

REQUEST FOR DETERMINATION OF RESEARCH STATUS

To be completed by the staff member with lead responsibility for the project and approved by branch chief (if applicable) and Division ADS. A separate PGO funding memo is required if project is research and involves human subjects regardless of the CDC staff role.

(2) A short summary should be	the research status of any project, (b) role or roles of CDC staff e attached offering specific details about the project and the role of staff. icable items, obtain appropriate signatures and submit this form for approval.
	Tracking Number: (Use PGO number if cooperative agreement, grant, etc.)
Date submitted: 02/03/2011	
Title of Project: Evaluation of CDC's Nation	al Tobacco Prevention and Control Public Education Campaign
Dates for project period: Beginning: 07/15/2011 Ending: 03/30/2015 Project is (choose one): NOTE: Revision, as used below, refers to any personnel, role of CDC staff member, determine [X] New [] Continuation, without revision(s)	Dates for funding (if applicable): Beginning: Ending: substantive change made to the project including scope of project, funding restrictions, ation of research status, etc. Revision Continuation, with revision(s)
Lead staff member: Name: Diane Beistle User ID: ZGV1 Scientific Ethics number: 8120	Contact information: Division: OSH [X] Project officer Telephone: 770-488-5066 [] Principal investigator Mailstop: K50 [] Consultant [] Other (please explain)
Are any or all of the activities within this pro [] YES	iject DESIGNED to contribute to generalizable knowledge (i.e., research)?
2. Is this CDC project research or public health [] Research Check one: [] Human subjects involved [] Human subjects not involved	practice (check all that apply)? [X] Public health practice Check all that apply: [] Emergency Response [] Surveillance [X] Program evaluation [] Other (please explain)
3. If RESEARCH involving human subjects, haprotection? a. [] NO, New project, not yet review b. [] NO, Existing project, not ready c. [] NO, Submitted for approval	to submit If YES, please list protocol number _ and expiration date e. [] NO, RESEARCH, no CDC investigators (CDC IRB not required)
If RESEARCH, list any other CDC staff invol	f. [] N/A (Not Applicable) ved in this project, please include the name, role, and scientific ethics number
Name	Role (project officer, investigator, Scientific ethics number Prin consultant, etc.)

Tracking NO. IF YOU THINK THE RESEARCH PROJECT MIGHT QUALIFY AS EXEMPT RESEARCH (as identified in 45CFR46.101), PLEASE ANSWER questions 4-6, OTHERWISE SKIP TO question 7. Does the proposed research involve prisoners? YES If YES, this research cannot be exempted and must be reviewed by an IRB (skip to question 7). [] [] Does the proposed research involve fetuses, pregnant women, or human in vitro fertilization as targets (such that Subpart B would apply)? If YES, this research cannot be exempted and must be reviewed by an IRB (skip to question 7). YES [] f 1 NO **Educational Research** 6.1 Is this research conducted in established or commonly accepted educational settings, AND does the research involve normal educational practices (e.g., research on regular and special education strategies or research on the effectiveness of, or comparison among instrucational techniques, curricula or classroom management methods)? [] YES [] NO Research Involving Surveys, Interview Procedures (including Focus groups), Observation of Public Behavior, or Educational Tests Will this research use educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures 6.2 or observation of public behavior? NO [] YES [] If NO skip to 6.3 Will children (<18 years of age) be research subjects? YES If YES, this research cannot be exempted and must be reviewed by an IRB (skip to item 7) NO [] 6.2.1 Is the information obtained recorded in such a manner that human subjects can be identified directly or indirectly through identifiers (such as a code) linked to the subjects; 6.2.2 Will any disclosure of the human subjects' responses outside of the research setting have the potential to place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability or reputation? (Examples here may include: the collection of sensitive data regarding the subjects' (or relatives' or associates') possible substance abuse, sexuality, criminal history or intent, medical or psychological condition, financial status, or similarly compromising information). [] YES [] NO 6.3 Will this research use educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior but the research is not exempt under paragraph 6.2 of this section: [] YES [] **NO** If NO skip to 6.4 6.3.1 Will this research involve human subjects that are elected or appointed public officials or candidates for public office? [] NO 6.3.2 Does federal statute(s) require(s) without exception that confidentiality of the personally identifiable information will be maintained throughout the research and thereafter? (Note: CDC can use this exemption criterion only in the case where a 308(d) Assurance of Confidentiality has been obtained to cover the research). [] YES [] NO **Existing Data Which Is Publicly Available or Unidentifiable** 6.4 Does this research involve only the collection or study of existing* data, documents, records, pathological or diagnostic specimens? (* 'existing' means existing before the study begins)?

