Development of CDC's Act Against AIDS Social Marketing Campaigns Targeting Consumers

Submission 0920-13ABP Under

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Supporting Statement A

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A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention requests approval under the Generic ICR OMB 0920-0840 Expires 2/29/2016; "Formative Research and Tool Development" titled "Development of CDC's Act Against AIDS Social Marketing Campaigns Targeting Consumers." The purpose of this study is to conduct interviews and focus groups in four rounds of data collections (exploratory research, message testing, concept testing, materials testing) with consumer groups in the United States aged 18 to 64 years old to develop various social marketing campaigns aimed at increasing HIV testing rates, increasing HIV awareness and knowledge, challenging commonly held misperceptions about HIV, and promoting HIV prevention and risk reduction.

A.1.1 Background

More than 1 million people are estimated to be living with HIV in the United States. 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. Almost three-quarters of the people diagnosed with HIV in 2006 were male. Although the number of HIV diagnoses for men who have sex with men (MSM) decreased during the 1980s and 1990s, recent surveillance data show an increase in HIV diagnoses among MSM (CDC, 2008a). MSM of all races accounted for 53% of all new infections in 2006 (Hall et al., 2008). The overall increase in HIV diagnoses among MSM is also coupled with racial and age disparities. From 2001 to 2006, the number of HIV/AIDS diagnoses increased by 12.4% among all African American MSM and by 93.1% among young African American MSM aged 13 to 24. Furthermore, statistically significant increases in HIV/AIDS diagnoses among MSM aged 13 to 24 were observed in nearly all racial/ethnic groups.

The HIV epidemic has severely affected African Americans in this country. Although African Americans make up approximately 12% of the U.S. population, they account for nearly half of all HIV diagnoses each year (CDC, 2008b). The primary transmission category of all African American men living with HIV in the United States is men having sex with other men,

whereas the primary transmission category for African American women living with HIV is heterosexual sex. The rate of AIDS diagnoses for African Americans was almost 10 times the rate for whites and almost 3 times the rate for Latinos. Examining AIDS diagnosis rates by race and gender is even more disturbing. The rate of AIDS diagnoses for African American women is almost 23 times the rate for white women, whereas the rate of AIDS diagnoses for African American men is 8 times the rate for white men. The HIV epidemic is also a serious threat to the Hispanic/Latino community. Hispanics/Latinos comprise 15% of the U.S. population but accounted for 17% of all new HIV infections in the United States in 2006 (CDC, 2009a). During the same year, the rate of new HIV infections among Hispanics/Latinos was 2.5 times that of whites. In 2006, HIV/AIDS was the fourth leading cause of death among Hispanic/Latino men and women aged 35 to 44 (CDC, 2009a).

A number of risk factors and barriers to prevention have been identified as contributing to the high rates of HIV infection among African Americans, including sexual risk factors, sexually transmitted disease, substance use, unknown serostatus, complacency about risk, social discrimination, and cultural issues, as well as a combination of these factors and barriers (CDC, 2008b). All of these issues have implications for how social marketing campaigns targeting the general public, specific racial/ethnic groups, MSM, and HIV positive individuals are crafted and delivered.

In response to the continued HIV epidemic in our country, CDC launched *Act Against AIDS (AAA)* in 2009, a 5-year, multifaceted communication campaign consisting of several campaigns targeting various populations. The overall goal of AAA is to increase HIV/AIDS awareness and reduce HIV incidence in the United States (CDC, 2009b). Each campaign under *Act Against AIDS* uses mass media and direct-to-consumer channels to deliver HIV prevention, awareness and testing messages (**Attachment 6)**. Some campaigns are designed to provide basic education and increase awareness of HIV/AIDS among the general public, and others will be targeted to specific subgroups or communities at greatest risk of infection, including MSM, African Americans, HIV positive individuals and other minority populations. In 2010, the White House released the *National HIV/AIDS Strategy* (NHAS) with the overall goal of creating a concerted effort among public and private sectors to address the increasing HIV/AIDS epidemic (CDC, 2010). The three primary goals of NHAS are: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for

people living with HIV, and 3) reducing HIV-related health disparities. The research conducted under this ICR will be part of CDC's overarching *AAA* campaign and the research results will be used to develop materials for six specific HIV social marketing campaigns under the umbrella of the larger *Act Against AIDS* campaign. The campaigns target consumers 18-64 years old and include the following audiences:1) Latinos; 2) men who have sex with men (MSM) of all races; 3) Latino MSM; 4) national audience of all races; 5) HIV + individuals; and 7) African Americans. Overall, this research will contribute to achieving the primary goals of NHAS.

