

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

Leroy A. Richardson,
 Chief, Information Collection Review Office,
 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

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

emailed to them from the *CPSTF@cdc.gov* mailbox.

FOR FURTHER INFORMATION AND TO RSVP CONTACT: Onslow Smith, The Community Guide Branch; Division of Public Health Information Dissemination; Center for Surveillance, Epidemiology and Laboratory Services; Office of Public Health Scientific Services; Centers for Disease Control and Prevention, 1600 Clifton Road, MS-E-69, Atlanta, GA 30333, phone: (404)498-6778, email: *CPSTF@cdc.gov*.

SUPPLEMENTARY INFORMATION:

Purpose: The purpose of the meeting is for the Task Force to consider systematic reviews and issue findings and recommendations based on the reviews. Task Force recommendations 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.

Matters proposed to be discussed: * Cardiovascular disease prevention and control (effectiveness of digital interventions for blood pressure control, mobile phone text messaging for medication adherence), diabetes prevention and control (effectiveness and economic reviews of community health workers for diabetes management, low health literacy sensitive self-management programs for diabetes), health equity promotion (de-tracking, modified school time), and older adult health (self-management support programs for activities of daily living of older adults).

*Pending final approval of review preparations.

Roybal Campus Security Guidelines: The Edward R. Roybal Campus is the headquarters of the U.S. Centers for Disease Control and Prevention and is located at 1600 Clifton Road NE., Atlanta, Georgia. The meeting is being held in a Federal government building; therefore, Federal security measures are applicable.

All meeting attendees must RSVP by the dates outlined under *Meeting Accessibility*. In planning your arrival time, please take into account the need to park and clear security. All visitors must enter the Edward R. Roybal Campus through the front entrance on Clifton Road. Vehicles may be searched, and the guard force will then direct visitors to the designated parking area. Upon arrival at the facility, visitors must present government-issued photo identification (e.g., a valid federal identification badge, state driver's license, state non-driver's identification

card, or passport). Non-United States citizens must complete the required security paperwork prior to the meeting date and must present a valid passport, visa, Permanent Resident Card, or other type of work authorization document upon arrival at the facility. All persons entering the building must pass through a metal detector. Visitors will be issued a visitor's ID badge at the entrance to Building 19 and may be escorted to the meeting room. All items brought to HHS/CDC are subject to inspection.

Dated: December 22, 2016.

Lauren Hoffmann,

Acting Executive Secretary, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Agency Information Collection Activities: Submission for OMB Review; Comment Request; Alzheimer's and Dementia Program Data Reporting Tool (ADP-DRT) (Previously Entitled: Alzheimer's Disease Supportive Services Program Data Reporting Tool (ADSSP-DRT) and Alzheimer's disease Initiative—Specialized Supportive Services (ADI-SSS) project))

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: In compliance with 44 U.S.C. 3507, the Administration on Aging (AoA), Administration for Community Living (ACL), is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under the Paperwork Reduction Act of 1995. This notice collects comments on the information collection requirements relating to the continuation of an existing data collection for the Alzheimer's and Dementia Program Data Reporting Tool (ADP-PDR) and expansion of this collection to incorporate ACL grantees of the Alzheimer's Disease Initiative—Specialized Supportive Services (ADI-SSS) project.

DATES: Submit written comments on the collection of information by January 30, 2017.

ADDRESSES: Submit written comments on the collection of information by fax to (202) 395-5806 or by email to *OIRA_*

submission@omb.eop.gov, Attn: OMB Desk Officer for ACL.

FOR FURTHER INFORMATION CONTACT: Erin Long, (202) 795-7389; *Erin.Long@acl.hhs.gov*.

SUPPLEMENTARY INFORMATION: The Alzheimer's Disease Supportive Services Program (ADSSP) is authorized through Sections 398, 399 and 399A of the Public Health Service (PHS) Act, as amended by Public Law 101-557, the Home Health Care and Alzheimer's disease Amendments of 1990. The ADSSP helps state efforts to expand the availability of community-level supportive services for persons with Alzheimer's disease and their caregivers, including underserved populations. ADI-SSS projects are financed solely by Prevention and Public Health Funds. Similar in scope to ADSSP, ADI-SSS projects are designed to fill gaps in dementia-capable home and community based services (HCBS) for persons living with or those at high risk of developing Alzheimer's disease and related dementias (ADRD) and their caregivers by providing quality, person-centered services that help them remain independent and safe in their communities. In compliance with the PHS Act, ACL revised the ADSSP Data Reporting Tool (ADSSP-DRT) in 2013 to add demographic data, information on the individuals trained, and service and expenditure data. The 2016 revised Alzheimer's and Dementia Program Data Reporting Tool (ADP-DRT) retains these changes and has been expanded to collect information about the delivery of direct services by both ADSSP and ADI-SSS grantees, as well as basic demographic information about service recipients.

Comments in Response to the 60-Day Federal Register Notice:

A 60-day **Federal Register** Notice was published in the **Federal Register** on August 23, 2016, Vol. 18, No. 136; pp. 57591. There was one public comment received pertaining to the categories for living arrangements. The comment suggested that the categories needed to have a clear definition. ACL accepted the comment, and the tool was revised by condensing the categories and providing an update to its definition of categories for living arrangements. The proposed ADP-DRT can be found on AoA's Web site at: https://nadrc.acl.gov/sites/default/files/uploads/docs/Proposed%20ADP-DRT%20Update%2011_30_2016.xlsx.

Annual Burden Estimates: The estimated hourly burden for this revised ADP-DRT is based on the number of persons served in the most recent ADSSP and ADI grantee data