

in place for 6 months after the conclusion on the workshop or Summit.

#### *Healthy Aging Workshops and Summit*

**Opportunity A**—Healthy Aging Regional Workshops will involve executing a single or series of financially self-sustaining workshops that convene aging and public health stakeholders to support regional action planning and dissemination of information on healthy aging, aging in place, and age-friendly public health systems. ODPHP plans to hold four workshops. Each workshop will be held in a city located in one of the designated HHS Regional pairs—Regions 3 & 4 (Atlanta), Regions 6 & 9 (Phoenix or Albuquerque), Regions 5 & 7 (Kansas City or Chicago), and Regions 8 & 10 (Denver).

**Opportunity B**—2021 Healthy Aging Summit—The collaborative project will involve executing a single financially self-sustaining conference that supports research and information-sharing on health promotion and disease prevention research across the lifespan. This conference draws more than 600 stakeholders, every three years, to examine the state of the science and best practices in healthy aging through a social determinants of health lens. Past conference information can be found here: <https://www.eventscribe.com/2018/ACPM-HAC/index.asp?launcher=1>.

#### *Eligibility for Co-Sponsorships*

To be eligible, a collaborating organization shall: (1) Have a demonstrated interest in, understanding of, and experience with managing the development and execution of engaging programs, activations and/or other activities related to disease prevention and health promotion; (2) participate substantively in the co-sponsored activity (not only logistical support) including helping plan the 2020 Healthy Aging Regional workshops and/or 2021 Healthy Aging Summit; (3) have an organizational or corporate mission that is aligned with the mission of ODPHP and HHS; and (4) sign a co-sponsorship agreement with ODPHP that will set forth the details of the Healthy Aging Regional Workshop and/or Summit, including the requirements that any registration fees raised should not exceed the collaborating organization's costs, and fees collected by the co-sponsor should be limited to the amount necessary to cover the co-sponsor's event-related operating expenses. Co-sponsors are solely responsible for collecting and handling any fees to cover their costs.

The co-sponsor will furnish the necessary personnel, materials, services, and facilities to administer its responsibility for the proposed Healthy Aging Regional Workshops and/or Summit. These duties will be determined and outlined in a co-sponsorship agreement with ODPHP. This co-sponsorship agreement does not represent an endorsement by ODPHP of an individual co-sponsor's policies, positions, or activities.

#### *Co-Sponsorship Proposal*

Each potential co-sponsor's proposal shall contain a description of:

- (1) The entity or organization's interest and goals in healthy aging;
- (2) Prior experience and current readiness to undertake the responsibilities for planning and organizing a Healthy Aging Regional workshop(s) and/or Summit;
- (3) Requester's information: Name, professional qualifications and specific expertise of key personnel who would be available to work on the project;
- (4) The type of event(s), *i.e.*, Workshop or 2021 Summit, that the entity is interested in co-sponsoring with ODPHP;
- (5) Facilities available for the event(s);
- (6) Description of financial management: Discussion of experience in developing a project budget and collecting and managing monies from organizations and individuals;
- (7) For the Healthy Aging Summit only: Proposed plan for managing Summit, including, but not limited to participant recruitment, call for abstracts distribution/review, ability to provide CEs, website development and/or enhancement, cost of materials, and distribution of those items.

Proposals should be no more than four (4) pages, 12 point font, double spaced.

Dated: November 29, 2019.

**Donald Wright,**

*Deputy Assistant Secretary for Health, Disease Prevention and Health Promotion.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **National Institutes of Health**

#### **Request for Information on the Development of the Fiscal Year 2021–2025 Trans-NIH Strategic Plan for Sexual & Gender Minority Health Research**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** Through this Request for Information (RFI), the Sexual & Gender Minority Research Office (SGMRO) in the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), Office of the Director (OD), National Institutes of Health (NIH), invites feedback from stakeholders throughout the scientific research community, clinical practice communities, patient and family advocates, scientific or professional organizations, federal partners, internal NIH stakeholders, and other interested constituents on the development of the fiscal years (FY) 2021–2025 Trans-NIH Strategic Plan for Sexual and Gender Minority Health Research. This plan will describe future directions in sexual and gender minority (SGM) health and research to optimize NIH's research investments.

**DATES:** The SGMRO's Request for Information is open for public comment for a period of 6 weeks. Comments must be received on or before COB (5:00 p.m. ET) January 24, 2020 to ensure consideration. After the public comment period has closed, the comments received by SGMRO will be considered in a timely manner for the development of the FY 2021–2025 Trans-NIH Strategic Plan for SGM Health Research.

**ADDRESSES:** Please see the supplementary information to view the draft scientific and operational goals. Comments are strongly encouraged to be submitted by email to [SGMRO@nih.gov](mailto:SGMRO@nih.gov) or by mail to: SGMRO, DPCPSI, NIH, 6555 Rock Spring Drive, Suite 220, Rm. 2SE31J, Bethesda, MD 20817. Please include strategic plan in the subject line.

**FOR FURTHER INFORMATION CONTACT:** Karen Parker, Ph.D., MSW, Director, Sexual & Gender Minority Research Office (SGMRO), 6555 Rock Spring Drive, Suite 220, Rm 2SE31K, Bethesda, MD 20817, [klparker@mail.nih.gov](mailto:klparker@mail.nih.gov), 301-451-2055.