The following section of the U.S. Federal Code is relevant to this data collection: 42 USC 241, Section 301 of the Public Health Service Act. See (**Attachment 1)** for the Authorizing Legislation.

A.1.2 Privacy Impact Assessment

Overview of the Data Collection System CDC's contractor, RTI International (RTI), will implement all formative research for this study. We anticipate screening 2,338 individuals in order to obtain 1700 consumer respondents. Seven hundred individuals will participate in intercept interviews. There will be 500 respondents for in-depth interviews and 500 individuals participating in focus groups. All data collection for this project will take place in cities with high HIV/AIDS prevalence and incidence such as New York, NY; Los Angeles, CA; Washington, DC; Chicago, IL; Atlanta, GA; Miami, FL; Philadelphia, PA; Houston, TX; San Francisco, CA; Baltimore, MD; Dallas, TX or other cities as appropriate.

Items of Information to be Collected – Based on the campaign being developed, we will screen each individual participating in the individual interview or focus group on certain criteria such as age, race/ethnicity, gender, HIV status, HIV prevention and testing behaviors, (**Attachment 2a)**. Screening for the intercept interviews will consist of basic demographic questions such as age, education and race and ethnicity (**Attachment 2a)**. All data collection will take place through either a 20-minute intercept interview, 700 individuals(**Attachment 2t)**, 1-hour individual in-depth interview, 500 individuals (**Attachments 2b through 2h)** or 2- hour focus group, 500 individuals (**Attachments 2i through 2o)** and will consist of four rounds of research (exploratory research, message testing, concept testing and materials testing). Questions on the data collection instruments (**Attachments 2b through 2o**) will be the same for the individual interviews and focus groups. However, because the focus group will have several

people, it is likely that several conversations will be generated requiring more time for the moderator to cover all questions in the guide. The questions for the exploratory round of research will vary and reflect the type of campaign being developed (i.e. HIV testing, prevention, prevention with positives or communication and awareness), see **Attachments 2b through 2e and 2i through 2l.** Questions on the message, concept and materials testing guides will be the same across all individuals regardless of the type of campaign being developed (**Attachments 2f through 2h and 2m through 2o**). As with the exploratory guides, more time will be allotted for the focus groups. Based on the results of the message testing, the messages presented in Attachment 6 may be modified and retested to increase overall receptivity among the campaign audiences. Any retesting of messages will take place within the amount of burden hours and number of respondents as detailed for message testing in Exhibit A.12.1 Estimated Annualized Burden Hours.

All individuals participating in the individual in-depth interviews (500 individuals) and focus groups (500 individuals) will also take a 15-minute paper and pencil survey. The questions on the paper and pencil survey will vary and reflect the type of campaign being developed, see **Attachments 2p through 2s**. The 20-minute intercept interview guide will only be used to test messages, concepts and materials among a total of 700 individuals. The intercept interview questions for message, concept and materials testing will be the same for all participants regardless of the type of campaign being developed, see **Attachment 2t.**

CDC's contractor will utilize a local professional recruitment facility to screen and recruit the appropriate consumer audience for the interviews. The local recruitment facility will collect the names, addresses, phone numbers and emails of the eligible individuals who have agreed to participate and have been given an interview appointment. For the in-depth interviews and focus groups, the participant information will be used to provide appointment reminders. All identifying information will be kept in locked file cabinets at the local professional recruitment facilities and will be destroyed after the in-depth interviews and focus groups are completed. No identifying information will be sent to CDC or RTI. The in-depth interviews and focus groups will be audio taped for the purpose of completing the final reports. All audio tapes will be destroyed after notes have been verified and no links will be maintained to any data collected. For the intercept interviews, RTI will approach potential participants, introduce the study, and obtain verbal consent from individuals interested in participating. The intercept interviews will

be conducted in places where the public tend to gather such as public events and transit locations. RTI will not collect any identifying information from the participant and will obtain verbal consent rather than written consent. RTI will provide CDC with a report of the formative research results with aggregate data.

