

For Further Information Contact:
Renee Chapman, Contact
Representative; or Theresa Kingsberry,
Legal Assistant; Federal Trade
Commission, Premerger Notification
Office, Bureau of Competition, Room H-
303, Washington, DC 20580, (202) 326-
3100.

By Direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 2012-3310 Filed 2-14-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research
and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the
intention of the Agency for Healthcare
Research and Quality (AHRQ) to request
that the Office of Management and
Budget (OMB) approve the proposed
information collection project: "Use of
Deliberative Methods to Enhance Public
Engagement in the Agency for
Healthcare Research and Quality's
(AHRQ's) Effective Healthcare (EHC)
Program and Comparative Effectiveness
Research (CER) Enterprise." In
accordance with the Paperwork
Reduction Act, 44 U.S.C. 3501-3521,
AHRQ invites the public to comment on
this proposed information collection.

This proposed information collection
was previously published in the **Federal
Register** on December 1st, 2011 and
allowed 60 days for public comment. No
comments were received. The purpose
of this notice is to allow an additional
30 days for public comment.

DATES: Comments on this notice must be
received by March 16, 2012.

ADDRESSES: Written comments should
be submitted to: AHRQ's OMB Desk
Officer by fax at (202) 395-6974
(attention: AHRQ's desk officer) or by
email at
OIRA_submission@omb.eop.gov
(attention: AHRQ's desk officer).

Copies of the proposed collection
plans, data collection instruments, and
specific details on the estimated burden
can be obtained from the AHRQ Reports
Clearance Officer.

FOR FURTHER INFORMATION CONTACT:
Doris Lefkowitz, AHRQ Reports

Clearance Officer, (301) 427-1477, or by
email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

*Use of Deliberative Methods To Enhance
Public Engagement in the Agency for
Healthcare Research and Quality's
(AHRQ's) Effective Healthcare (EHC)
Program and Comparative Effectiveness
Research (CER) Enterprise*

With this project, AHRQ seeks
evidence on the feasibility and
usefulness of public deliberation as an
approach to obtaining public input on
questions related to the conduct and use
of comparative effectiveness research
(CER). Although stakeholder
engagement has been central to the
Effective Healthcare (EHC) program to
date, public input has not traditionally
been used to inform and guide broad
strategies related to the use of evidence
to inform decisions. This study would
provide a research base to address this
gap. This project closely ties to AHRQ's
efforts to improve the rigor of methods,
as it will generate methodological
evidence through a randomized
controlled experiment comparing five
distinct methods of public deliberation
to find the most effective approaches for
involving the general public, including
members of AHRQ's priority
populations, in questions related to the
research enterprise.

Public deliberation is a strategy for
engaging lay people in informing
decisions when these decisions require
consideration of values and ethics in
addition to scientific evidence. It
includes three core elements:

- (1) Convening a group of people
(either in person or via online
technologies to connect people in
remote locations),
- (2) Educating the participants on the
relevant issue(s) through dissemination
of educational materials and/or the use
of content experts, and
- (3) Having the participants engage in
a reason-based discussion, or
deliberation, on all sides of the issue(s).

AHRQ wishes to study the
effectiveness of public deliberation,
because it offers the opportunity to
obtain public input on complex topics
in an environment that encourages
participants to educate themselves
about the topic and discuss it in a
thoughtful, respectful manner.
Information about the topic is
intentionally neutral and respectful of
the full range of underlying values and
experience with health care issues in
the population. This approach is
designed to improve upon the
sometimes superficial or "top of mind"

responses that are often provided by
public opinion surveys. AHRQ views
public deliberation as a potential source
of higher quality public input on issues
fundamental to the Agency's mission,
such as the best and most effective ways
to use comparative effectiveness
research, than has heretofore been
available.

Several distinct deliberative methods
have been developed and used
previously. They share the three core
elements of public deliberation, but
differ on key features of implementation
such as duration, whether they take
place in-person or online, and the use
of content experts. Although there is
considerable theoretical and case study
literature endorsing the value of public
deliberation, there has been little
empirical research about its
effectiveness and even less about the
comparative merits of different
deliberative methods (Community
Forum Deliberative Methods Literature
Review, 2010).

