DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–14KE]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (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*. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

A Comprehensive Evaluation of a Paid Social Media and Mass Media Gynecologic Cancer Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As authorized by The Gynecologic Cancer Education and Awareness Act, CDC currently manages the ''Inside Knowledge: Get the Facts About Gynecologic Cancer'' media campaign. The campaign seeks to increase women's intentions to seek medical attention for symptoms that could be indicative of gynecologic cancer.

CDC plans to conduct an evaluation of the Inside Knowledge (IK) campaign by collecting information from the target audience of women ages 40–65 in four cities (Milwaukee, Wisconsin; Cincinnati, Ohio; Las Vegas, Nevada and San Antonio, Texas). In two of the cities (Milwaukee and San Antonio), the national IK campaign will be augmented by an additional paid media campaign. Evaluation information will be collected at two time points in each city (a pre-campaign survey plus one additional post-campaign survey after the media intervention). Separate cross-sectional samples of new respondents will participate at each point in time. This will allow CDC to assess exposure to campaign messages as a function of media ''dose'' and to assess whether women who reside in cities with additional paid media have higher awareness of the campaign, higher knowledge of gynecological cancers, and greater intentions to seek medical attention for gynecologic cancer symptoms and/or to discuss symptoms with their doctor. CDC initially considered a more complex evaluation strategy that involved four waves of data collection in each city coinciding with the release of various combinations of digital media and traditional media. The current campaign evaluation strategy is based on a simplified design that allows CDC to assess main campaign effects with a smaller number of respondents.

Respondents will be recruited from a national opt-in online survey panel that prescreens participants and increases the likelihood that they meet eligibility criteria and live within the cities where the media campaigns are implemented. The total number of respondents in each study location is approximately 606 (303 respondents who participate in the pre-campaign information collection, and 303 respondents who participate in the post-campaign information collection). The target number of completed responses for the overall campaign evaluation study is 2,424. The estimated number of incomplete responses (individuals who drop out during or after completion of the Screening Section of the survey) is 606.

Potential respondents will receive an email invitation that describes the study and provides a link to the survey Web site. Information will then be collected through self-administered, Web-based surveys. Survey items will include measures of audience recall of the campaign; perceptions of campaign messages; gynecologic health related knowledge, attitudes, and beliefs; intentions to seek care for symptoms associated gynecologic cancers; and sociodemographic characteristics.

Results of this evaluation study will be used to inform CDC, policymakers, prevention practitioners, researchers, and the general U.S. population about the reach and impact of the Inside Knowledge gynecologic health awareness campaign, and to inform the development and implementation of future health communication efforts.

OMB approval is requested for one year. The same survey instrument will be used for all information collection. Participation is voluntary and there are no costs to respondents other than their time. The total estimated burden hours are 838.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Women Ages 45–60 in Milwaukee, Cincinnati, Las Vegas, or San Antonio.	Women's Health Survey (Screening Section only).	606	1	3/60
	Women's Health Survey (complete)	2,424	1	20/60

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

[60Day–15–0792]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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. Written comments should be received within 60 days of this notice.

Proposed Project

Environmental Health Specialists Network (EHS-NET) Program (OMB No. 0920–0792, expires 2/28/2015)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC is requesting OMB approval for three additional years to use this generic clearance for a research program focused on identifying the environmental causes of foodborne illness.

To date, EHS-Net has conducted four studies under this generic clearance. The first study collected data on improper cooling of hot foods, a food handling practice associated with foodborne illness and outbreaks. The second study collected data on the relationship between kitchen manager food safety certification and foodborne illness risk factors in restaurants. Public health agencies are increasingly encouraging or requiring certification as a foodborne illness prevention measure, yet little is known about its effectiveness. The third study collected data on the environmental factors associated with contamination of the retail deli environment with *Listeria,* a foodborne illness pathogen ranked 3rd in terms of the number of deaths it causes. The fourth study collected data on restaurant managers' and workers' food allergen knowledge, attitudes, and practices. Food allergens are an important food safety issue for restaurants.

The data from the first two studies have been disseminated to environmental public health/food safety regulatory programs and the food industry in the form of presentations at conferences and meetings, scientific journal publications, and Web site postings. We will continue to analyze and present the data from all four studies, and expect that they will continue to provide valuable and useful data about environmental factors associated with foodborne illness outbreaks and food safety issues.

This revision will provide OMB clearance for EHS-Net data collections conducted in 2015 through 2018 (approximately one per year). The program is revising the generic information collection request (ICR) in the following ways:

(1) Because of the re-announcement and re-competition of the EHS-Net cooperative agreement in 2015, it is likely that the sites in which data will be collected will differ from the sites in which data were collected previously.

(2) We revised the estimated study sample size and burden downward. Thus, the estimated burden has been reduced.

(3) We have eliminated proposed sample weighting analyses.

Reducing foodborne illness first requires identification and understanding of the environmental factors that cause these illnesses. We need to know how and why food becomes contaminated with foodborne illness pathogens. This information can then be used to determine effective food safety prevention methods. Ultimately, these actions can lead to increased regulatory program effectiveness and decreased foodborne illness. The purpose of this food safety research program is to identify and understand environmental factors associated with foodborne illness and outbreaks. This program is conducted by the Environmental Health Specialists Network (EHS-Net), a collaborative project of CDC, FDA, USDA, and local and state sites.

Environmental factors associated with foodborne illness include both food safety practices (*e.g.,* inadequate cleaning practices) and the factors in the environment associated with those practices (*e.g.,* worker and retail food establishment characteristics). To understand these factors, we need to continue to collect data from those who prepare food (*i.e.,* food workers) and on the environments in which the food is prepared (*i.e.,* retail food establishment kitchens). Thus, data collection methods for this generic package include: (1) Manager and worker interviews/surveys, and (2) observation of kitchen environments. Both methods allow data collection on food safety practices and environmental factors associated with those practices.

For each data collection, we will collect data in approximately 47 retail food establishments per site. Thus, there will be approximately 376 establishments per data collection (an estimated 8 sites × 47 establishments). We expect a manager/establishment