

of fall-prevention solutions, this project will use the behavioral economic principles to assess the trade-offs small business owners make among the cost of fall prevention solutions, the amount of effort required to assemble them, and the amount of time they take to assemble. One of the behavioral economic principles is discounting, in which the value of a product or outcome decreases as the cost, effort, or delay associated with it increases. For example, small-business owners may “discount” the value of a fall-prevention solution if it requires great effort to assemble.

The survey will include instruments to obtain demographic information (age, gender, income, etc.), organizational safety information (e.g., “Has someone at your place of work ever been

injured?”), and behavioral economic discounting assessments. For the behavioral economic questions in the survey, participants will be asked to make choices about hypothetical, but realistic, scenarios that assess the influence of several factors on the patterns of decision-making. To date, no study has quantitatively assessed the safety-related decision-making processes of small business employers from a behavioral economic perspective. Previous studies in this area consist of qualitative studies of some factors that affect occupational safety and health of small businesses. This study will address a knowledge gap in the professional and scientific literature by contributing quantitative data to a

problem that has been overlooked. The results for this study are meant for theory development and are not intended to be nationally representative.

The sample size for this survey will be 100 small business employers in the wholesale or retail trade sectors. This sample size is based on a power analysis which indicated that 100 respondents would be sufficient to detect any correlations between the organizational or demographic variables and the behavioral economic measures of decision making. Each web-based survey will take approximately 30 minutes to complete, resulting in an annualized burden estimate of 50 hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Instrument	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Small business employers	Discounting Survey	100	1	30/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day-19-1083 Docket No. CDC-2019-0030]

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 “Extended Evaluation of the

National Tobacco Prevention and Control Public Education Campaign.” This information collection request will enable the Centers for Disease Control and Prevention (CDC) to continue to measure exposure and awareness of the *Tips From Former Smokers*® campaign (*Tips*®) and to evaluate its impact on campaign-targeted outcomes among smokers and nonsmokers in the United States.

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

ADDRESSES: You may submit comments, identified by Docket No. CDC-2019-0030 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.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 change, all relevant comments to [Regulations.gov](https://www.regulations.gov).

Please note: Submit all comments through the Federal eRulemaking portal ([regulations.gov](https://www.regulations.gov)) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger,

Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected; and

4. 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 submissions of responses.

5. Assess information collection costs.

Proposed Project

Extended Evaluation of the National Tobacco Prevention and Control Public Education Campaign—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2012, HHS/CDC launched the National Tobacco Prevention and Control Public Education Campaign (*Tips*). The primary objectives of *Tips* are to encourage smokers to quit smoking and to encourage nonsmokers to communicate with smokers about the dangers of smoking. *Tips* airs annually in all U.S. media markets on broadcast and national cable TV as well as other media channels including digital video, online display and banners, radio, billboards, and other formats. *Tips* ads rely on evidence-based paid media advertising that highlights the negative health consequences of smoking. *Tips*' primary target audience is adult smokers; adult nonsmokers constitute the secondary audience. *Tips* paid advertisements are aimed at providing motivation and support to smokers to quit, with information and other resources to increase smokers' chances of success in their attempts to quit

smoking. A key objective for the nonsmoker audience is to encourage nonsmokers to communicate with smokers they may know (including family and friends) about the dangers of smoking and to encourage them to quit. *Tips* ads also focus on increasing audience's knowledge of smoking-related diseases, intentions to quit, and other related outcomes.

The goal of the proposed information collection is to evaluate the reach of *Tips* among intended audiences and to examine the effectiveness of these efforts in impacting specific outcomes that are targeted by *Tips*, including quit attempts and intentions to quit among smokers, nonsmokers' communications about the dangers of smoking, and knowledge of smoking-related diseases among both audiences. This will require customized surveys that will capture all unique messages and components of *Tips*. Information will be collected through Web surveys to be self-administered by adults 18 and over on computers in the respondent's home or in another convenient location. Evaluating *Tips*' impact on behavioral outcomes is necessary to determine campaign cost effectiveness and to allow program planning for the most effective campaign outcomes. Because *Tips* content changes, it is necessary to evaluate each yearly implementation of *Tips*.

