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 Office of Scientific Integrity, Office of the
 Associate Director for Science, Office of the
 Director, Centers for Disease Control and
 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