The objectives of this study are to:

1. Obtain informed and deliberated
input from lay people on important
questions underlying AHRQ's research
program; and
2. Expand the evidence base for the
use of public deliberation methods for
exploring issues relevant to health care
research by comparing the outcomes of
five distinct deliberative methods to a
control condition and to each other.

This study is being conducted by
AHRQ through its contractor, the
American Institutes of Research (AIR),
pursuant to AHRQ's statutory authority
to (1) promote health care quality
improvement by conducting and
supporting both research that develops
and presents scientific evidence
regarding all aspects of health care and
the synthesis and dissemination of
available scientific evidence for use by
policymakers, among others, and (2)
conduct and support research, provide
technical assistance, and disseminate
information on healthcare and on
systems for the delivery of such care.
See 42 U.S.C. 299(b)(1)(A), (D), (F), and
(G); 42 U.S.C. 299(b)(2); 42 U.S.C.
299a(a)(1)-(4).

Method of Collection

To achieve the objectives of this study
the following activities and data
collections will be implemented:

(1) Participant recruitment—A short
screening questionnaire, including a
brief overview of the study, will be used
to recruit persons for the study.

(2) Educational Materials—
Educational materials are designed to
inform participants about the topics that
are being deliberated and will be

provided to all 1,685 participants recruited before the implementation of any of the methods, but after the administration of the Knowledge and Attitudes Pre-test Survey (described below). Additional content provided during the deliberative method sessions includes an overview of the study and the background materials needed by participants to competently deliberate the issues. For two methods (ODP and IDP; see below) educational materials to be used during the sessions will be sent to participants before the sessions (but after administration of the pre-test).

(3) **Deliberative Discussion Groups and Control Group**—The purpose of the discussion groups is to obtain informed and deliberated input from lay people on an important set of issues underlying health care research. Participants will be randomly assigned to one of the five deliberative methods or a control condition. The five methods were selected because they have been previously implemented and vary on key features that may affect the scalability and effectiveness of the methods, including: duration (from two hours to three days), mode of implementation (online versus in person), role of content experts, and time between sessions allowing participants to seek additional information on the issues and communicate informally with other participants. The subject of the deliberations is the use of research evidence in healthcare decision-making. This deliberative topic encompasses several themes or “variations” that will be elaborated in the deliberations:

1. Use of evidence to encourage better healthcare: Is evidence useful (or, what kind of evidence is useful) to a physician and a patient who are considering a test or treatment that has been found to be ineffective, less effective than another, riskier than another, or for which effectiveness has not been demonstrated?

2. Use of evidence to encourage better value: Is evidence useful (or, what kind of evidence is useful) to a physician and a patient who are considering a test or treatment that is effective even though an equally effective but less expensive alternative is available?

3. Decision-making when evidence shows more complex trade-offs: Is evidence useful (or, what kind of evidence is useful) in treatment decisions that involve the balancing of effectiveness, risk, and value?

The issues involved in each variation will be discussed in the context of specific comparative effectiveness research (CER) examples. These “vignettes” illustrate the issues and

elicit participants’ input on the issues and the values employed by participants in the deliberations.

(4) **Knowledge and Attitudes Pre-test Survey**—This survey will measure knowledge of and attitudes about the health issues discussed in the deliberations. It will be administered to deliberation participants and controls before educational materials are sent or the methods are implemented.

As described, study participants will be provided with educational materials related to the deliberative topic. In order to assess whether or not participants were sufficiently informed on the topics addressed in the materials, the Knowledge and Attitudes Survey contains items assessing knowledge of medical research and medical evidence, of comparative effectiveness research, and of healthcare costs. The attitudinal questions refer to the use of medical evidence in healthcare decision making. They include attitudes about health care decision-making when research findings can provide no support for, or conflict with patient and doctor preferences for particular treatments.

The questionnaire will also gather demographic and other information necessary to characterize the study sample, test the success of the randomization, and define population subgroups for which variation in outcomes will be examined. The demographic variables also will be used to control for participant and group characteristics that may influence the outcomes. Even though the design involves randomization, and these characteristics should be balanced across groups, including them in the statistical models guards against inadequate results from randomization.

The variables to be measured in the Knowledge and Attitudes Pre-test Survey include:

- Sociodemographic characteristics: gender, age, marital status, education, employment status, household income, race/ethnicity, priority population, languages spoken (in addition to English).

