Evaluation of the Get Yourself Tested (GYT) Campaign
#0920-012PS

Supporting Statement
Part A

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Evaluation of the Get Yourself Tested (GYT) Campaign

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

Overall purpose

The Centers for Disease Control and Prevention (CDC) proposes a new data collection to conduct research to evaluate a communication campaign that encourages youth, ages 15 – 25 years, to be tested for sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV). The CDC seeks a requested approval of 12 months.

Encouraging youth to be tested for STD/HIV is a major goal of the Division of STD Prevention, particularly because these diseases often show no symptoms, but cause long-term consequences. Because the topic is highly stigmatized and sensitive, communication campaigns involving STD/HIV are difficult to create and sustain. The *Get Yourself Tested (GYT)* campaign has been sustained for multiple years, and there are many indications of its success; however, the campaign needs to be formally evaluated to determine whether it is effective in reaching the target population, and whether its messages are clearly understood and acted upon by the target audience.

Burden of disease

Over one million individuals are estimated to be living with HIV in the United States, while other STDs affect about 19 million people per year, nearly half of whom are young adults ages 15-24 (CDC, 2011). STD/HIV infections are notable for the degree to which they represent health inequities. One in four sexually active adolescent females (ages 14-19) has been infected by an STD and rates of chlamydia, syphilis, and gonorrhea are 8 times, 8 times, and 20 times greater among African Americans than whites, respectively (CDC 2009a). Furthermore, the rate of AIDS diagnoses for African American adults and adolescents was 10 times the rate for whites (CDC, 2009b). Recent estimates of HIV incidence released by the Centers for Disease Control and Prevention (CDC) indicate that 56,300 people became infected with HIV in 2006 (Hall et al., 2008), and this number is higher than CDC's previous estimates of annual incidence. CDC estimates that about 1.2 million people acquire a chlamydial infection each year (CDC, 2011). Historically, prevention efforts have targeted people at risk for STD/HIV infection with the goals of: treating STD-infected individuals and their partners to reduce transmission; and keeping those who are HIV negative from becoming infected. Screening (testing for a disease in the absence of symptoms) for many STDs is critically important because most STDs show no symptoms, but can cause long-term health problems, most notably in women. These consequences include pelvic inflammatory disease, ectopic pregnancy, and infertility. Because infected people do not experience symptoms, they may not seek health care until the more long-term health problems have begun. Particularly worrisome is that an estimated 21% of HIV-infected persons may be unaware of their infection (CDC, 2008).

Justification for the campaign

As partners in STD/HIV prevention, health care providers can screen clients for risk factors and encourage their clients to get tested. Testing sexually active women (and their sex partners) under age 26 for chlamydia represents a major recommendation of the CDC (CDC, 2010), as well as a HEDIS measure that is federally tracked. HIV testing is a major component of CDC's Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP) initiative (CDC, 2003. Further, health care providers can communicate with patients about STD/HIV prevention strategies and treatment options to help stop STD/HIV transmission and improve access to and willingness to engage in treatment. Because of issues of stigma and sensitivity of the topic of sex, it may be difficult for providers or patients to broach the topic with each other. The *GYT* campaign is designed to help patients and providers overcome obstacles to getting tested.

The *GYT* campaign aims to encourage screening, treatment, and prevention services for people under age 26. Simultaneously, the campaign aims to encourage people to discuss issues related to testing, thus normalizing both the testing itself and the open, non-stigmatized dialogue about testing. *GYT* encourages testing as an act of self-maintenance and self-respect in a community of youth who strive for a strong, independent, fulfilling future. *GYT* is a collaborative media campaign formed through the partnership of the CDC, Planned Parenthood Federation of America, MTV Networks and the Kaiser Family Foundation. The campaign operates through multiple media, including an extensive, comprehensive online site (http://gytnow.org), a mobile text-messaging function, dozens of on-air PSAs rotating on MTV networks, celebrity involvement, original programming airing on MTV shows, and on-the-ground efforts at concerts, in communities, and in venues where youth gather. Sweepstakes and contests encourage involvement by youth, and representatives of numerous youth groups have adapted the campaign as a framework around which to start conversations about sexual health with their target audiences. Finally, the campaign is supported in clinics and community centers around the nation, with thousands of clinics identifying themselves with the campaign. By promoting the campaign in clinics, health providers enable youth to follow the *GYT* "brand" from television to web to mobile phone to community to clinic, thus encouraging the target behaviors from every angle.