The proposed information collection will include three survey collections per year (nine surveys in total) generally conducted before, during, and after *Tips* in each year. Using the same methods outlined in the currently-approved information collection (OMB No. 0920–1083, exp., 2/29/2020), participants will be recruited from two sources: (1) An online longitudinal cohort of adult smokers and nonsmokers, sampled

randomly from postal mailing addresses in the United States (address-based sample, or ABS); and (2) the existing GfK/Ipsos (formerly GfK)

KnowledgePanel, an established long-term online panel of U.S. adults. All online surveys, regardless of sample source, will be conducted via the GfK/Ipsos KnowledgePanel Web portal for self-administered surveys.

Information will be collected through Web surveys to be self-administered on computers in the respondent's home or in another convenient location. Information will be collected about smokers' and nonsmokers' awareness of and exposure to specific *Tips* advertisements; knowledge, attitudes, beliefs related to smoking and secondhand smoke; and other marketing exposure. The surveys will also measure behaviors related to smoking cessation (among the smokers in the sample) and behaviors related to nonsmokers' encouragement of smokers to quit smoking, recommendations of cessation services, and attitudes about other tobacco and nicotine products.

It is important to evaluate *Tips* in a context that assesses the dynamic nature of tobacco product marketing and uptake of various tobacco products, particularly since these may affect successful cessation rates. Survey instruments may be updated to include new or revised items on relevant topics, including cigars, noncombustible tobacco products, and other emerging trends in tobacco use.

Participation is voluntary and there are no costs to respondents other than their time. The total response burden is estimated at 27,933 hours over three years between early fall 2020 and December 2023. The total annualized burden hours during this period thus are estimated at 9,311.

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)
General Population	Screening & Consent (English)	16,167	1	5/60	1,347
	Screening & Consent (Spanish)	500	1	5/60	42
Adult Smokers, ages 18–54, in the United States.	Smoker Survey Wave A (English) ...	2,587	1	20/60	862
	Smoker Survey Wave A (Spanish) ..	80	1	20/60	27
	Smoker Survey Wave B (English) ...	1,617	1	20/60	539
	Smoker Survey Wave B (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave C (English) ...	1,617	1	20/60	539
	Smoker Survey Wave C (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave D (English) ...	1,617	1	20/60	539
	Smoker Survey Wave D (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave E (English) ...	1,617	1	20/60	539
	Smoker Survey Wave E (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave F (English) ...	1,617	1	20/60	539
	Smoker Survey Wave F (Spanish) ..	50	1	20/60	17

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

(Type of) Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Adult Nonsmokers, ages 18–54, in the United States.	Smoker Survey Wave G (English) ...	1,617	1	20/60	539
	Smoker Survey Wave G (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave H (English) ...	1,617	1	20/60	539
	Smoker Survey Wave H (Spanish) ..	50	1	20/60	17
	Smoker Survey Wave I (English)	1,617	1	20/60	539
	Smoker Survey Wave I (Spanish) ...	50	1	20/60	17
	Nonsmoker Survey Wave A (English).	1,000	1	20/60	333
	Nonsmoker Survey Wave A (Spanish).	100	1	20/60	33
	Nonsmoker Survey Wave B (English).	808	1	20/60	269
	Nonsmoker Survey Wave B (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave C (English).	808	1	20/60	269
	Nonsmoker Survey Wave C (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave D (English).	808	1	20/60	269
	Nonsmoker Survey Wave D (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave E (English).	808	1	20/60	269
	Nonsmoker Survey Wave E (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave F (English).	808	1	20/60	269
	Nonsmoker Survey Wave F (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave G (English).	808	1	20/60	269
	Nonsmoker Survey Wave G (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave H (English).	808	1	20/60	269
	Nonsmoker Survey Wave H (Spanish).	25	1	20/60	8
	Nonsmoker Survey Wave I (English)	808	1	20/60	269
	Nonsmoker Survey Wave I (Spanish).	25	1	20/60	8
Total					9,311

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Scientific Integrity, Office of Science,
Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–19–19ACC; Docket No. CDC–2019–0020]

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 *Survey of Engineered Nanomaterial Occupational Safety and Health Practices*. The goal of this project is to assess the relevance and impact of NIOSH's contribution to guidelines and risk mitigation practices for safe handling of engineered nanomaterials in the workplace.

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