- General health status.
- Recent experience with the healthcare system (e.g., seeing a healthcare provider more than three times for the same condition in the last 12 months).

- Health insurance coverage.
- Health information-seeking behavior (e.g., the extent to which people seek healthcare information or rely on their doctors to provide information).

(5) **Knowledge and Attitudes Post-test Survey**—This survey will measure knowledge of and attitudes about the

issues discussed in the deliberations after the deliberations take place. It will be administered to deliberation participants and controls within one week following conclusion of the deliberative methods and will include the same knowledge and attitude questions as the pre-test questionnaire.

(6) **Deliberative Experience Survey**—As described above, the five deliberative methods being tested vary in terms of duration, mode, use of educational materials, and time between deliberative sessions. A one-time survey will be administered to participants in the deliberative methods after implementation of the experimental conditions to compare deliberative methods to each other. Levels of discourse quality and implementation quality achieved will be assessed. Using multi-item scales, the survey will measure the following:

Discourse Quality

- Equal participation in the discussions
- Respect for others’ opinions and tolerance of differing perspectives
- Appreciation of perspectives other than their own
- Reasoned justification of ideas: sharing the reasoning or rationale for positions, opinions, beliefs, or preferences

Implementation Quality

- Quality of group facilitation
- Quality of the educational materials provided
- Quality of the experts
- Transparency of the process and use of the results
- Participants’ perceived value of method
- Participants’ view of the influence the results will have on programs

In sum, information collection in this study will entail qualitative transcript review and quantitative surveys. This information will be used to describe and summarize the input obtained from the participants in the deliberative groups concerning the use of evidence, presenting the findings in reports for AHRQ and the public.

The information from the surveys also will be used to expand the evidence base for public deliberation. The experiment is designed to: (1) Compare the effectiveness of the five deliberative methods to the control condition and to each other, (2) compare the quality of the discourse achieved by the deliberative methods to each other, (3) assess the quality of implementation of the five methods, and (4) test for variation in effectiveness and discourse quality by features of the deliberations

and for population subgroups defined by sociodemographic characteristics of the participants.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden associated with the respondents' time to participate in this research. The total annualized burden hours are estimated to be 11,647 hours. The burden estimate comprises the following activities:

Participant Recruitment—The screening questionnaire and recruitment letter and materials will be sent to 1,685 participants. We estimate that it will take 15 minutes to complete the questionnaire and review the recruitment letter and materials.

Educational materials—Educational materials will be provided to all 1,685 participants recruited before the implementation of any of the methods.

We estimate that it will take up to 1 hour to review the materials.

Short Citizens' Deliberation (SCD): This method will be tested with 192 participants (12 groups). Participants will attend a single, 2-hour in-person meeting.

Online Deliberative Polling® (ODP): This method will be tested with 288 participants (24 groups) and will consist of 4 online sessions over the course of 4 weeks; in total, this method will take about 5 hours per person.

In-Person Deliberative Polling® (IDP): This method will be tested with 288 participants (16 groups); participants will attend a single in-person meeting, lasting a full day.

Citizens' Panel (CP): This method will be tested with 96 participants (4 groups); participants will attend a 3-day, in-person meeting.

Interrupted Deliberation (ID): This method will be tested with 192

participants (12 groups). Participants will attend 2 in-person meetings, lasting 3 hours each, a week apart. Between meetings, participants will be asked to access an online platform. In total, this method will take about 6 hours per person.

Knowledge and Attitudes Pre-test Survey: This survey will be administered to 1,685 participants and will take an estimated 30 minutes to complete.

Knowledge and Attitudes Post-test Survey: This survey will be administered to 1,685 participants and will take an estimated 20 minutes to complete.