Although GYT has been promoting STD/HIV testing since 2009, no substantial efforts have been made to evaluate the effects of the campaign. It is necessary to evaluate the reach and impact of *GYT* because significant CDC and private resources have been devoted to this campaign. Without impact measures to determine whether such campaigns are effective, it is impossible to determine whether such campaigns should continue as-is, be revised, or be ended. More importantly, because the campaign discusses a sensitive and stigmatized issue, it is critical to ensure that the campaign is reaching the desired audience with the appropriate messages, and that those messages are being acted upon as intended. The evaluation of this campaign will help not only this campaign, but also future efforts to communicate about these topics.

The Centers for Disease Control and Prevention proposes to conduct a survey (see **Attachment 6)** evaluating the reach and impact of the *GYT* media campaign. The survey will 1) determine whether the campaign is reaching the appropriate target audience; 2) identify messages the audience is taking away from GYT, and compare these to the messages GYT aims to convey; 3) determine whether individuals who saw the campaign are more likely to engage in target

behaviors including: talking to partners, providers, peers etc., seeking information and advice, and getting tested for an STD; and 4) determine whether perceived norms around testing, treatment, and sexual health vary between people who have seen the campaign and those who have not.

In determining our number of participants we assumed roughly 20%-35% of people would have heard of GYT. We then assumed 50-70% of people in this age range would be sexually active, leaving 50% of 20% of 4000 = 400 people who are sexually active and have heard of GYT. Next we proposed that if 10% of these 400 people got tested, the behavior we aim to capture, this means 40 people would have been tested. The research team agreed 40 participants was an adequate number of individuals, who both saw the campaign and got tested, to aim to capture. This sample is systematically chosen based on age requirements and current participation in Knowledge Networks existing survey panel. The number of participants, 4000, was chosen based on funding constraints and required sample sizes to generate sufficient statistical power.

Because the *GYT* campaign has specifically targeted teens and young adults and these populations bear higher burdens of STIs/HIV, it is essential to examine the effectiveness of this communications effort among these populations. To study the reach and impact of *GYT*, 4000 youth and young adults will be surveyed. Survey participants will be recruited and surveyed through a cooperative agreement with the National Association of City and County Health Officials (NACCHO), who will sub-contract with Knowledge Networks, a contracting company experienced in conducting surveys on media research for government institutions (knowledgenetworks.com). The participants will be selected from the existing Knowledge Networks panel of 50,000 respondents. Further information on this panel will be presented in subsequent sections. The survey (see **Attachment 6)** will be a one-time, thirty minute, 65-item survey on awareness of the GYT campaign, comprehension of GYT messages, and knowledge, attitudes and behaviors targeted by the campaign. Data will be gathered over a 6-week period, or as long as it takes to accrue the sample size desired. This request is authorized by Title III – General Powers and Duties of the Public Health Service, Section 301 (241.)a. Research and investigations generally **(Attachment 1**).

A.1.2 Privacy Impact Assessment

The survey will ask questions about sociodemographics; media consumption; GYT campaign awareness; current use of STD/HIV health services; current use of general health services; insurance status; sexual activity; knowledge, attitudes, beliefs, and perceived social norms (KABP) related to sexual health services;; information-seeking; familiarity with, and understanding of, GYT; and KABP related to dialogue regarding sex and sexual health.

Information will be collected electronically. Neither NACCHO nor CDC will receive any information in identifiable form (IIF). All IIF collected by the contractor will be unlinked or stripped from data delivered to NACCHO and CDC. Knowledge Networks will keep the encrypted IIF computer files (e.g., files containing information in identifiable form) for the panel used in this study, but neither the NACHHO staff nor CDC will have access to IIF. Data collection records will not be maintained with IIF and procedures will be followed to limit the linkage of this information with response data as described in Section A.10. No identifiable information describing individual respondents will be included in the analyzed data and

aggregate reports provided to CDC. No evaluation materials, surveys, Web sites or Internet content will be directed at children less than 13 years of age. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law.

