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From: Burroughs, Kennya L. (CDC/OD/OADS) **On Behalf Of** OMB-Comments (CDC)
Sent: Wednesday, September 10, 2014 11:00 AM
To: Buie, Verita (CDC/OPHSS/NCHS)
Subject: FW: Fw:public comment on federal register DEATH STATS ARE NOT ACCURATELY STATED SO TO USE THEM IS TO LIE TO THE US PUBLIC

One non-substantive comment received. CDC's standard response was sent.

From: Jean Public [<mailto:jeanpublic1@yahoo.com>]
Sent: Saturday, September 06, 2014 4:40 PM
To: OMB-Comments (CDC); americanvoices@mail.house.gov; vicepresident@whitehouse.gov; info@taxpayer.net; media@cagw.org
Subject: Fw:public comment on federal register DEATH STATS ARE NOT ACCURATELY STATED SO TO USE THEM IS TO LIE TO THE US PUBLIC

the taxpayers are being hosed to pay for illness statistics that are a lie, pushed by drug pushers in our govt. the fact is the statistics on flu deaths are fake as can be. the fact is when death certificates are written up, the information on those sheets are purely conjectural and not accurate so that the statistics the public gets on flu injuries and deaths are political in nature, put out so that drug pushers who make vaccines get huge profits. I don't believe those statistics anymore at all. the new Yorkers just did a huge long article on how death certificates are written and it was clear that those death certificates do not clearly examine anyone to clearly find out why someone died. it is conjecture today just as it was in 1700. no one is doing autopsies to verify a correct cause of death. we can take some general statistics but these govt agencies need to be more honest about this collection of information and its limitations. it is put out as if it is gospel., when clearly it is political conjecture too much of the time.

this comment is for the public record. please receipt. jean public

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SEE THE NEW YORKER ARTICLE ON ACCURACY OF DEATH CERTIFICATES

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November 3, 2014

Tony Richardson, M.S., M.P.H., M.S.C.J., C.P.H.A.
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 (CDC)
1600 Clifton Road N.E., Mailstop D-74
Bldg. 21, Room 8208
Atlanta, GA 30333
Phone: (404) 639-4965
LMR7@CDC.GOV

Re: FR Doc No. 2014-20918: Proposed Data Collections Submitted for Public Comment and Recommendations – National Health Interview Survey (NHIS) Revision

1 Introduction

These comments are submitted in response to the September 3, 2014 Federal Register Notice announcing Proposed Data Collections Submitted for Public Comment and Recommendations [FR Doc No. 2014-20918].

Pinney Associates appreciates the opportunity to provide comments to the Centers for Disease Control and Prevention regarding the National Health Interview Survey (NHIS) Revision. **Pinney** Associates' scientists and health policy experts provide science- and public health-based strategic solutions to support decision-making by consumer health and pharmaceutical companies. Our consulting firm provides services for a range of companies, including some that market stop-smoking medications and electronic nicotine delivery systems. Some of our principals also are members in a limited liability corporation that owns intellectual property for an as-yet not-commercialized nicotine gum. Although **Pinney** Associates provides advice and guidance to companies with products that are or would be addressed in the NHIS, we are not representing nor speaking on behalf of any client with these comments.

Federal health surveys provide valuable information about the health and health-related behaviors of the U.S. population. These data are useful for a variety of audiences including those that seek to monitor use and misuse of various substances. Our comments on NHIS are focused on questions that assess tobacco product use and cessation. As a company, we have over 75 years' experience in the tobacco control field and feel that our input on these items can provide valuable assistance to the CDC as they adapt the NHIS to address ongoing changes in the use and availability of tobacco-related products.

2 Recommendations

Our comments are based on our review of the draft 2015 NHIS questionnaire documents that were provided and refer to questions in that survey instrument.

Each of the federal surveys makes valuable contributions by providing different details about population health and behavior, and the greatest value can be obtained when similar questions (and response categories) are used for assessing product use so that patterns can be examined across surveys and over time using the same metric. Therefore, we recommend that questions on NHIS mirror those on other federal surveys where appropriate. Specific recommendations follow.

2.1 Include a permanent time-to-first-cigarette (TTFC) item

The tobacco use survey items that provide much value for public health professionals and tobacco control researchers include cigarettes per day (CPD) and time to first cigarette (TTFC), which are two of the key items on the Fagerstrom Test for Nicotine Dependence (FTND). In fact, they are the only two items on the Heaviness of Smoking Index (HSI). Therefore, we recommend that NHIS permanently include both of these questions on future surveys. We recommend the following question and response options:

How soon after you wake do you smoke your first cigarette?