Identification of Web Site(s) and Web Site Content Directed at Children Under 13 Years of Age. No individually identifiable information will be collected. All participants will be aged 18 to 64. There is no Web Site content associated with this study.

A.2 Purpose and Use of the Information Collection

The purpose of this study is to conduct interviews and focus groups in four rounds of data collections with consumer groups to develop six social marketing campaigns aimed at increasing HIV testing rates, increasing HIV awareness and knowledge, challenging commonly held misperceptions about HIV, and promoting HIV prevention and risk reduction. The research results will be used to develop materials for six specific HIV social marketing campaigns under the umbrella of the larger *Act Against AIDS* campaign. The campaigns target consumers 18-64 years old and include the following audiences:1) Latinos; 2) men who have sex with men (MSM) of all races; 3) Latino MSM; 4) national audience of all races; 5) HIV + individuals; and 7) African Americans. CDCs contractor, RTI International, will conduct all data collection. The rounds of data collection include exploratory research, message testing, concept testing, and materials testing. The data collection instruments are provided in **Attachments 2b through 2t**. Through the interviews and focus groups, we will explore HIV testing and prevention informational needs of consumers and also pre-test campaign related concepts, messages, and materials. All campaign materials will be developed through one-time data collection.

This study will contribute to CDC's mission and address NHAS by developing six specific HIV campaigns for consumer audiences aimed at HIV testing, HIV awareness and HIV prevention. Data collection under this request will serve as one component that CDC is implementing to address NHAS and the increasing HIV incidence among consumer audiences. Due to the qualitative study design, results generated from this project cannot be generalized to the general public. Although the results are not meant to be generalized to the entire populations of interest, this valuable information will enable CDC to address HIV testing, prevention and risk

reduction more effectively by developing campaigns that are designed for specific campaign audiences at high risk for HIV infection or transmission. Without these data CDC would not be able to address the awareness, testing, prevention and risk reduction needs of specific campaign audiences and make appropriate funding decisions regarding campaign development or campaign direction. Through this data collection, CDC aims to address the key research questions presented in **Exhibit A.2.1** below.

Exhibit A.2.1 Key Research Questions

1. What is the current knowledge of HIV transmission, prevention, and treatment
2. What are the perceived level of risk for HIV infection
3. What is the current level of knowledge, attitudes, and beliefs about HIV prevention and testing
4. What are reasons for wanting and not wanting an HIV test
5. What is the perceived importance of knowing ones' HIV status
6. Awareness and perceived access to HIV prevention and testing resources
7. What are the reported HIV prevention and testing behaviors
8. What are ways to improve the HIV testing experience
9. What are motivators for practicing prevention or getting an HIV test
10. Are participants aware of existing HIV/AIDS advertisements
11. What are the preferred sources of information about HIV
12. What are effective strategies for reaching the target audience
13. What are the perceptions of the campaign messages, concepts, potential names, logos and materials

We will disseminate the study results to the public through reports prepared for/by CDC and RTI. Where appropriate we will also disseminate results through peer-reviewed journal articles and conference presentations. All releases of information will be reviewed and approved by CDC prior to release.

A.2.1 Privacy Impact Assessment

This information is being collected in order to inform the development of various social marketing campaigns aimed at increasing HIV testing, HIV prevention and HIV awareness

among consumers 18-64 years old. Without this information, the data needed to accurately develop the campaign messages, concepts, and materials would not be possible.