#### **SUPPLEMENTARY INFORMATION:**

*Background:* "Sexual and gender minority" is an umbrella term that includes, but is not limited to, individuals who identify as lesbian, gay, bisexual, asexual, transgender, two-spirit, queer, and/or intersex. Individuals with same-sex or -gender attractions or behaviors and those with a difference in sex development are also included. These populations also encompass those who do not self-identify with one of these terms but whose sexual orientation, gender identity or expression, or reproductive development is characterized by non-

binary constructs of sexual orientation, gender, and/or sex.

The Sexual and Gender Minority Research Office (SGMRO) coordinates sexual and gender minority (SGM)-related research and activities by working directly with the NIH Institutes, Centers, and Offices. The Office was officially established in September 2015 within the NIH Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the Office of the Director.

In accordance with the 21st Century Cures Act, NIH is required to regularly update their strategic plans. In 2015, the NIH launched the NIH FY 2016–2020 Strategic Plan to Advance Research on the Health and Well-being of Sexual and Gender Minorities. The current strategic plan has provided the NIH with a framework to improve the health of SGM populations through increased research and support of scientists conducting SGM-relevant research. In January 2019, SGMRO published a mid-course review of the current NIH SGM strategic plan that provided recommendations to support further progress on the goals described therein. To establish NIH priorities in SGM health research for the next five years, SGMRO requests input from SGM health, research, and related communities in refining the goals of the FY 2021–2025 strategic plan.

**Request for Comment on Draft Goals:** The NIH is developing a strategic plan to advance SGM research over the next five years. The SGMRO invites input from stakeholders throughout the scientific research community, clinical practice communities, patient and family advocates, scientific or professional organizations, federal partners, internal NIH stakeholders, and other interested members of the public on the proposed framework. This input is a valuable component in developing the SGM research strategic plan, and the community's time and consideration are appreciated.

The populations considered under the SGM umbrella term are inclusive and captures all individuals and populations who do not self-identify with binary constructs of sexual orientation, gender, and/or sex. For the FY 2021–2025 strategic plan, the scientific goals will include a focus on specific populations on which the lack of research remains significant. Examples of such populations may include persons with differences in sex development (DSD), intersex, bisexual, transgender, gender nonconforming, persons who have detransitioned/desisted people, and SGM populations in Native communities.

In addition, overarching topics will be considered across all scientific research goal areas in order to help foster a deeper understanding of SGM health disparities. Topics to be considered include health equity, research across the life span, trauma-informed research, community and culturally grounded research, and strengths-based approaches. Scientific goal areas will also take into consideration intersectionality by recognizing overlapping and interconnected systems of oppression across different social categories and how they may compound health inequities. Examples of such categories may include ability status, age, race, ethnicity, incarceration status, veteran status, income level, and more.

The NIH has identified four scientific research goal areas:

- **Clinical Research:** Examples include outcomes related to various DSDs, and sexual reproduction and pregnancy outcomes
- **Social & Behavioral Research:** Examples include the coming out process, healthy sexuality, interpersonal violence, mental health, substance use and abuse (opioids, tobacco use, other drugs), suicide risk and prevention, and stigma and discrimination
- **Chronic Diseases and Comorbidities Research:** Examples include Alzheimer's Disease and Related Dementias (ADRD), cancer, diabetes, heart disease, HIV/AIDS, and infectious diseases
- **Methods and Measures Research:** Examples include culturally humble psychometrics, research on recruitment and sampling methods, particularly for most understudied SGM subgroups, and factors related to disclosure on surveys

The NIH has also identified four operational goal areas:

- Advance rigorous research on the health of SGM populations in both the extramural and intramural research communities
- Expand SGM health research by fostering partnerships and collaborations with a strategic array of internal and external stakeholders
- Foster a highly skilled and diverse workforce in the SGM health research
- Encourage data collection related to SGM populations in research and in the biomedical research workforce

The NIH seeks comments and/or suggestions from all interested parties on the proposed strategic plan goals.

Responses to this RFI are voluntary. Do not include any proprietary, classified, confidential, trade secret, or sensitive information in your response. The responses will be reviewed by NIH staff, and individual feedback will not be provided to any responder. The

Government will use the information submitted in response to this RFI at its discretion. The Government reserves the right to use any submitted information on public NIH websites; in reports; in summaries of the state of the science; in any possible resultant solicitation(s), grant(s), or cooperative agreement(s); or in the development of future funding opportunity announcements.

This RFI is for information and planning purposes only and should not be construed as a solicitation for applications or proposals, or as an obligation in any way on the part of the United States Federal Government, the NIH, or individual NIH Institutes, Centers, and Offices to provide support for any ideas identified in response to it. The Federal Government will not pay for the preparation of any information submitted or for the Government's use of such information. No basis for claims against the U.S. Government shall arise as a result of a response to this RFI or from the Government's use of such information. Additionally, the Government cannot guarantee the confidentiality of the information provided.

Dated: December 6, 2019.

**Lawrence A. Tabak,**  
Principal Deputy Director, National Institutes of Health.

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## DEPARTMENT OF HOMELAND SECURITY

### U.S. Customs and Border Protection

[1651–0098]

#### Agency Information Collection Activities: NAFTA Regulations and Certificate of Origin

**AGENCY:** U.S. Customs and Border Protection (CBP), Department of Homeland Security.

**ACTION:** 60-Day notice and request for comments; extension of an existing collection of information.

**SUMMARY:** The Department of Homeland Security, U.S. Customs and Border Protection will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (PRA). The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies. Comments are encouraged and must be