

Leroy A. Richardson,
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Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-17-17HO; Docket No. CDC-2016-
0118]

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 efforts to reduce public
burden and maximize the utility of
government information, invites the
general public and other Federal
agencies to take this opportunity to
comment on proposed and/or
continuing information collections, as
required by the Paperwork Reduction
Act of 1995. This notice invites
comment on a proposed information
collection entitled “Test Predictability
of Falls Screening Tools.” CDC will use
the information collected to evaluate
current screening tools and potentially
design a new screening tool for health
care practitioners to identify
community-dwelling adults 65 and
older at risk for falls.

DATES: Written comments must be
received on or before February 27, 2017.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2016-
0118 by any of the following methods:

- *Federal eRulemaking Portal:*
Regulations.gov. Follow the instructions
for submitting comments.

- *Mail:* Leroy A. Richardson,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS-
D74, Atlanta, Georgia 30329.

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

Please note: All public comment
should be submitted through the
Federal eRulemaking portal
(*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 the Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE., MS-D74, Atlanta,
Georgia 30329; phone: 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.

Comments are invited on: (a) Whether
the proposed collection of information
is necessary for the proper performance
of the functions of the agency, including
whether the information shall have
practical utility; (b) the accuracy of the
agency’s estimate of the burden of the
proposed collection of information; (c)
ways to enhance the quality, utility, and
clarity of the information to be
collected; (d) ways to minimize the
burden of the collection of information
on respondents, including through the
use of automated collection techniques
or other forms of information
technology; and (e) estimates of capital
or start-up costs and costs of operation,
maintenance, and purchase of services
to provide information. Burden means
the total time, effort, or financial
resources expended by persons to
generate, maintain, retain, disclose or
provide information to or for a Federal
agency. 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.

Proposed Project

Test Predictability of Falls Screening
Tools—New—National Center for Injury
Prevention and Control (NCIPC),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

NCIPC seeks to request a two-year
OMB approval for the “Test
Predictability of Falls Screening Tools”
information collection project. Falls are
the leading cause of fatal and nonfatal
injuries among older adults in the U.S.
and represent a significant burden to the
healthcare system. Research
demonstrates that clinical interventions
can reduce fall risk, and the American
and British Geriatrics Societies (AGS/
BGS) have developed a clinical practice
guideline to manage fall risk among
their older adult patients. Based on
these guidelines, the CDC developed a
falls prevention initiative called
STEADI (Stopping Elderly Accidents,
Deaths, and Injuries). STEADI includes
a suite of materials (available at
www.cdc.gov/STEADI) that help health
care practitioners implement these
clinical guidelines.

The first step in clinical falls
prevention is for health care
practitioners to administer a fall risk
screening. The screening identifies
whether adults 65 and older are at
“increased risk” for a fall. The initial
screening step is critical because it
identifies who will receive the
assessments and follow-up care, which
has the potential to place a large burden
on health care practitioners and the
healthcare system. While medical
organizations such as the American
Geriatrics Society recommend that
adults 65 and older be screened
annually for fall risk, and although there
are a number of tools used to screen
older adults for fall risk, there is
currently no standard for fall risk
screening across care settings.

The CDC proposes to conduct a new
data collection in order to develop a set
of brief screening questions that are
clinically-useful for quickly sorting
patients into risk levels for falls. The
goals of this study are to: (1) Test the
ability of existing falls screening tools to
predict falls in the subsequent year; (2)
design an effective and parsimonious
screening tool for health care
practitioners to identify community-
dwelling adults 65 and older at risk for
falls; and (3) assess how responses to
questions change over time and how

well questions predict falls for specific groups (e.g., gender, race, disability status).

The intended use of the resulting data is to evaluate current screening tools and potentially design a new screening

tool for health care practitioners to identify community-dwelling adults 65 and older at risk for falls. The analysis will consider individual questions and groupings of questions that predict fall risk for multiple subgroups (e.g., gender,

race, disability status) of adults 65 and older.

The only cost to respondents will be time spent responding to the survey/screener.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (Hours)	Total burden (hours)
Contacted Panelists	Initial Call	1,463	1	2/60	49
Participating Panelists	Baseline Survey/Final Survey (month 12) Web Mode.	380	1	20/60	127
	Baseline Survey/Final Survey (month 12) Phone Mode.	570	1	30/60	285
	Monthly Update Survey (months 1–11) Web Mode.	380	11	10/60	697
	Monthly Update Survey (months 1–11) Phone Mode.	570	11	15/60	1,568
	Falls Diary	276	1	5/60	23
Proxy Respondents	Proxy Survey Web Mode	38	1	3/60	2
	Proxy Survey Phone Mode	57	1	5/60	5
Total Hours	2,756

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force (Task Force)

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

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) announces the next meeting of the Community Preventive Services Task Force (Task Force). The Task Force is an independent, nonpartisan, nonfederal, and unpaid panel. Its members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health, and are appointed by the CDC Director. The Task Force was convened in 1996 by the Department of Health and Human Services (HHS) to identify community preventive programs, services, and policies that increase healthy longevity, save lives and dollars, and improve Americans'

quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the Task Force. During its meetings, the Task Force considers the findings of systematic reviews on existing research and practice-based evidence and issues recommendations. Task Force recommendations are not mandates for compliance or spending. Instead, they provide information about evidence-based options that decision makers and stakeholders can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The Task Force's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled in the *Guide to Community Preventive Services (The Community Guide)*.

DATES: The meeting will be held on Wednesday, February 15, 2017 from 8:30 a.m. to 6:00 p.m. EST and Thursday, February 16, 2017 from 8:30 a.m. to 1:00 p.m. EST.

ADDRESSES: The Task Force Meeting will be held at the CDC Edward R. Roybal Campus, Centers for Disease Control and Prevention Headquarters (Building 19), 1600 Clifton Road NE., Atlanta, GA 30329. You should be aware that the meeting location is in a Federal government building; therefore, Federal security measures are applicable. For additional information, please see Roybal Campus Security Guidelines under **SUPPLEMENTARY**

INFORMATION. Information regarding meeting logistics will be available on the Community Guide Web site (www.thecommunityguide.org) closer to the date of the meeting.

Meeting Accessibility: This meeting is open to the public, limited only by space availability. All meeting attendees must RSVP to ensure the required security procedures are completed to gain access to the CDC's Global Communications Center.

Public Comment: The opportunity for public comment will be available during the meeting. A public comment period limited to 3 minutes per person will follow the Task Force's discussion of each systematic review. Individuals wishing to make public comments must indicate their desire to do so in advance by providing their name, organizational affiliation, and the topic to be addressed with their RSVP. Public comments will become part of the meeting summary. Public comment is not possible via Webcast.

U.S. citizens must RSVP by 02/13/2017. Non U.S. citizens must RSVP by 01/30/2017 due to additional security steps that must be completed. Failure to RSVP by the dates identified could result in the inability to attend the Task Force meeting due to the strict security regulations on federal facilities.

Meeting Accessibility: This meeting is available to the public via Webcast. The Webcast URL will be sent to registrants upon receipt of their RSVP. All meeting attendees must RSVP to receive the webcast information which will be