

There were 164,177 cases of gonorrhea diagnosed and reported across the 10 participating enhanced SSuN jurisdictions funded in 2018. Approximately 10.6%, or 17,512 cases were randomly sampled for enhanced investigation and full enhanced investigations were completed for 7,132 (40.7%). The remaining cases were lost to follow-up due to insufficient contact information, or the patient failed to respond to multiple contact attempts. Similar performance is anticipated in the revised project, which includes eleven jurisdictions which reported 173,605 gonorrhea cases in 2017. Approximately 17,360 cases will be

sampled and 7,380 completed patient investigations are anticipated.

Data managers at each of the 11 local/state health departments are responsible for transmitting validated datasets to CDC every month, alternating between strategies A and B each month. This reflects 3,168 burden hours for data management (11 respondents × 12 data transmissions × 24 hours). Data managers will also be responsible for conducting HIV registry matching bimonthly; registry matches are estimated to take 20 hours for matching, cleaning and recoding records into approved data formats. Across all 11 jurisdictions, this represents an

additional data management burden of 1,320 hours (11 sites × 6 annual matches × 20 hours).

The estimated annual burden hours for data management staff in funded jurisdiction is 4,488 hours (3,168 + 1,320) for the revised information collection. Respondents from local/state health departments receive federal funds to participate in this project. Participation of patients and of facility staff is voluntary. The total estimated annual burden hours for which CDC seeks approval is 6,303. There are no additional costs to respondents other than their time.

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)
Data managers at sentinel STD clinics.	Electronic Clinical Record Abstraction.	11	6	4	264
General Public—Adults (persons diagnosed with gonorrhea).	Patient interviews for a random sample of gonorrhea cases.	7,380	1	10/60	1,230
Data Managers: 11 local/state health department.	Data cleaning/validation, HIV registry matching and data transmission for Strategy A and Strategy B.	11	12	44	4,488
General Public—Adults (persons visiting STD clinics and participating in the clinic survey).	Clinic Survey	3850	1	5/60	321
Total	11,274	6,303

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-19ARD]

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 “Evaluation of CDC’s STEADI Older Adult Fall Prevention Initiative in a Primary Care 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 May 24,

2019, to obtain comments from the public and affected agencies. CDC received one comment 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

An Evaluation of CDC’s STEADI Older Adult Fall Prevention Initiative in a Primary Care Setting—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Falls are the leading cause of both fatal and non-fatal injuries among older adults, defined as age 65 and older.

From 2007 to 2016, fall death age-adjusted rates increased by 31% with almost 30,000 older adults dying as the result of a fall in 2016. The economic consequences of falls are significant and growing as the population ages, with medical costs of older adult falls estimated at \$50 billion. CDC created the Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative to guide health care providers' fall prevention activities in the primary care setting.

This new data collection effort is an essential component to determine the impact of CDC's Stopping Elderly Accidents, Deaths, and Injuries (STEADI) initiative on falls, emergency department visits, and hospitalizations due to falls. It will help CDC determine the impact of less resource intense versions of STEADI and evaluate the process of implementing STEADI fall prevention initiative in a primary care setting to provide context for the impact evaluations. The study population will be limited to adults 65 and older who have an outpatient visit during the study period and screen as high risk for falls at the selected primary care clinics implementing the STEADI fall

prevention initiative. The study population for the process evaluation will include the clinical implementation staff at the selected clinics where the intervention will take place (physicians, physician assistants/nurse practitioners, study research nurses, and practice or operations manager).

Two data collection methods will be used; the CDC's Stay Independent Fall Risk Screener will be administered to older adult patients at selected primary care clinics to determine which older adults are at high risk for a fall. Those who screen at high risk will be assigned, based on clinic attended and week of attendance, to one of three study arms. Patient surveys will be used to determine whether these patients experience a fall during the study period, are treated for a fall, and/or use any fall prevention strategies throughout the study period. Four surveys will be administered to each patient during a 12-month period: One baseline survey and three follow-up surveys. Older adults will also be asked to keep track of their falls in a monthly falls diary, so they can accurately recall and report the information during the 12-month period

for the patient surveys. The process evaluation interviews will be used to understand the attitudes of clinical staff towards the implementation process, barriers and facilitators to implementation, and the implementation fidelity to core components of the STEADI initiative. Descriptive statistics and cross tabulations will be used to describe quantitative data from the patient survey and process evaluation data. Risk ratios of the effect of the intervention on post-intervention falls will be calculated comparing intervention and control groups while controlling for demographic, health, attitude, and behavior variables.

The data collected from this study will be used to demonstrate the impact of STEADI and different components of STEADI on falls and fall injuries in a primary care setting, and improve the implementation of STEADI in a primary care setting. There are no costs to the respondents other than their time. The total estimated annualized burden is 1,578 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Patient	Stay Independent Fall Risk Screener (Att. D)	4,035	1	6/60
	Consent Form (Att. C)	1,235	1	12/60
	Patient Baseline Survey (Att. B1)	1,000	1	15/60
	Patient Follow-up Survey (Att. B2)	896	3	15/60
Physician/Physician Assistants/Nurse Practitioners.	Provider Interview Guide/Consent (Att. E1) ...	3	1	50/60
	Operations Manager Interview Guide/Consent (Att. E2).	2	1	50/60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20-1158; Docket No. CDC-2019-0095]

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 and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled CDC Ideation Catalyst (I-Catalyst) Program and Customer Engagement Information Collection. CDC will collect qualitative information from potential customers and other stakeholders about their needs and preferred approaches to solving public health problems. Findings will be used to improve

customer satisfaction with, and usability of, CDC's products, programs, and services.

DATES: CDC must receive written comments on or before December 24, 2019.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2019-0095 by any of the following methods:

- *Federal eRulemaking Portal: 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-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without