to other factors (such as disability status, income status, sexual identity and orientation, income, geographic location, language, etc.)? Which of these factors have been most challenging to address and why? Which factors are relatively easy to address and implement?

g. What concerns do you have about the sustainability of healthcare system-level strategies/interventions intended to address racial and ethnic disparities in health and healthcare?

h. Gray literature: What are prominent sources where you obtain information on healthcare system-level strategies/ interventions? Who has conducted such interventions? Can you give examples of successful interventions that have been identified from these sources?

i. What information and resources does your organization or institution need to be more effective in incorporating healthcare system-level interventions in reducing racial and ethnic disparities in health and healthcare?

j. What are current gaps in the research and what future research is needed most?

Questions for Patient Advocates, Families, Caregivers

a. Data clearly shows that racial and ethnic minority groups often have worse health and care. Why do you think this is the case?

b. Have you or your loved ones experienced differences in care received, are you aware of any healthcare organizational efforts to rectify these differences? What are the efforts/programs?

c. Have you or your loved ones participated in (or are you aware of) such program(s)? Was there any effort to consider your race and other social factors (such as your disability status, income status, sexual identity and orientation, income, geographic location, language e.t.c) in the program(s)?

d. Are you aware of community collaboration efforts (such as social service agencies, churches e.t.c) of such programs to rectify the differences in your health and care? Should community organizations be involved in these efforts? How? What are some barriers that community organizations face in collaborating with healthcare organizations?

e. What types of efforts do you think a healthcare organization could do that might reduce these differences in the care received by racial and ethnic minority groups? What would be needed for them to work?

f. Are there sources where you obtain information about these efforts?

PICOTS (Populations, Interventions, Comparators, Outcomes, and Settings)

Element	Included	Excluded
Population	• Racial and ethnic minority groups .... • Healthcare Systems providing healthcare for racial and ethnic minority groups.	• Non-U.S populations.
Interventions	• Healthcare system strategies that are specifically targeted to reduce racial and ethnic minority health and healthcare disparities at population-level with relevant links to healthcare system. • Strategies specifically targeted to reduce racial and ethnic minority health and healthcare disparities at heath care organization-level (*e.g.,* structure of the organization). • Strategies with community involvement with relevant links to healthcare system.	• Exploratory sub-group analysis where the aims of the studies are not relevant to racial/ethnic health disparities. • Public health/policy-based interventions without relevant links to healthcare systems. • Interventions aimed at medical school students, pharmacy students, and other allied health students.
Comparators	• Standard care. • Alternative strategy/intervention.	
Outcomes	• Health-related outcome measures (*e.g.,* disease specific morbidity and mortality, BP control, Hba1c levels). • Process of care measures. • Care utilization outcome measures. • Barriers to care measures. • Financial/re-imbursement measures. • Harms (*e.g.,* unintended negative consequences). • Stigma other related experience of discrimination.	
Timing	Any.	
Settings	Any.	
Study design	Randomized controlled trial, non-randomized controlled trial, nonrandomized study designs, mixed methods.	Stand-alone qualitative studies, systematic reviews, narrative reviews, case reports, case series protocols, conference abstracts.

Dated: December 5, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–26931 Filed 12–9–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information on Creating a National Healthcare System Action Alliance To Advance Patient Safety

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice of request for information.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ), on behalf of the Department of Health and Human Services (HHS), seeks public comment about advancing patient and healthcare workforce safety through the development of a National Healthcare System Action Alliance to Advance Patient Safety (Action Alliance) in partnership with healthcare systems, patients, families and caregivers, HHS

and other Federal agencies, and other stakeholders to support sustained improvements in patient safety. Specifically, the RFI seeks input on how the Action Alliance can be most effective. In addition, the RFI seeks comments about innovative models of care, approaches, promising strategies, and solutions for overcoming some of the common impediments to safety being experienced in healthcare today. This request for information will inform HHS's work and more specifically the work of the Action Alliance.

DATES: Comments on this notice must be received by January 26, 2023. AHRQ will not respond individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Please submit all responses to the following email address: *PSActionAlliance@AHRQ.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Milli O'Brien, AHRQ Executive Secretary via email at *Milli.Obrien@ ahrq.hhs.gov* or call 301–427–1919.

SUPPLEMENTARY INFORMATION: AHRQ, on behalf of HHS, is seeking public comment about the development of a National Healthcare System Patient Safety Action Alliance (Action Alliance) as a vehicle to advance patient and workforce safety. The Action Alliance is intended to support improvements across healthcare delivery settings (*e.g.,* hospitals, skilled nursing facilities, ambulatory care settings, home care) and between settings of care. The Action Alliance will welcome all types of healthcare systems, including public, not-for-profit, and for-profit health systems; rural, suburban, and urban systems; and systems focused on caring for diverse populations. While focused on the delivery of care, the Action Alliance will bring together multiple stakeholders including healthcare systems, clinicians, patients, families, caregivers, professional societies, organizations focused on patient and workforce safety, the digital healthcare sector, healthcare services researchers, industry, employers, payors, and anyone committed to advancing patient and workforce safety. Recognizing that healthcare is not safe until it is safe for all, the Alliance will consider issues of equity as it strives to advance patient and workforce safety.