A.1.3 Overview of the Data Collection System

Knowledge Networks will implement all phases of the survey implementation. Engaging Knowledge Networks to conduct this survey is optimal because the infrastructure of the survey system is already in place. Knowledge Networks recruits the survey panel of 50,000 participants via Random Digit Dialing and Address-Based Sampling (see **Attachment 5**) and provides each panelist with a laptop computer and/or internet access for the purposes of engaging in survey research. This provision allows people to participate in the survey even if they cannot afford the cost of a computer in the home, thus ensuring that the respondents are representative of a wide range of socioeconomic status in the U.S. population. Panelists participate in a limited number of surveys per year, and are incentivized for completing surveys that take longer than 15-25 minutes. A 30-minute survey, for example, is typically incentivized with a $5 cash award or coupon.

To obtain a sample of 4,000 participants from the survey panel of 50,000 people, Knowledge Networks uses a patented sampling formula that minimizes respondent burden and allows oversampling of any subgroup of the panel. The requested sample of 4,000 participants allows allows valid statistical comparisons between the smallest subsamples of the population (e.g., white and non-white, male and female).

The survey duration of 30 minutes is necessary because of the complex and sensitive material being measured; and, though an ideal survey would be much longer, 30 minutes has been shown to be as much as we can expect youth to devote to a survey without being well-paid.

The information collection activity included in this request involves:

- Evaluating the reach and impact of the GYT campaign via Web-based surveys (N=4000) of a population already recruited, and familiar with the process of completing surveys.

Data will be collected over a 6 week period, or as long as it takes to accrue the sample.

A.1.4 Items of Information to be Collected

The proposed study will collect information on the following: sociodemographics; media consumption; campaign awareness, current use of STD/HIV health services; current use of general health services; insurance status; information-seeking around sexual health; sexual activity; knowledge, attitudes, beliefs, and perceived social norms (KABP) related to STD/HIV testing and sexual health services; and KABP related to dialogue regarding sex and sexual health. Our most important measures are of self-reported exposure to the *GYT* campaign; and information on reactions and receptivity to campaign messages will be collected and analyzed in conjunction with the other variables. A copy of the survey instrument is in **Attachment 6**.

A.1.5 Identification of Web Site(s) and Web Site Content Directed at Children Under 13 Years of Age

This information collection does not involve Web sites or Web content directed at children under 13 years of age. Knowledge Networks will host the Web-based survey on their Web site. Knowledge Networks has controlled access to this site. Survey participants are sampled from a known panel of 50,000 people, and those people are the only ones with access to the survey. None of the study participants will be under age 15.

A.2 Purpose and Use of the Information Collection

The purpose of this data collection is to evaluate the reach and impact of the *GYT campaign*. Evaluation of *GYT* will be based on data collected from 4000 young adults including minority youth. The data will be collected through a 30-minute, web-based survey. Data from the survey will then be quantitatively (and in rare instances, qualitatively) evaluated to determine the reach and impact of the *GYT* campaign.

This information needs to be collected in order to: evaluate whether the *GYT* campaign is reaching the appropriate target audience; identify messages the audience is taking away from *GYT*; determine whether individuals who saw the campaign are more likely to engage in target behaviors and their mediators; and determine whether perceived norms around testing, treatment, and sexual health vary between people who have seen the campaign and those who have not. The information obtained from the proposed data collection will be used by CDC to improve, update and decide whether to continue the *GYT* campaign and to determine whether *GYT* is able or unable to impact norms and behaviors related to STD testing. It will also be used to inform future efforts to communicate with the public about STD/HIV testing. A copy of the survey instrument is provided in **Attachment 1**.

Because the *GYT* campaign targets young adults and minority youth, populations with higher rates of STD/HIV than the general population, it is essential to examine the effectiveness of this communication to determine whether this campaign is addressing these high STD/HIV rates. If *GYT* is not evaluated, there will be no evidence-based criteria which can be used to guide the future of the campaign. Additionally, future efforts to communicate with the public and providers about STD/HIV issues will be hampered by the lack of evidence of this campaign's effectiveness.