- Within 5 minutes
- 6-30 minutes
- 31-60 minutes
- After 60 minutes

NHIS included a TTFC item in the 1987 cancer control supplement; however, that item has not been used in any subsequent NHIS survey. Given the greater correlation between dependence and TTFC than CPD, and the recent FDA-approved shift in dosing methodology for oral NRT (gum, lozenge) from CPD to TTFC, a permanent TTFC item would be extremely useful for public health-based research on cigarette use.

2.2 Shift the smoking cessation method items from the sample adult cancer control supplement to the core questionnaire

The proposed 2015 Sample Adult Cancer Control Supplement contains important questions about smoking cessation methods and behavior. We recommend that these questions about smoking cessation be permanently moved to the core questionnaire so that they are asked every year. These cessation items are extremely useful from a public health perspective, but currently are only assessed every five years as part of the sample adult cancer control supplement. Because cessation methods are constantly in flux, it is important to be able to produce timely estimates of use of new and emerging methods to stop smoking, as well as to be able to assess the impact of new and emerging methods on older ones. Specifically, we recommend the following questions about cessation be included annually:

Questions for former smokers who quit within the past two years:

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Thinking back to when you stopped smoking completely, did you use ANY of the following PRODUCTS:

- A nicotine patch?
- A nicotine gum or lozenge?
- A nicotine containing nasal spray or inhaler?
- A prescription pill called Chantix (CHAN-tix) or Varenicline (vuh-REN-ih-klin)?
- A prescription pill called Zyban (ZI-ban), Bupropion (byoo-PRO-pee-ON), or Wellbutrin (well-BYOO-trin)?

Thinking back to when you stopped smoking completely, did you use ANY of the following:

- A telephone help line or quit line?
- One-on-one counseling?
- A stop smoking clinic, class or support group?

Questions for current smokers who tried to quit in the last year:

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following PRODUCTS:

- A nicotine patch?
- A nicotine gum or lozenge?
- A nicotine containing nasal spray or inhaler?
- A prescription pill called Chantix or Varenicline?
- A prescription pill, such as Zyban, Bupropion, or Wellbutrin?

Thinking back to when you tried to QUIT smoking in the PAST 12 MONTHS, did you use ANY of the following:

- A telephone help line or quit line?
- One-on-one counseling?
- A stop smoking clinic, class or support group?

Additional cessation-related items:

Have you EVER stopped smoking for one day or longer BECAUSE YOU WERE TRYING TO QUIT SMOKING?

Would you like to completely quit smoking cigarettes?

2.3 Add electronic nicotine delivery devices (e-cigarettes) to the list of cessation product options

We recognize that the cessation product options in the questions listed above (in Section 2.2) are FDA-approved smoking cessation products. In addition, cigarette smokers have reported using electronic nicotine delivery devices (e-cigarettes) to help

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them quit smoking. Therefore, we recommend that you consider adding e-cigarettes/vaping products as a cessation product option for both current smokers and former smokers.

2.4 Expand the electronic nicotine delivery device (e-cigarette) questions

The new electronic nicotine delivery device (i.e., e-cigarette) questions on the proposed 2015 NHIS, and the 2014 NHIS, will provide important and very useful information on the use of these products. We recommend one additional question for inclusion on the survey to be asked of those who have used e-cigarettes in the past month.

On the days that you used e-cigarettes in the past month, did you also smoke tobacco cigarettes?

- Yes, about the same number of cigarettes that I normally smoke per day
- Yes, but fewer cigarettes than I normally smoke per day
- Yes but more cigarettes than I normally smoke per day
- No, I didn't smoke cigarettes on the days that I used e-cigarettes

In addition, it is not clear how often NHIS will include the e-cigarette questions. Due to the ever-changing tobacco use landscape, we also recommend that they be asked annually.

We believe that the above recommended additions to the NHIS will provide important data for public health professionals concerned about tobacco use and cessation. Thank you for the opportunity to provide comments on this instrument. Please contact Mark A. Sembower, MS, Director, Data Management & Statistical Analysis at msembower@pinneyassociates.com or 412-687-5677 if you have any questions or need further information.

Sincerely,

Michelle Ertischek, MPH
Karen Gerlach, PhD, MPH
Janine Pillitteri, PhD
Mark A. Sembower, MS