Because the objective of the campaign is to increase HIV testing, awareness, prevention and encourage risk reduction among various consumer audiences some sensitive questions regarding HIV and HIV testing will be asked. However, the proposed data collection will have little or no effect on the respondent's privacy. The local recruitment facilities will maintain identifying information on individuals agreeing to participate in in-depth interviews and focus groups. The identifying information will consist of names, addresses, phone numbers, and e-mail addresses for the purpose of sending reminder letters/e-mails and placing reminder calls about the study. All identifying information will be recorded on the last page of the screening instrument and will be torn off and destroyed after the interviews are conducted in each city. Individuals participating in the in-depth interviews and focus groups will be given a written study consent form to review and sign, see **Attachments 3a and 3b**. Participants will be assured that their answers to screener and interview/focus group questions will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Local recruitment facilities will send the screeners (without the last page) to RTI. The screeners will be stored in a locked file cabinet at RTI throughout the duration of the project. Once the project ends, the screeners will be transferred into a locked RTI storage facility for three years. No identifying information about participants will be kept at any facilities after the interviews are completed and no identifying information will be sent to RTI or CDC. For the intercept interviews, RTI will obtain verbal rather than written consent because we are not collecting any identifiers from participants (**Attachment 3c)**. All respondents will be told that the information obtained from all of the interviews and focus groups will be combined into a summary report so that details of individual responses cannot be linked to a specific participant.

A.3 Use of Improved Information Technology and Burden Reduction

Our data collection requires that we employ qualitative research methods through the use of one-time in person interviews and focus groups. The responses from the participants are as important as the interviewers' observation of the participant and the overall data collection. Where possible and upon consent from the participant, we will audio tape the data collection to capture all information and assist with preparation of reports. Only the in-depth interviews and

focus groups will be audio taped. Because this study is qualitative in nature we will not utilize electronic respondent reporting.

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

In order to identify duplication and use of similar information, we conducted an extensive review of the literature by examining several large periodical journal databases. In addition to reviewing published information, we searched for "gray" literature by exploring the Internet. Searches were performed on several Internet search engines, including Google, Yahoo, AltaVista, Medline, and Science Direct. We were unable to find duplication or the use of similar information. Therefore, we have confirmed the need for the present study.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6 Consequences of Collecting the Information Less Frequently

This is an ad hoc data collection (i.e., a one-time study to develop campaigns for various consumer audiences and does not require periodic collection of data). There are no legal obstacles to reduce burden. The present study will provide the primary data needed to develop final materials. If we did not conduct this formative research, we would not be able to gather information about the various campaign audiences needed to develop and pre-test campaign messages and materials before they are widely distributed. Our formative research process includes gaining an understanding of various attitudes, beliefs, behaviors, perceived needs, perceived benefits sought, and areas of concern regarding HIV testing, HIV prevention and HIV awareness. Subsequently, materials are developed based on these results followed by testing materials with members of the consumer audiences before they are widely disseminated (Slater, 1995).

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

This request fully complies with regulation 5 CRF 1320.5.

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

A. A 30-Day *Federal Register* notice published on December 4, 2012 (Volume 77, Number 233, pages 71794-71795) solicited comments on Formative Research and Tool Development; no comments were received. **B.** The CDC study team collaborated with RTI on the study design, screening instruments, and data collection instruments. RTI staff is trained and experienced in conducting formative research and CDC recognizes the importance of gaining valuable insights from experts with experience working with various consumer audiences. Individuals consulted with and their roles are listed in **Exhibit A.8.1**. No major problems were identified that could not be resolved.

As needed, CDC will continue to conduct ad hoc consultations with subject-matter experts to obtain broad input from key experts early in the campaign development to identify strengths and areas for improvement; and broadly discuss with experts recommendations for working with potential partners and leveraging pre-existing efforts to complement the campaigns.

Exhibit A.8.1. *AAA* Campaign Evaluation Consultants

Dr. Seth M. Noar Department of Communication University of Kentucky 248 Grehan Building Lexington, KY 40506-0042 Phone: (859) 257-7809 Fax: (859) 257-4103 E-mail: noar@uky.edu	Dr. Patrick A. Wilson, Department of Sociomedical Sciences Mailman School of Public Health Columbia University 722 W. 168th Street, 5th Floor New York, NY 10032 Phone: (212) 305-1852 Fax: (212) 305-0315 E-mail: pw2219@columbia.edu

A.9 Explanation of Any Payment or Gift to Respondents

The in-depth interview will take approximately 60 minutes to complete, the focus group will take approximately 2 hours to complete. Participants will be offered a token of appreciation of up to $50 for their participation in the in-depth interview, up to $75 for their participation in the focus group, and up to $10 for the intercept interview, which will last about 20 minutes.