CDC, NACCHO and Knowledge Networks will disseminate the study results to the public through reports prepared for/by CDC, NACCHO and Knowledge Networks and through peer-reviewed journal articles and related presentations. All releases of information will be reviewed and approved by CDC and partner organizations involved with GYT.

A.3 Use of Improved Information Technology and Burden Reduction

This evaluation study will rely on a Web-based survey to be self-administered at home or at work on personal computers. Use of the Web and electronic surveys has the advantage of being able to conveniently expose participants to messages, graphics and images which are part of the existing *GYT* media campaign. It also allows participants to complete as much of the survey as desired in one sitting and to continue the survey at another time. The technology also minimizes the possibility of participant error by electronically skipping questions that are not applicable to a

particular participant, thus minimizing participant burden. The use of this web-based technology for data collection will also help to reduce interviewer biases and minimize social desirability.

Using the existing research panel as a population from which to draw a sample of participants has many advantages. First, because the panel is already recruited, consented, and familiar with the technology, there is no burden of recruitment and introduction to the survey method. This saves a great deal of burden on the public and on CDC, as we need not engage in random-digit dialing (RDD) or other sampling procedures to accrue participants, and we need not spend time explaining how to complete the survey. Second, Knowledge Networks has conducted the research to validate the sample and ensure its representativeness. This enhances the generalizability of the study, and thus the value of the results is greater than if we relied on a sample of phone-recruited volunteers. Third, Knowledge Networks has conducted surveys of sensitive and stigmatized topics in the past, including an in-depth and explicit sexual behavior survey. These surveys have been extremely successful. This allows us to proceed with confidence in the method, the contractor, and the survey design.

A.4 Efforts to Identify Duplication and Use of Similar Information

The GYT campaign in a CDC program and to date, no effort thus far has been made to evaluate the *GYT* campaign in any formal way. Small, non-experimental evaluations have been conducted to assess local GYT efforts, for example on a college campus or at a local health department, but no large scale, rigorous evaluation has been conducted to determine the reach and impact of the GYT campaign. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) has verified that there are no other activities, federal or otherwise, that duplicate the study types included in this request.

A.5 Impact on Small Businesses or Other Small Entities

This collection request does not involve burden to small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

The activities involve a one-time collection of data over a six week period. Repeated surveys are not projected.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection request fully complies with the regulation 5 CFR 1320.5.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A Federal Register Notice was published on August 22, 2012; Volume 77, No. 163, Pp 50694-50695. (see **Attachment 2)** One non-substantive comment was received.

No external agents were consulted.

A.9 Explanation of Any Payment or Gift to Respondents

Each participant will be provided a $5 (cash or cash equivalent) token of appreciation for completing the 30-minute Web-based survey. Numerous empirical studies have shown that

honoraria can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). The use of a modest token of appreciation is expected to enhance survey response rates without biasing responses or coercing participants to participate. We also believe that the tokens of appreciation will result in higher data validity as adults become more engaged in the survey process. Participants will receive their token of appreciation from Knowledge Networks after completing the online survey.

A.10 Assurance of Confidentiality Provided to Respondents

CDC will receive data (which has passed through a firewall) for analysis in aggregate form, and the incremented participant ID numbers will not link data to individuals. Although Knowledge Networks retains contact information on participants for future surveys and token of appreciation purposes, personally identifying information (PII) is not shared with anyone, including CDC. All participants will be assured that the PII will be used only for the purpose of this research and will be kept private to the extent allowable by law, as detailed in the survey consent/assent form (see **Attachment 3**).

All electronic survey data records are stored in a secured database that does not contain personally identifying information. The staff members in the Panel Relations and Statistics departments, who have access to the personally identifying information, do not have access to the survey response data. The database and IT administrators, who have access to the survey response data to maintain the computer systems, do not have access to the personally identifying information. The secured database contains field-specific permissions that restrict access to the data by type of user, preventing unauthorized access (see **Attachment 5**).

Participants will be assured that their answers to the survey questions (see **Attachment 6**) will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Participants will be told that the information obtained from all of the surveys will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

Once a potential participant has entered the secure Web site, a brief introduction will inform the participant of the secure and voluntary nature of the survey. After reading the informed consent, each participant must either agree whether or not to participate. Only participants who agree to participate will enter the survey.

