ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Adults, age 18–29	Health Related Quality of Life Survey	750	1	25/60
Adults, age 18+	Health Related Quality of Life Survey	1100	1	25/60

Dated: September 22, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–0572]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Health Message Testing System (OMB No. 0920–0572, Exp. 11/31/2011)—Revision—Office of the Associate Director for Communication, Centers for Disease Control and Prevention CDC).

Background and Brief Description

Before CDC disseminates a health message to the public, the message always undergoes scientific review. However, even though the message is based on sound scientific content, there is no guarantee that the public will understand a health message or that the message will move people to take recommended action. Communication theorists and researchers agree that for health messages to be as clear and influential as possible, target audience members or representatives must be involved in developing the messages and provisional versions of the messages must be tested with members of the target audience.

However, increasingly there are circumstances when CDC must move swiftly to protect life, prevent disease, or calm public anxiety. Health message testing is even more important in these instances, because of the critical nature of the information need.

CDC receives a mandate from Congress with a tight deadline for communicating with the public about a specific topic. For example, Congress gave CDC 120 days to develop and test messages for a public information campaign about *Helicobacter pylori,* a bacterium that can cause stomach ulcers and increase cancer risk if an infected individual is not treated with antibiotics.

In the interest of timely health message dissemination, many programs forgo the important step of testing messages on dimensions such as clarity, salience, appeal, and persuasiveness (*i.e.,* the ability to influence behavioral intention). Skipping this step avoids the delay involved in the standard OMB review process, but at a high potential cost. Untested messages can waste communication resources and opportunities because the messages can be perceived as unclear or irrelevant. Untested messages can also have unintended consequences, such as jeopardizing the credibility of Federal health officials.

The Health Message Testing System (HMTS), a generic information collection, will enable programs across CDC to collect the information they require in a timely manner to:

- Ensure quality and prevent waste in the dissemination of health information by CDC to the public.
- Refine message concepts and to test draft materials for clarity, salience, appeal, and persuasiveness to target audiences.
- Guide the action of health communication officials who are responding to health emergencies, Congressionally-mandated campaigns with short timeframes, media-generated public concern, time-limited communication opportunities, trends, and the need to refresh materials or dissemination strategies in an ongoing campaign.

Each testing instrument will be based on specific health issues or topics. Although it is not possible to develop one instrument for use in all instances, the same kinds of questions are asked in most message testing. This package includes generic questions and formats that can used to develop health message testing data collection instruments. These include a list of screening questions, comprised of demographic and introductory questions, along with other questions that can be used to create a mix of relevant questions for each proposed message testing data collection method. However, programs may request to use additional questions if needed.

Message testing questions will focus on issues such as comprehension, impressions, personal relevance, content and wording, efficacy of response, channels, and spokesperson/sponsor. Such information will enable message developers to enhance the effectiveness of messages for intended audiences.

Data collection methods proposed for HMTS include intercept interviews, telephone interviews, focus groups, online surveys, and cognitive interviews. In almost all instances, data will be collected by outside organizations under contract with CDC.

There is no cost to the respondents other than their time. The total estimated annualized burden hours are 2,470.

TABLE A12A—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection methods	Number of respondents per method	Number of responses per respondent	Average burden per response (in hours)
Central Location Intercept Interviews, Telephone Interviews, Individual In-depth Interview (Cognitive Interviews), Focus Group Screenings, Focus Groups, Online Surveys	18,525	1	8/60

Dated: September 19, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11IN]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Testing and Evaluation of Tobacco Communication Activities—New—Office on Smoking and Health (OSH), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Tobacco use remains the leading preventable cause of death in the United States. Recent legislative developments highlight the importance of tobacco control—and appropriate tobacco control messages—in efforts to improve the nation's health. These developments include the Prevention and Public Health Fund, established by the Affordable Care Act (ACA), which supports initiatives designed to reduce the health and financial burden of tobacco use through prevention and cessation approaches.

CDC requests OMB approval of a new, generic clearance mechanism to support information collection for the development, implementation and evaluation of tobacco-related health messages, health communication programs, and campaigns. The proposed generic mechanism will establish a unified clearance framework for a broad array of tobacco-related communication activities, which may occur on an as-needed basis, or in the context of a coordinated series of activities. A generic clearance is needed to support the breadth, flexibility and time-sensitivity of information collections required to plan, execute and evaluate an ACA-funded tobacco communication campaign, as well as ongoing health communication efforts in CDC's Office on Smoking and Health (OSH). OSH employs a strategic and systematic approach to the design and evaluation of high-quality health messages and campaigns, by applying scientific methods to the development of health messages, obtaining input from public health partners, and pre-testing with target audiences.

OMB approval for each data collection activity conducted under the generic clearance will be requested through a specific Information Collection Request that describes the activity's purpose, use, methodology, and burden on respondents. A variety of methods will be employed, including:

(1) In-depth interviews, such as cognitive interviews and interviews with key informants. In-depth interviews will typically be conducted in-person with an average burden per response of one hour. The total estimated annualized burden for in-depth interviews is 67 hours.

(2) In-person focus groups, primarily for creative concept testing, and online focus groups, primarily for social media concept testing. The estimated burden per response is 1–1.5 hours. The total estimated annualized burden for focus groups is 360 hours.

(3) Short surveys involving an average burden per response of 10 minutes, conducted online or through bulletin boards, for message platform testing, message validation and copy testing, pilot evaluation activities, and rough cut testing. The total estimated annualized burden for short surveys is 1,334 hours.

(4) Medium-length surveys involving an average burden of 25 minutes per response, conducted by telephone or online, for campaign evaluation, quantitative social media concept testing, and validation of advertisements and Surgeon General report materials. The total estimated annualized burden for medium-length surveys is 5,555 hours.

(5) In-depth surveys involving an average burden of one hour per response, for formative testing, outcome evaluation, and analyses of exposure, awareness, and knowledge, attitudes or behavior. The total estimated annualized burden for in-depth surveys is 1,292 hours.

Results of these information collections will be used to improve the clarity, salience, appeal, and persuasiveness of messages and campaigns that support the prevention and control of tobacco use.

Approval of the generic mechanism is requested for three years. Respondents will be members of the general public or target populations. Participation in data collection is voluntary, and there are no costs to respondents other than their time. The total estimated annualized burden hours are 8,608.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Data collection method	Number of respondents	Number of responses per respondent	Average burden per response
General Public and Special Populations	In-depth Interviews	67	1	1
	Focus Groups (In Person)	160	1	1.5