Numerous empirical studies have shown that honoraria can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). The token of appreciation amounts were determined through discussions with RTI staff with expertise in conducting interviews with the study population and interviews about HIV.

A.10 Assurance of Confidentiality Provided to Respondents

Neither CDC nor the contractor has the authority to assure confidentiality.

A.10.1 Privacy Impact Assessment Information

It has been determined that the Privacy Act does not apply to this data collection effort. No private identifying information will be collected.

This project is currently under review by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and we are seeking approval through a Project Determination. Notice of approval will be forwarded upon receipt.

For the in-depth interviews and focus groups, the contractor RTI will utilize names and addresses to send reminder letters/e-mails and make reminder phone calls for upcoming data collection, but the information will not be recorded elsewhere. All personal identifiers needed to locate potential participants will be stored in separate locked file cabinets in locked offices in a secured facility. All electronic files will be password controlled and only accessible to fully authorized personnel and maintained and protect to the extent allow by law. Identifying information will not be collected for the intercept interviews. All participants will be informed that any information they provide will be completely voluntary and they can end their participation at any time.

For the in-depth interviews and focus groups, RTI will select and reserve professional recruitment firms in each city for the campaigns, manage the local professional recruitment firms' recruitment of participants. Recruitment staff will receive extensive instructions for data management and will sign a Data Management Acknowledgement document indicating the importance of maintaining all data in a secure manner at all times, see **Attachment 4**. RTI and the professional recruitment firms will use screening instruments to identify eligible participants for the study. As participants are recruited, recruitment grids will be prepared to keep track of the recruitment, listing the participants' first name and some demographic information obtained

from the screener. The recruitment grid will be stored in a locked file cabinet or on a password protected project share drive at RTI, and each facility will destroy their copy of the recruitment grid after data collection has been completed. Copies of the recruitment grid will be provided to RTI and CDC for description of the study sample, which will be kept in locked file cabinets or on a password protected project share drive at RTI and CDC for the duration of the study. No identifying information will be kept at the professional recruitment firms after the in-depth interviews and focus groups are completed and the professional recruitment firms will not send any identifying information to RTI or CDC. The intercept interviews will take place in public venues where the general public tend to gather and do not require recruitment grids as we will not collect personal identifying information. The screening and intercept interview will take place at the same time and we will obtain verbal consent rather than written consent. All participants will be informed that any information they provide will be completely voluntary and they can end their participation at any time.

Once the potential participant comes to the study site for the in-depth interview or focus group and checks in, he/she will be given a consent form, see **Attachments 3a and 3b**. The individual will be given time to read the consent form on his/her own, and a trained RTI staff member will be available to answer any questions. If the participant agrees to be in the study, he/she will sign the consent form and be given a copy to keep for his/her records. Participants will complete the paper and pencil survey before participating in the individual in-depth interview or focus group. Participants will also be reminded that they can refuse to answer any question and they can stop being in the study at any time without penalty. RTI staff will FedEx or personally take these forms back to RTI after the interviews/focus groups are completed in each city. The consent forms will be stored in a locked file cabinet at RTI for the duration of the project. Once the project ends, RTI staff will destroy the forms.

We will obtain verbal rather than written consent for the intercept interviews. Once a potential participant provides verbal consent, we will proceed with the 20 minute intercept interview (**Attachment 3c)**. At the conclusion of the interview, we will ask the participant to initial a receipt form and we will not ask for any other identifying information (**Attachment 5)**. The receipt consists of a sentence stating that the participant acknowledges receipt of payment, a area for the participant to provide their initials and an area for the interviewer to sign. The receipt

form is for accounting purposes only. The receipt forms will be stored in a locked file cabinet at RTI for the duration of the project. Once the project ends, RTI staff will destroy the forms.

