

- The public health response time is split evenly among veterinarians (code 29–1131, \$52.09 per hour), epidemiologists (19–1041, \$40.20 per hour), registered nurses (29–1141, \$38.47 per hour), licensed practical nurses (29–2061, \$24.08 per hour), and office and administrative assistants (43–0000, \$20.38 per hour).<sup>91,92</sup> These wage estimates are multiplied by two to account for non-wage benefits and overhead.

- An average of 25 (range: 16 to 44) individuals will require post-exposure prophylaxis because of exposure to the dog with CRVV.<sup>93 94</sup>

- The average cost of post-exposure prophylaxis was estimated to be \$9,524 per person.<sup>95</sup>

- An estimated 29.6 animals would need to be quarantined or euthanized due to exposure to the dog with CRVV.

- Public health follow-up of each exposed animal would incur economic costs of \$1,000 for quarantine or euthanasia.<sup>96</sup>

[FR Doc. 2022–11752 Filed 5–26–22; 4:15 pm]

**BILLING CODE 4163–18–P**

Dogs Into the United States. **Federal Register**, Vol. 84,724–730. Retrieved from <https://www.federalregister.gov/documents/2019/01/31/2019-00506/guidance-regarding-agency-interpretation-of-rabies-free-as-it-relates-to-the-importation-of-dogs>.

<sup>91</sup> Bureau of Labor Statistics (2020). May 2020 National Occupational Employment and Wage Estimates: United States. Retrieved from [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm).

<sup>92</sup> Bureau of Labor Statistics (2020). May 2020 National Occupational Employment and Wage Estimates: United States. Retrieved from [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm).

<sup>93</sup> Raybern, C., Zaldivar, A., Tubach, S., Ahmed, F., Moore, S., Kintner, C., Garrison, I. (2020) Rabies in a dog imported from Egypt-Kansas, 2019. *Morbidity and Mortality Weekly Report*, 69(38), 1374–1377. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6938a5-H.pdf>.

<sup>94</sup> Centers for Disease Control and Prevention (2019). Guidance Regarding Agency Interpretation of “Rabies-Free” as It Relates to the Importation of Dogs Into the United States. **Federal Register**, Vol. 84,724–730. Retrieved from <https://www.federalregister.gov/documents/2019/01/31/2019-00506/guidance-regarding-agency-interpretation-of-rabies-free-as-it-relates-to-the-importation-of-dogs>.

<sup>95</sup> Raybern, C., Zaldivar, A., Tubach, S., Ahmed, F., Moore, S., Kintner, C., Garrison, I. (2020) Rabies in a dog imported from Egypt-Kansas, 2019. *Morbidity and Mortality Weekly Report*, 69(38), 1374–1377. Retrieved from <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6938a5-H.pdf>.

<sup>96</sup> Centers for Disease Control and Prevention (2019). Guidance Regarding Agency Interpretation of “Rabies-Free” as It Relates to the Importation of Dogs Into the United States. **Federal Register**, Vol. 84,724–730. Retrieved from <https://www.federalregister.gov/documents/2019/01/31/2019-00506/guidance-regarding-agency-interpretation-of-rabies-free-as-it-relates-to-the-importation-of-dogs>.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection

**Activities: Proposed Collection: Public Comment Request: Health Center Workforce Well-Being Survey Evaluation and Technical Assistance; OMB No. 0915–xxxx—NEW.**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than July 1, 2022.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or by mail to the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information collection request title for reference.

*Information Collection Request Title:* Health Center Workforce Well-being Survey Evaluation and Technical Assistance OMB No. 0906–XXXX—New.

**Abstract:** The Health Center Program, authorized by section 330 of the Public Health Service Act, 42 U.S.C. 254b, and administered by HRSA, Bureau of Primary Health Care, supports the provision of community-based preventive and primary health care services to millions of medically underserved and vulnerable people. Health centers employ over 400,000 health care staff (*i.e.*, physicians, medical, dental, mental and behavioral health, vision services, pharmacy, enabling services, quality improvement,

and facility and non-clinical support staff.)

Provider and non-provider staff well-being is essential to recruiting and retaining staff, thus supporting access to quality health care and services through the Health Center Program. HRSA has created a nationwide Health Center Workforce Well-being Survey to identify and address challenges related to provider and staff well-being. The survey will be administered to all full-time and part-time health center staff in the fall of 2022 to identify conditions and circumstances that affect staff well-being at HRSA funded health centers, including the scope and nature of workforce well-being, job satisfaction, and burnout. This information can inform efforts to improve workforce well-being and maintain high quality patient care.