Deliberative Experience Survey: This survey will be administered to 1,056 deliberative methods participants at the conclusion of the deliberative method. It will take about 15 minutes to complete.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name/Deliberative method	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Recruitment and Consent Materials	1,685	1	15/60	421
Short Citizens' Deliberation (SCD)	192	1	2	384
Online Deliberative Polling® (ODP)	288	1	5	1,440
In-Person Deliberative Polling® (IDP)	288	1	9	2,592
Citizens' Panel	96	1	24	2,304
Interrupted Deliberation (ID)	192	1	6	1,152
Educational Materials	1,685	1	1	1,685
Knowledge and Attitudes Pretest Survey	1,685	1	30/60	843
Knowledge and Attitudes Post-test Survey	1,685	1	20/60	562
Deliberative Experience Survey	1,056	1	15/60	264
Total	8852	N/A	N/A	11,647

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name/deliberative method	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
Recruitment and Consent Materials	1,685	421	\$21.35	\$8,988
Short Citizens' Deliberation (SCD)	192	384	21.35	8,198
Online Deliberative Polling® (ODP)	288	1,440	21.35	30,744
In-Person Deliberative Polling® (IDP)	288	2,592	21.35	55,339
Citizens' Panel	96	2,304	21.35	49,190
Interrupted Deliberation (ID)	192	1,152	21.35	24,595
Educational Materials	1,685	1,685	21.35	35,975
Knowledge and Attitudes Pretest Survey	1,685	843	21.35	17,998
Knowledge and Attitudes Post-test Survey	1,685	562	21.35	11,999
Deliberative Experience Survey	1,056	264	21.35	5,636
Total	8852	N/A	N/A	\$248,662

*Based upon the mean of the wages for 00–000 All Occupations (\$21.35), May 2010 National Occupational Employment and Wage Estimates. United States, "U.S. Department of Labor, Bureau of Labor Statistics." http://www.bls.gov/oes/current/oes_nat.htm#00-0000

Estimated Annual Costs to the Federal Government

Exhibit 3 below breaks down the costs related to this study. These are the costs

associated with the portion of the contract awarded to AIR to conduct the experiment. Since the implementation and evaluation periods will span 24

months, the costs have been annualized by taking the total cost and dividing by 2.

EXHIBIT 3—ESTIMATED ANNUALIZED COST TO THE FEDERAL GOVERNMENT

Cost component	Total cost	Annualized cost
Project Management	\$60,106	\$30,053
Technical Expert Panel	117,793	58,896
Technology Tools	177,580	88,790
Develop Educational Materials	368,624	184,312
Evaluation Plan	214,566	107,283
Implement Methods	1,624,169	812,085
Conceptual Framework	50,195	25,098
Data Processing and Analysis	566,846	283,423
Reporting	135,693	67,847
Overhead	1,281,340	640,670
Total	\$4,596,914	\$2,298,457

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: February 3, 2012.

Carolyn M. Clancy,
Director.

[FR Doc. 2012-3309 Filed 2-14-12; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-12-12DO]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for

opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Kimberly Lane, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

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; and (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. Written comments should be received within 60 days of this notice.

Proposed Project

CDC National Healthy Worksite Program (NHWP)—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, chronic diseases such as cancer, heart disease, and diabetes are among the leading causes of death and disability. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors, such as eating nutritious foods, being physically active, and avoiding tobacco use, can

prevent the devastating effects of these diseases and lead to reduced rates of obesity, cancer, heart disease, stroke, and diabetes.

Increasing health care costs, and decreases in employee productivity due to health-related factors, are leading American businesses to examine strategies to improve health and contain health care costs. Employers are recognizing the role they can play in creating a healthy work environment and providing their employees with opportunities to make healthy lifestyle choices. They increasingly look to CDC and other public health experts for guidance and solutions to combat the effects of chronic diseases on their employees and businesses.

To support these efforts, the Centers for Disease Control and Prevention (CDC) is establishing the National Healthy Worksite Program (NHWP), a comprehensive workplace health promotion program to address physical activity, nutrition, and tobacco use in the workplace. Participating worksites will create high quality workplace health programs by implementing programs, policies, and environmental supports that assist employees in adopting healthy behaviors. The NHWP is authorized by the Public Health Service Act and funded through the Prevention and Public Health Fund of the Patient Protection and Affordable Care Act (ACA).

CDC-funded NHWP support will be provided over a two-year period to an initial group of 100 worksites drawn from seven communities. The worksites will represent small, medium and large employers in a variety of industry sectors. The largest employers will be required to make an in-kind contribution to supplement the support provided through the NHWP. Support to be provided for worksites participating in the NHWP will include organizational assessment, guidance on strategies for supporting a culture of