A.11 Justification for Sensitive Questions

The study asks questions of a sensitive nature including questions related to HIV risk. This measurement of sensitive HIV-related questions is necessary to create campaigns aimed at decreasing the number of HIV-positive individuals who are unaware that they are infected, raising awareness and increasing knowledge of HIV and increasing HIV prevention and risk reduction. Depending on the consumer audience for each campaign, the study screener will vary, but some sensitive questions must be asked to identify the intended audience. The study screener, **Attachment 2a,** will include questions that assess whether individuals have ever tested positive for HIV as well as HIV prevention and testing behaviors. Furthermore, because our campaign materials are targeted to various populations, screening questions may address one or more of the following items: race/ethnicity, gender, sexual behavior, and sexual orientation.

Data collected by the brief paper and pencil survey (**Attachments 2p through 2s**) will provide a source of quantitative data supplementing the qualitative data collected during the interviews. The paper and pencil survey will be administered to participants before the individual in-depth interview and focus group. The survey will collect basic background information about the participants' knowledge, attitudes and beliefs about HIV, HIV testing behaviors, risk behaviors and demographics to enable us to more fully describe the participants.

A.12 Estimates of Annualized Burden Hours and Costs

The total annualized response burden is estimated at 2061 hours. **Exhibits A.12.1 and A.12.2** provides detail about how this estimate was calculated. We anticipate screening 2,338 individuals in order to obtain 1700 consumer respondents. Screening for all interview types (intercept, individual and focus group) will take approximately 2 minutes per individual (78 burden hours).Seven hundred individuals will participate in intercept interviews (233 burden hours). There will be 500 respondents for 1 hour in-depth interviews (500 burden hours) and 500 individuals participating in 2 hour focus groups (1000 burden hours). All individual in-depth

interview and focus group participants (total 1,000 individuals) will take the15-minute paper and pencil survey (250 burden hours)

Exhibit A.12.1 Estimated Annualized Burden Hours

Respondents	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours
Individuals (males and females) aged 18-64	Study screener In-depth interview focus group and intercept interview	2338	1	2/60	78
	Exploratory- HIV Testing In-depth Interview Guide	74	1	1 hour	74
	Exploratory- HIV Prevention In-depth Interview Guide	74	1	1 hour	74
	Exploratory- HIV Communication and Awareness In-depth Interview Guide	74	1	1 hour	74
	Exploratory- HIV Prevention with Positives In-depth Interview Guide	74	1	1 hour	74
	Consumer Message Testing In-depth Interview Guide	68	1	1 hour	68
	Consumer Concept Testing In-depth Interview Guide	68	1	1 hour	68
	Consumer Materials Testing In-depth Interview Guide	68	1	1 hour	68
	Exploratory- HIV Testing Focus Group Interview Guide	74	1	2 hours	148
	Exploratory- HIV Prevention Focus Group Interview Guide	74	1	2 hours	148

	Exploratory- HIV Communication and Awareness Focus Group Interview Guide	74	1	2 hours	148
	Exploratory- HIV Prevention with Positives Focus Group Interview Guide	74	1	2 hours	148
	Consumer Concept Testing Focus Group Interview Guide	68	1	2 hours	136
	Consumer Message Testing Focus Group Interview Guide	68	1	2 hours	136
	Consumer Materials Testing Focus Group Interview Guide	68	1	2 hours	136
	Paper and Pencil- HIV Testing Survey	250	1	15/60	62.5
	Paper and Pencil- HIV Prevention Survey	250	1	15/60	62.5
	Paper and Pencil- HIV Communication and Awareness Survey	250	1	15/60	62.5
	Paper and Pencil- HIV Prevention with Positives Survey	250	1	15/60	62.5
	Intercept Interview Guide	700	1	20/60	233
	Total				**2061**

Exhibit A.12.2 Cost to Respondents

Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Hourly Wage Rate*	Total Burden Hours**	Total Respondent Costs
Individuals (males and females) aged 18-64 - Study screener	2338	1	2/60	$7.25	78	$ 565.00
Individuals (males and females) aged 18-64 - Exploratory-HIV Testing In-depth Interview Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Prevention In-depth Interview Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Communication and Awareness In-depth Interview Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Prevention with Positives In-depth Interview Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Consumer Message Testing In-depth Interview Guide	68			$7.25		
Individuals (males and females) aged 18-64 - Consumer Concept Testing In-depth Interview Guide	68			$7.25		