The Health Center Workforce Well-being Survey aims to collect and analyze data from no less than 85 percent of health center staff. HRSA will utilize stakeholder engagement strategies to support survey completion targets. The HRSA contractor will request email addresses for all health center staff from health center leadership. Using the email addresses provided, the contractor will administer the online survey to ensure data quality and respondent confidentiality. Participation in the Health Center Workforce Well-being Survey is voluntary for all health center staff. The contractor will analyze the responses and provide analytic reports. HRSA will disseminate the summary level data for public use, including preparing preliminary findings and analytic reports.

A 60-day Notice was published in the **Federal Register**, 87, FR 14019 (March 11, 2022). One public comment was received and recommended shortening the survey from the current 30 minutes to 10–15 minutes to complete and provided suggestions on how to shorten the survey. This comment also recommended distributing the survey to Look-Alikes (LALs) to increase the number of survey respondents and for more diverse survey analysis.

HRSA received four public requests for materials that included one request for a copy of the draft ICR for the Health Center Workforce Well-being Survey, and three requests for a copy of the Health Center Workforce Well-being Survey. In response to receiving a copy of the Health Center Workforce Well-being Survey, one of the requesters noted concerns about sending individual health center staff email addresses to HRSA’s contractor carrying out the survey. In response to this

concern, HRSA informed the commenter that the contractor conducting the survey would address this by issuing each health center a document “in advance of the survey roll out that will detail the extensive precautions and guarantees regarding the collection, storage, use, and destruction of the email addresses provided, as well as the data security, de-identification, and reporting aggregation procedures that will be utilized to protect the content of the responses and the confidentiality of the respondents. If a health center has remaining concerns that are not addressed by those procedures, our team will directly discuss alternate means by which a tracked and closed response could be collected from staff at that organization.”

**Need and Proposed Use of the Information:** Health care workforce burnout has been a challenge even prior to COVID-19 and other recent public health crises. Clinicians and health care

staff have reported experiencing alarming rates of burnout, characterized as a high degree of emotional exhaustion, depersonalization, and a low sense of personal accomplishment at work.<sup>1</sup> Understanding the factors impacting workforce well-being and satisfaction, reducing burnout, and applying evidence-based technical assistance and other quality improvement strategies around workforce well-being is essential as the health center program health care workforce continues to respond to and recover from the COVID-19 pandemic and prepare for future health care delivery challenges.

Administration of the Health Center Workforce Well-being Survey will provide a comprehensive baseline assessment of health center workforce well-being and identify opportunities to improve workforce well-being and bolster technical assistance and other strategies. These efforts will further HRSA’s goal of providing access to

quality health care and supporting a robust primary care workforce.

**Likely Respondents:** Health center staff in HRSA funded health centers.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Health Center Workforce Survey .....	400,000	1	400,000	.50	200,000
Health Center Leader Support Activities .....	1,400	1	1,400	2.00	2,800
Total .....	401,400	.....	401,400	.....	202,800

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2022–11710 Filed 5–31–22; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Establishment of the Office of Environmental Justice

**AGENCY:** Office of the Assistant Secretary for Health, Office of the

Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Office of the Assistant Secretary for Health (OASH) has modified its structure. This notice announces the establishment of the Office of Environmental Justice in OASH’s Office of Climate Change and Health Equity.

**DATES:** This reorganization was approved by the Secretary of Health and Human Services and takes effect May 31, 2022.

**SUPPLEMENTARY INFORMATION:** Statement of Organization and Functions, Part A, Office of the Secretary, Statement of Organization and Function for the U.S. Department of Health and Human Services (HHS or the Department) is being amended at Chapter AC, Office of the Assistant Secretary for Health (OASH), as last amended at 86 FR 48745, dated August 31, 2021, 75 FR 53304, dated August 31, 2010, and 72 FR 58095–96, dated October 12, 2007.

**Background:** Executive Order 14008, *Tackling the Climate Crisis at Home and Abroad*, directs agencies, including Department of Health and Human Services to make achieving environmental justice part of its mission by developing programs, policies, and activities to address the disproportionately high and adverse human health, environmental, and climate-related and other cumulative impacts on disadvantaged communities. This amendment reflects the establishment of an office to coordinate and provide expertise to support the Department’s efforts to protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and environmental hazards. Specifically, the changes are as follows:

A. Under Part A, Chapter AC, under the Office of the Assistant Secretary for Health, add the following:

1. The Office of Environmental Justice (OEJ) is headed by a Director who reports to the Assistant Secretary for

<sup>1</sup> West, CP, Dyrbye, L.N., Satele, D.V., Sloan, J.A., & Shanafelt, T.D. (2012). Concurrent validity of

single-item measures of emotional exhaustion and depersonalization in burnout assessment. *J Gen*

*Intern Med*, 27(11 PG–1445–52), 1445–1452. <https://doi.org/10.1007/s11606-012-2015-7>.