Each participant will be assigned a personal password to open the survey. No mention of the survey topic will be made in the initial e-mail introduction (**see Attachment 4**) or before the potential participant has entered their password and been given the opportunity to ensure data is secured. The participant's password is required each time to access the survey and will keep the participant's spot in the survey so that they can pick up where they left off. If an individual has already completed the survey, he or she will not be able to complete it again. Individuals who consent to participate in the survey will be able to access the survey by clicking on the link to the survey URL. A participant's unique ID number will not change. It is possible that if a participant does not log out or close the survey a spouse, family member, roommate, or someone else could view the a participant's responses without his or her knowledge, which may expose their

responses. Participants will be reminded to properly log out and close the survey to protect their data and to keep their information secure.

Knowledge Networks maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files will be on multi-user systems with access limited to project staff on a "need-to-know" basis only. Knowledge Networks will take the following security measures to ensure separation between participants' identity and their survey data. First, no participant name, address, e-mail address, telephone number, or any other kind of PII appears on the survey. Second, the survey data extraction system exports only anonymized survey data identified only by the incremented ID number. The data analysts with access to the survey data extraction system, as they do not have access to personally identifying information, cannot join survey data to personally identifying data. Panel Relations and Statistics staff members do not have access to the survey data extraction system, and therefore cannot join survey data to personally identifying data. Data files delivered to CDC by Knowledge networks will be sent through a firewall via encrypted files. Finally, although Knowledge Networks retains the survey response data in its secure database after the completion of a project; CDC will not have access to any of this data after the completion of this project. These data are retained for purposes of operational research, such as studies of response rates and for the security of our customers who might request at a later time additional analysis, statistical adjustments, or statistical surveys that would require re-surveying research subjects as part of validation or longitudinal surveys.

Privacy Impact Assessment

Information will be collected electronically. CDC will not receive any personally identifiable information. All PII collected by Knowledge Networks will be unlinked or stripped from data delivered to CDC. Therefore, the Privacy Act does not apply. All electronic survey data records are stored in a secured database that does not contain personally identifying information. No evaluation materials, surveys, Web sites or Internet content will be directed at children under 13 years of age. All personal identifiers needed to locate potential participants will be stored in separate locked offices in a secured facility. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law.

This study entails the measurement of sensitive STD-related questions necessary to adequately assess the topic area (see Section A.11 for more detail). All participants will be assured that the information will be used only for the purpose of this research and will be kept private to the extent allowable by law. The informed consent form includes a statement about this risk and informs participants that they may choose not to answer a particular question if they wish and/or end the study at any time without penalty. Participants will be assured by the computer script that their responses will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Participants will be told that the information obtained from all of the surveys will be combined into a summary report so that details of individual responses cannot be linked to a specific participant. Finally, members of the Knowledge Networks nationally-representative panel may leave the panel at any time, and receipt of the laptop and Internet service is not contingent on completion of any particular survey.

Each survey participant will have a personal password to open the survey. No mention of the survey topic will be made in the initial e-mail introduction or before the potential participant has entered their password and been given the opportunity to ensure that they have adequate privacy to complete the survey.

Knowledge Networks maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of authorized personnel only, with access limited to project staff on a "need-to-know" basis only. Knowledge Networks will take multiple security measures to ensure separation between participants' identity and their Web-based survey data. Data coming directly from the survey engine are stored in a proprietary database. Although these data are not encrypted, once inside the firewall, they are stored in a relational database protected by several layers of intrusion detection and access control.

A.11 Justification for Sensitive Questions

The study asks questions of a sensitive nature including questions related to knowledge, attitudes, perceptions, and behaviors related to STD risk and STD testing. This measurement of sensitive STD-related questions is necessary to adequately assess the topic area. Further, the questions in this data collection are necessary to evaluate *GYT* content and delivery regarding key concepts and messages related to STD testing and their impact on behaviors and social norms.

The *GYT* campaign aims to encourage screening, treatment, and prevention services and aims to encourage people to discuss issues related to STD/HIV testing in an effort to normalize both testing itself and open, non-stigmatized dialogue about testing. As such, our study entails the measurement of sensitive sexual health–related questions.