As HHS renews its commitment to advancing patient and workforce safety, it recognizes that the nation's healthcare systems and professionals have long been committed to patient and workforce safety. The pandemic uncovered weaknesses and inequities in the healthcare delivery system that have negatively affected patient outcomes

and our workforce. HHS also recognizes that as the U.S. healthcare delivery systems recover, emerge, and transform from the COVID–19 pandemic there are many priorities, including, but not limited to improving equity, addressing staffing shortages, caring for people with Long COVID, harnessing the potential of telehealth and data sciences, responding to climate change, expanding access to behavioral healthcare, and supporting the well-being of workers. Patient and workforce safety, however, are integral to all of these priorities. Patient and workforce safety are not separate priorities they are central to everything healthcare systems do.

In order to make the Action Alliance as effective as possible, HHS seeks information on the following questions:

1. What can HHS bring to the Action Alliance in terms of coordination, alignment, tools, training, and other non-financial resources to support the effectiveness of the Action Alliance in assisting healthcare delivery systems and others in advancing patient and healthcare worker safety?

2. How can the voluntary Action Alliance most effectively support healthcare delivery systems and other stakeholders in advancing patient and workforce safety? Are there specific priorities for different types of systems or setting of care? What stakeholders should be part of the Action Alliance to make it most effective?

3. What are other national patient and workforce safety initiatives that the Action Alliance should be aware of and how can the Action Alliance best collaborate, coordinate, and avoid duplication with them?

4. How can the Action Alliance best support healthcare systems in advancing healthcare equity within their patient and workforce safety efforts, including through redesign of care delivery?

5. Are there specific practices or innovations that healthcare delivery systems or others have implemented during or post-pandemic, including practices focused on populations that experience health disparities and individuals living in rural communities, that others could benefit from learning about? Please share any specific details and sharable outcomes data regarding innovations if applicable.

6. What are the main challenges healthcare delivery systems and others are facing in meeting their commitments to advancing patient and healthcare worker safety as they emerge from the pandemic? Are there challenges that are specific to different types of systems, settings of care, or populations of people?

HHS is interested in answers to all of the questions listed above, but respondents are welcome to address as many or as few as they choose and may provide additional information about how to make the Action Alliance most effective. When responding, please identify the question to which a particular answer corresponds.

Who should respond?

Anyone may respond. For example, HHS seeks information from:

• Healthcare system leaders (*e.g.,* CEOs, CMOs, Boards of Directors).
• Healthcare delivery organizations.
• Clinicians and other healthcare personnel who work to provide safe, effective care to patients.
• Healthcare quality leaders whose work supports refining clinical practice and providing data for the purpose of improvement.
• People, their families, and caregivers who have experienced a harm or a ''close call'' event as part of their interaction with the healthcare delivery system.
• Researchers and implementers developing interventions to improve patient and workforce safety.
• Clinical decision support developers who have insights into interventions that would support clinicians in making care safer for both patients and healthcare workers.
• Patient advocacy groups and organizations focused on safety and health equity.
• Clinical professional societies.
• Payers.
• Health IT vendors who implement and manage health IT and other systems that may support patient and workforce safety.
• Organizations that facilitate health information exchange (*i.e.,* regional, or local health information exchanges, vendor-driven networks, and others) who may support sharing of healthcare quality and safety data across systems.
• Representatives from human service agencies and/or community organizations, or people with experience in addressing social determinants of health and reducing healthcare disparities for patients and communities.
• Higher education institutions that train clinicians and healthcare personnel.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. HHS will use the information submitted in response to this RFI at its discretion and will not

provide comments to any respondent's submission. However, responses to this RFI may be reflected in future initiatives, solicitation(s), or policies. The information provided will be analyzed and may appear in reports. Respondents will not be identified in any published reports. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential or sensitive information should be included in your response. The contents of all submissions may be made available to the public in the future. Submitted materials should therefore be publicly available or be able to be made public.

Dated: December 7, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–26897 Filed 12–9–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–23BI; Docket No. CDC–2022–0138]

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 proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Research Data Center Data Security Forms for Access to Confidential Data. CDC National Center for Health Statistics (NCHS) plans to collect information from the public for the purpose of evidence building using security forms, along with the corresponding security protocols, that allow NCHS to maintain careful controls on confidentiality and privacy, as required by law.

DATES: Written comments must be received on or before February 10, 2023.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0138 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 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

Research Data Center (RDC) Data Security Forms for Access to Confidential Data—Existing Collection in use without an OMB Control Number—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306(b)(4) of the Public Health Service (PHS) Act (42 U.S.C. 242k(b)(4)), as amended, authorizes the Secretary of Health and Human Services (HHS), acting through the National Center for Health Statistics (NCHS), to receive requests for furnishing statistics to the public. NCHS receives requests for statistics from the public through the Standard Application Process (SAP). The public may apply to access confidential data assets held by a Federal statistical agency or unit through the SAP for the purposes of generating statistics and developing evidence. Once an application for confidential data is approved through the SAP, NCHS will collect information to meet its data security requirements through its Data Security Forms. This information collection through the Data Security Forms will occur outside of the SAP. This is a request for approval from OMB to collect information via the Researcher Data Center (RDC) Data Security Forms over the next three years.

As part of a comprehensive data dissemination program, the RDC/NCHS/CDC requires prospective researchers who need access to confidential data to complete a research proposal. Researchers self-select whether they need access to confidential data to answer their research questions. The RDC requires the researcher to complete a research proposal, so NCHS understands the research proposed. The completed proposal is sent to NCHS through the SAP portal for review and adjudication. If the research proposal is approved by NCHS, then the researcher must fill out two of three data security forms. If the researcher will access the data at a RDC, then the "Data Access Form" and the "Designated Agent Form" would need to be completed and returned to NCHS. If the researcher will