of comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), announces the extension of the comment period for the update to the CDC Framework for Program Evaluation in Public Health (CDC Evaluation Framework) and associated resources (*e.g.,* checklists, self-study guide).

DATES: Written comments must be received on or before February 17, 2023. Comments received after February 17, 2023, will not be considered.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0137 by either of the methods listed below. Do not submit comments by email. CDC does not accept comments by email.

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Centers for Disease Control and Prevention, Program Performance and Evaluation Office, 1600 Clifton Road NE, Mailstop H21–10, Atlanta, GA 30329–4027.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to *http://regulations.gov,* including any personal information provided. For access to the docket to read background documents or comments received, go to *http://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Daniel Kidder, CDC Chief Evaluation Officer, Centers for Disease Control and Prevention, Program Performance and Evaluation Office, 1600 Clifton Road NE, Mailstop H21–10, Atlanta, GA

30329–4027; Telephone: 404–639–6270; Email: *CDCeval@cdc.gov.*

SUPPLEMENTARY INFORMATION: On November 29, 2022, CDC published a notice requesting public comment and suggestions to update the CDC Evaluation Framework (87 FR 73311). The comment period was scheduled to close on January 30, 2023. CDC has received requests from the public to extend the comment period. With this notice, CDC is extending the comment period through February 17, 2023, to accommodate those requests. Comments received after February 17, 2023, will not be considered.

Background

The flexibility and simplicity of the CDC Evaluation Framework have led to its wide adoption and use beyond CDC and public health. The CDC Evaluation Framework has guided CDC and other evaluators over two decades, as evidenced by more than 300 citations in peer-reviewed articles and use in projects reaching more than 50 countries on six continents. However, evaluation has evolved since publication of the framework in 1999;[1] therefore, CDC seeks to update the framework to align with changes in evaluation, public health, and federal policies and practices.

The comments from this request for information, along with input gathered through other mechanisms (*e.g.,* townhall with CDC, interviews with key federal evaluators, surveys with federal evaluation staff and leaders), will help identify how the framework may have been adapted and used in different settings, what aspects of the framework have been useful, any challenges in using the framework across different contexts, and gaps that may need to be addressed. CDC is gathering input from a variety of audiences, such as federal evaluators, CDC staff, and CDC funded partners. Feedback from these sources will be considered in determining priority areas to update and revise in the CDC Evaluation Framework to continue its valuable use and service to the evaluation field and public health. The relevant feedback along with tools, evidence, and resources in the field and literature will also be considered in determining whether to update, revise, or create new content for the CDC Evaluation Framework and supporting resources (*e.g.,* checklists, tools).

[1] Centers for Disease Control and Prevention. Framework for program evaluation in public health. *MMWR* 1999;48 (No. RR–11).

Request for Information

Interested persons or organizations are invited to submit written views, information, and recommendations. CDC invites comments specifically on the following questions, along with suggestions for improving the CDC Evaluation Framework:

1. How has the current CDC Evaluation Framework assisted or not assisted the public health community in planning and conducting high-quality program evaluations? What specifically helped or did not help?

2. Which contexts has the current CDC Evaluation Framework worked well for and for which contexts has it not worked well? What specifically did or did not work and why?

3. How does the current CDC Evaluation Framework promote or inhibit the conduct of evaluations that are culturally responsive and address health equity? What opportunities for improvement exist?

Please be clear and specific in the comments so that CDC can consider the feedback provided in determining whether to change or keep specific aspects of the CDC Evaluation Framework. The CDC Evaluation Framework and associated resources can be found here in the Supporting Materials tab of the docket and at *https://www.cdc.gov/evaluation/framework/index.htm.*

Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on *https://www.regulations.gov.* Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. If you include your name, contact information, or other information that identifies you in the body of your comments, that information will be on public display. CDC will review all submissions and may choose to redact, or withhold submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate/near duplicate examples of a mass-mail campaign.

Tiffany Brown,

Acting Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2023–01695 Filed 1–26–23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Extension of Temporary Suspension of Dogs Entering the United States From Countries With a High Risk of Rabies

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), announces an extension of the current temporary suspension of the importation into the United States of dogs from high-risk rabies-enzootic countries (high-risk countries). This suspension includes dogs that have been in any high-risk countries during the previous six months.

DATES: The extension of the temporary suspension of the importation of dogs into the United States from high-risk countries will be implemented on February 1, 2023, when the current suspension expires, and will remain in effect through July 31, 2023.

FOR FURTHER INFORMATION CONTACT: Ashley C. Altenburger, J.D., Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16–4, Atlanta, GA 30329. Telephone: 1–800–232–4636. For information regarding CDC regulations for the importation of dogs: Dr. Emily Pieracci, D.V.M., Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16–4, Atlanta, GA 30329. Telephone: 1–800–232–4636.

SUPPLEMENTARY INFORMATION: CDC is extending, but not modifying, the terms of the current temporary suspension. A suspension remains necessary to protect the public's health against the reintroduction of the dog-maintained rabies virus variant (DMRVV) into the United States. There is a continued threat posed by unvaccinated or inadequately vaccinated dogs from high-risk countries due to various factors. These include insufficient veterinary controls in high-risk countries to prevent the export of inadequately vaccinated dogs, and veterinary supply chain and workforce capacity shortages that have persisted since the global COVID–19 pandemic. These factors result in challenges to efforts to ensure dogs imported into the United States do not pose a public health threat. CDC