Dated: February 5, 2013.

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Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), 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

[30Day–13–0923]

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) 639–7570 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

Evaluation of the National Tobacco Prevention and Control Public Education Campaign (OMB No. 0920–0923, exp. 2/28/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) requests a Revision of the current OMB approval for Evaluation of the National Tobacco Prevention and Control Public Education Campaign (The Campaign) (OMB no. 0920–0923, exp. 2/28/2012). In 2012, CDC conducted web-based surveys of smokers and non-smokers in the U.S. for purposes of evaluating phase 1 of the CDC's National Tobacco Prevention and Control Public Education Campaign (The Campaign). This information collection consisted of an initial baseline survey (Wave 1) before the launch of The Campaign and a longitudinal follow-up survey (Wave 2) of those participants approximately three months later after the conclusion of The Campaign. Data from this information collection has been used by CDC to examine the association between smokers' and nonsmokers' exposure to The Campaign and changes in outcome variables of interest.

CDC has recently announced plans to launch a second phase of The Campaign (Phase 2), using the same campaign name (''Tips from Former Smokers''), similar advertisement styles, similar message themes and strategies, and in some cases the same ad cast members. CDC therefore plans to continue evaluation of The Campaign with a new, third wave of data collection. Wave 3 will consist of web-based follow-up surveys of smokers and nonsmokers that will facilitate pre-post analysis of the cumulative Phase 1 and Phase 2 campaigns. This pre-post design is similar to the currently-approved information collection that examined pre-post changes in relevant outcomes for the Phase 1 campaign only.

The timeframe for the Wave 3 data collection is related to the anticipated launch and duration of the Phase 2 campaign. The Phase 2 Campaign is expected to launch in early winter/spring 2013 and will air for approximately four months. Therefore, our proposed Wave 3 data collection will occur approximately four months after the Phase 2 Campaign launch to ensure accurate measurement of Campaign awareness after all media have been delivered.

Information will be collected about adult smokers' awareness of and exposure to campaign advertisements, knowledge, attitudes, and beliefs related to smoking and secondhand smoke. In addition, the survey will measure behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to non-smokers' encouragement of smokers to quit smoking. Information will also be collected on demographic variables including age, sex, race, education, income, primary language, and marital status.

Data from this survey will be used to estimate the extent to which smokers and non-smokers in the U.S. were exposed to cumulative Phase 1 and Phase 2 Campaigns and to examine the statistical relationships between adults' exposure to Phase 1 and Phase 2 Campaigns and changes in outcome variables of interest which will include knowledge, attitudes, beliefs and intentions related to smoking and cessation as well as behavioral outcomes including quit attempts and cigarette consumption.

Information will be collected through on-line questionnaires involving adult smokers and non-smokers in the U.S., ages 18–54. Respondents who are smokers will be recruited from two sources: a probability sample drawn from the Knowledge Networks KnowledgePanel®, a panel that uses address-based postal mail sampling to generate a probability-based online panel of U.S. adults, and a supplemental sample from SSI, a leading provider of online sampling in the U.S. Respondents who are non-smokers will be recruited from Knowledge Networks.

To obtain the target number of complete Wave 3 responses, approximately 43,737 respondents will be contacted through an initial screening and consent process. The estimated burden per response is two minutes. The target number of complete wave 3 questionnaires for smokers is 14,250. The target number of complete wave for non-smokers is 3,286. For both respondent groups, the estimated burden per response is 25 minutes for each follow-up questionnaire.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated burden hours are 8,765.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
General Population ..... Adults, ages 18–54 in the U.S.	Screening and Consent Process	43,737	1	2/60
	Smoker Phase 2 Follow-Up Questionnaire	14,250	1	25/60
	Non-Smoker Phase 2 Follow-Up Questionnaire	3,286	1	25/60

Dated: February 5, 2013.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–13–0848]

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) 639–7570 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) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Laboratory Medicine Best Practices Project (LMBP) (0920–0848, exp. 5/31/2013)—Extension—Office of Surveillance, Epidemiology and Laboratory Services (OSELS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is seeking approval from the Office of Management and Budget (OMB) to collect information from healthcare organizations in order to conduct a systematic review of laboratory practice effectiveness. The purpose of information collection is to include completed unpublished quality improvement studies/assessments carried out by healthcare organizations (laboratories, hospitals, clinics) in systematic reviews of practice effectiveness. CDC has been sponsoring the Laboratory Medicine Best Practices (LMBP) initiative to develop new systematic evidence reviews methods for making evidence-based recommendations in laboratory medicine. This initiative supports the CDC's mission of improving laboratory practices.

The focus of the Initiative is on pre- and post-analytic laboratory medicine practices that are effective at improving health care quality. While evidence-based approaches for decision-making have become standard in healthcare, this has been limited in laboratory medicine. No single-evidence-based model for recommending practices in laboratory medicine exists, although the number of laboratories operating in the United States and the volume of laboratory tests available certainly warrant such a model.

The Laboratory Medicine Best Practices Initiative began in October 2006, when DLS convened the Laboratory Medicine Best Practices Workgroup (Workgroup), a multidisciplinary panel of experts in several fields including laboratory medicine, clinical medicine, health services research, and health care performance measurement. The Workgroup has been supported by staff at CDC and the Battelle Memorial Institute under contract to CDC.

To date, the Laboratory Medicine Best Practices (LMBP) project work has been completed over three phases. During Phase 1 (October 2006–September 2007) of the project, CDC staff developed systematic review methods for conducting evidence reviews using published literature, and completed a proof-of-concept test. Results of an extensive search and review of published literature using the methods for the topic of patient specimen identification indicated that an insufficient quality and number of studies were available for completing systematic evidence reviews of laboratory medicine practice effectiveness for multiple practices, and hence for making evidence-based recommendations. These results were considered likely to be generalizable to most potential topic areas of interest.

A finding from Phase 1 work was that laboratories would be unlikely to publish quality improvement projects or studies demonstrating practice effectiveness in the peer reviewed literature, but that they routinely conducted quality improvement projects and had relevant data for completion of evidence reviews. Phase 2 (September 2007–November 2008) and Phase 3 (December 2008—September 2009), involved further methods development and pilot tests to obtain, review, and evaluate published and unpublished evidence for practices associated with the topics of patient specimen identification, communicating critical value test results, and blood culture contamination. Exploratory work by CDC supports the existence of relevant unpublished studies or completed quality improvement projects related to laboratory medicine practices from healthcare organizations. The objective for successive LMBP evidence reviews of practice effectiveness is to supplement the published evidence with unpublished evidence to fill in gaps in the literature.

Healthcare organizations and facilities (laboratory, hospital, clinic) will have the opportunity to voluntarily enroll in an LMBP network and submit readily available unpublished studies; quality improvement projects, evaluations, assessments, and other analyses relying on unlinked, anonymous data using the LMBP Submission Form. LMBP Network participants will also be able to submit unpublished studies/data for evidence reviews on an annual basis using this form. There will be no charge to respondents for their participation. The total estimated annualized burden hours for this information collection request are 100 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Healthcare Organizations	150	1	40/60