6.4.1	Is this ma	terial o	r inform:	ation pub	licly ava	ilab	le?	
[] YES		[]	NO		If NO sl	cip t	o 7	
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[] **NO**

6.4.2 Is this material or information recorded in such a manner by the investigator that the subjects cannot be identified directly or indirectly through identifiers linked to the subjects?

(Note: If a link is created by an investigator even temporarily, for research purposes, this criterion is not met. If a temporary link is created by clinical staff who already have access to the data, this criterion is met).

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	[]	YES	(there are no identifying information and no unique identifiers or codes)	
[[]	NO	(there are identifiers (including codes))	

[] YES

Tracking NO	
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- Please prepare and attach a short summary paragraph (<1 page); if this is new:
 - a. Be sure to include the purpose of the project, specific details about the project and the role of the CDC staff member(s) in the project. In explaining one's role as a consultant be particularly careful to identify involvement in things like: study design decisions, oversight of protocol development, participation in review of data collection procedures, and participation in data analysis and/or manuscript preparation, as well as whether there will be access to identifiable or personal data.
 - b. Explain your project status selection (research--non-exempt, exempt, no CDC investigator or not involving human subjects; public health practice). If you selected research not involving human subjects be sure to indicate if the data includes any personal information (e.g., name, SSN), linkable study identification numbers or codes, or geographical information.

A: Purpose: To conduct an evaluation of a paid, targeted, national media campaign, primarily using the ad packages that are currently being developed by Plowshare Group (GSA Contract) which are designed to prevent youth from starting to smoke and motivate adult and young adult smokers to quit. The campaign will focus on the identification, production, and paid placement of print, outdoor, and/or broadcast advertisements to ensure a baseline level of population-wide exposure to tobacco control messages. The evaluation will determine if the goals and objectives of the media campaign were achieved. CDC Staff members from OSH will work alongside of the contractor to implement the evaluation.

- B. Project status selection: Public Health Practice. This is an evaluation of a health communication intervention--a media campaign.
- C. N/A--There won't be identifiable or personal data used in this project.
- 8. Please list the primary project site and all collaborating site(s).

Explanation of project components:

9. If project involves research that is funded extramurally, list amount of award that should be restricted pending IRB approval and describe which project components will be affected, if known:

Approvals (signature and position title)	Date	Research Determination / Remarks
staff member completing this form		[] Public health practice [] Research not involving human subjects [] Research involving human subjects, no CDC investigators [] Research involving human subjects, CDC investigators, exempt [] Research involving human subjects, CDC investigators, not exempt (check if applicable) [] Local IRB [] CDC Exemption [] CDC IRB Comments:
Team Lead		[] Public health practice [] Research not involving human subjects [] Research involving human subjects, no CDC investigators [] Research involving human subjects, CDC investigators, exempt [] Research involving human subjects, CDC investigators, not exempt (check if applicable) [] Local IRB [] CDC Exemption [] CDC IRB Comments:

Tracking NO.	
Division ADS	[] Public health practice [] Research not involving human subjects [] Research involving human subjects, no CDC investigators [] Research involving human subjects, CDC investigators, exempt [] Research involving human subjects, CDC investigators, not exempt (check if applicable) [] Local IRB [] CDC Exemption [] CDC IRB Comments:
ADS, Deputy ADS, or Human Subjects Contact	Public health practice Research not involving human subjects Research involving human subjects, no CDC investigators Research involving human subjects, CDC investigators, exempt Research involving human subjects, CDC investigators, not exempt Check if applicable) Local IRB CDC Exemption CDC IRB

List of Grantees

Grantee # Grantee Name