The survey (see **Attachment 6**) will ask questions about STD testing, STD knowledge, attitudes, beliefs, and behaviors and sexual identity as well as questions about perceptions of risk, normative beliefs, and behavioral beliefs related to STDs and STD testing. In addition, our survey includes questions about participant's ability to understand messages about STD risk and STD testing. These questions are necessary to inform the evaluation of the *GYT* campaign. All participants will be assured that the information will be used only for the purpose of this research and will be kept private to the extent allowable by law.

A.12. Estimates of Annualized Burden Hours and Costs

A.12.A. Estimated Annualized Burden Hours

The total annualized response burden is estimated at 2000 hours. ***Exhibits A.12.A*** and ***A.12.B*** The web-based survey is expected to take about 30 minutes to complete. We will gather 4000 web-based surveys.

Exhibit A.12.A. Annualized Burden Hours

Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (hrs.)	Total Burden in Hours
Young adults	Web-based survey	4000	1	30/60	2000
		4000			2000

A.12.B. Estimated Annualized Costs

The annualized cost to respondents for the burden hours is estimated to be $21,640.00 Based on the most recent data from the National Center for Education Statistics, the median annual earnings for a full-time worker between the ages of 15 – 19 years in the U.S. is $20,775. http://nces.ed.gov/pubs2012/2012026/tables/table_30.asp. From the annual wage of $20,775, an hourly rate of $10.82 was calculated, resulting in an estimated annualized cost of $21,640.

Exhibit A.2 Annualized Cost to Respondents

Activity	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Web Based Survey	2000	$10.82	$21,640
Total	**2000**		**$21,640**

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

None. CDC does not anticipate providing start up or other related costs to private entities.

A.14 Annualized Costs to the Federal Government

One CDC Technical Monitor will be responsible for obtaining CDC approvals, providing project oversight, and participating in data collection, analysis and dissemination of the results. The contractor's costs are based on estimates provided by the contractor (Knowledge Networks) who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $254,844 (**Exhibit A.3**). This is the cost estimated by the contractor, Knowledge Networks, and includes the estimated cost of coordination with CDC**,** data collection**,** analysis, and reporting.

Exhibit A.3 Estimates of Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs
CDC oversight of contractor and project	20% of FTE for 3 months: GS-13, Health Communication Specialist	$4,844.00
Recruitment, data collection, analysis, and reporting (contractor)	Labor hours and ODCs; includes sub-contract.	$250,000

CDC = Centers for Disease Control and Prevention; FTE = full-time equivalent; ODC = other direct cost

A. 15. Explanation for Program Changes or Adjustments

This is a new data collection..

A.16. Plans for Tabulation and Publication and Project Time Schedule

Data analysis will be conducted to analyze the impact and reach of *GYT* using Knowledge Network's capabilities in conducting data collection with young adults. Data will be analyzed overall, as well as by respondent characteristics (age; race; education etc.). Response rates for individual questions will be calculated. Data analysis will include basic summary statistics for the purposes of describing the sample and examining the distribution of the primary outcome variables. Analyses will focus on the primary question to be addressed: whether the campaign reaches the right audience with the right messages, and whether the audience responds to the messages as intended by the campaign creators.

A final report will provide background, results, and recommendations on the evaluation study's findings in regard to enhancing future *GYT* activities and reducing participant burden. This report of less than 25 pages will include an introductory overview of the rationale and intent of the *GYT* campaign and the need to evaluate the effectiveness of this campaign; a summary of evaluation study methods and activities; results; discussion of findings with regards to the impact and reach of *GYT* on intended audiences; strengths and limitations of this evaluation study; recommendations for future directions of *GYT* and appendices.

The key events and reports to be prepared are listed in ***Exhibit 16.*A**

Exhibit 16.A Project Time Schedule

Project Activity	Time Schedule
Data collection	2 months after OMB approval
Data analysis	1 month after completion of data collection
Submit final report	3 months after completion of data analysis

A. 17. Reason(s) Display of OMB Expiration Date is Inappropriate

OMB Expiration Date will be displayed.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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