Individuals (males and females) aged 18-64 - Consumer Materials Testing In-depth Interview Guide	68			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Testing Focus Group Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Prevention Focus Group Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Communication and Awareness Focus Group Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Exploratory-HIV Prevention with Positives Focus Group Guide	74			$7.25		
Individuals (males and females) aged 18-64 - Consumer Message Testing Focus Group Guide	68			$7.25		
Individuals (males and females) aged 18-64 - Consumer Concept Testing Focus Group Guide	68			$7.25		
Individuals (males and females) aged 18-64 - Consumer Materials Testing Focus Group Guide	68			$7.25		
Individuals (males and females) aged 18-64 - Paper and Pencil- HIV Testing Survey	250	1	15/60	$7.25	62.50	$453.13

Individuals (males and females) aged 18-64 - Paper and Pencil- HIV Prevention Survey	250	1	15/60	$7.25	62.50	$453.13
Individuals (males and females) aged 18-64 - Individuals (males and females) aged 18-64 - Paper and Pencil- HIV Communication and Awareness Survey	250	1	15/60	$7.25	62.50	$453.13
Individuals (males and females) aged 18-64 - Paper and Pencil- HIV Prevention with Positives Survey	250	1	15/60	$7.25	62.50	$453.13
Individuals (males and females) aged 18-64 - Intercept Interview Guide	700	1	20/60			
Total						**$14,941.77**

* Estimate of average hourly wage for participants.

Because we do not know what the wage rate category will be for these selected participants (or even whether they will be employed at all), we used $7.25 per hour as an estimate of average minimum wage across the country (Bureau of Labor Statistics, 2010). The estimated annual cost to participants for the hour burden for collections of information will be $14,941.77

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

There are no other costs to respondents or record keepers.

A.14 Annualized Cost to the Federal Government

The contractor's costs are based on estimates provided by the contractor 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 $621,807, see **Exhibit A.14.1**. This is the cost estimated by the contractor, RTI, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting.

Exhibit A.14.1 Government Costs

Item/Activity	Details	$ Amount
CDC oversight of contractor and project	20% of FTE: GS-13 Health Communication Specialist 20% of FTE: GS-13 Health Education Specialist	$45,800
Recruitment and data collection (contractor)	3,450 labor hours for recruitment and data collection ODCs	$435,265
Analysis and reporting (contractor)	1,479 labor hours and ODCs	$186,542
Total		**$621,807**

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 from the interviews and focus groups will be entered into an electronic data matrix by the RTI note taker during the data collection and stored on a password protected computer. RTI will conduct thematic or ground theory analysis of the data to understand participants' reactions to the campaign messages in as rigorous and detailed manner as possible. RTI and CDC will review the preliminary data within one week after data collection is completed via a debriefing conference call. RTI analysts will further analyze the data in the matrices and summarize results in a topline report by round (exploratory, concept, message and materials testing) for each campaign. One final report will be developed for each campaign developed once all data collection for that specific campaign has been completed. The key events and reports to be prepared are listed in **Exhibit A.16.1.**

Exhibit A.16.1 Project Time Schedule

Activity	Time Schedule
Identify and reserve professional recruitment firms	1 month after OMB approval
Begin recruitment	1 month after OMB approval
Conduct first round of interviews specific consumer group	2 months after OMB approval
Topline report due	4 months after OMB approval
Summary report due	6 months after OMB approval

We anticipate the first data collection taking place within one month of receiving OMB approval. Data collection for all other campaigns under this Generic ICR will follow a similar time schedule.

For this study, we expect the findings to be disseminated to a number of audiences. The reporting and dissemination mechanism will consist of three primary components: (1) final formative research reports for each campaign, (2) peer-reviewed journal articles, and (3) conference presentations. The final reports will be written in clear language that is understandable by a wide range of audiences (the target audience, practitioners, policy makers, and researchers). The final reports will include the following information: an executive summary; overview of background literature to provide contextual information about the purpose of the research; a detailed summary of the formative research results; a discussion of findings; strengths and limitations of the research; and recommendations.

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

We do not seek approval to eliminate the expiration date.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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