respondents other than their time. The total estimated burden requested from respondents is 149 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening of Drivers	Screening	300	1	5/60	25
L/SH Truck Drivers	Hardcopy Survey Sections 1–7	297	1	25/60	124
Total					149

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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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–0987]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Qualitative Information Collection on Emerging Diseases among the Foreign-born in the US to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on August 8, 2019 to obtain comments from the public and affected agencies. CDC received two non-substantive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Qualitative Information Collection on Emerging Diseases Among the Foreign-born in the US

(OMB Control No. 0920–0987, Exp. 12/31/2019)—Extension—Division of Global Migration and Quarantine (DGMQ), National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests approval for an extension of the current generic information collection; Qualitative Information Collection on Emerging Diseases among the Foreign-born in the US.

This qualitative data collection is needed by DGMQ because foreign-born individuals are considered hard-to-reach populations and are often missed by routine information collection systems in the United States. As a consequence, limited information is available about the health status, knowledge, attitudes, health beliefs, and practices related to communicable diseases and other emerging health issues (*e.g.,* tuberculosis, parasitic diseases, lead poisoning, and mental health issues) among foreign-born populations in the United States. Foreign-born populations are very diverse in terms of countries of origin, socio-demographic, cultural and linguistic characteristics and geographic destinations in the U.S. Data is especially limited at the local level.

The purpose of the extension is to continue efforts to improve the agency's understanding of the health status, risk factors for disease, and other health outcomes among foreign-born individuals in the United States. Numerous types of data will be collected under the auspices of this generic information collection. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and health information needs and sources.

Under the terms of this generic, CDC will employ focus groups and key informant interviews to collect information. Depending on the specific purpose, the information collection may be conducted either in-person, by telephone, on paper, or online. For each generic information collection, CDC will submit to OMB the project summary and information collection tools. CDC requests a total of 550 respondents and 450 burden hours annually. The respondents to these information collections are foreign-born individuals in the United States. There is no cost to respondents other than the time required to provide the information requested.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Foreign-born from specific country of birth in the United States.	Screeners for focus groups (assuming 2 screenings for each recruited participant in focus groups) (150 × 2 = 300).	300	1	10/60
Foreign-born from specific country of birth in the United States.	Focus Groups (Approximately 15 focus groups/year and 10 participants per focus group).	150	1	2
Foreign-born community leaders and staff from organizations serving those communities.	Key informant interviews (Approximately 100 interviews/year).	100	1	1

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–20–19GH]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled Evaluating the implementation and impact of a fall prevention program, including opioid medication management, in a hospital discharge setting, to the Office of Management and Budget (OMB)for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on 02/07/2019 to obtain comments from the public and affected agencies. CDC received three comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) 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;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) 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 submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Evaluating the implementation and impact of an opioid medication management program, in a hospital discharge setting, to reduce falls in older adults—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Over one in four older adults report a fall, and one in 10 report a fall injury each year. Falls result in serious injuries. They are the leading cause of traumatic brain injuries in older adults and 95% of hip fractures in older adults are due to falls.

Certain types of medications, known as psychoactive medications, have been associated with an increased fall risk in older adults. Psychoactive medications, including opioids and benzodiazepines, affect the central nervous system and can cause side effects such as dizziness, sedation, confusion, blurred vision, and orthostatic hypotension. Opioid prescribing in emergency department settings, inpatient settings, and at hospital discharge settings is very common and may increase future chronic opioid use. Studies have shown that opioid treatments in older adults are associated with significantly increased risk of falls, injurious falls, and fractures.

This data collection will perform a formative evaluation of the implementation and impact of a fall prevention program in a hospital discharge setting at the University of California, San Francisco (UCSF). Components of the program will target opioid medication management in the acute and post-acute settings and referral to clinically effective programs to reduce the risk of falls and opioid misuse. A total of four questionnaires will be administered. (1) The Pre-discharge patient questionnaire will be used to survey older adults at University of California San Francisco (UCSF) Medical Center while in the hospital (before discharge). The questionnaire includes 47 questions and is expected to take approximately 10 minutes to complete. (2) The Post-discharge patient questionnaire will be used to survey the older adults that completed the pre-discharge survey three additional times (at 14, 30 and 60 days) after being discharged from UCSF Medical Center. This questionnaire includes 60 questions and is expected to take approximately 10 minutes to complete. (3) The UCSF Clinical staff evaluation questionnaire will be used to survey clinical staff at the UCSF Medical Center. The questionnaire includes 31 questions and is expected to take approximately five minutes to complete. (4) The Primary Care Provider (PCP) post-discharge questionnaire will be used to survey primary care providers