Information Collection #1:

National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of TV Ads

Submitted for approval under CDC generic approval **#0920-0910**
Message Testing for Tobacco Communication Activities

January 9, 2012

Data Collection Instruments

- Attachment 1. OSH Rough Cut Testing of TV Ads Screener
- Attachment 2. OSH Rough Cut Testing of TV Ads Main Questionnaire

Attachments

- Attachment 3. HIPoints Terms & Conditions
- Attachment 4. HIPoints Terms of Use
- Attachment 5. HIPoints Privacy Policy
- Attachment 6. Email to Potential Respondents
- Attachment 7. Follow-up Reminder Email to Survey Respondents

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Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

This project aims to assess the effectiveness of advertising messages and concepts by conducting rough cut testing of four advertisements designed to encourage tobacco cessation and reduce secondhand smoke. Rough cut testing refers to testing that is conducted with advertisements that are in near final form after previous rounds of qualitative testing to ensure that the near-final ads are "hitting the mark" in terms of credibility, believability and persuasiveness. Rough cut testing is a standard activity in the Health Communication Program Cycle and is critical in informing the development of the final ads.

Rough cut testing will be conducted on four ads that have been developed for the Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health (OSH) as part of CDC's National Tobacco Prevention and Control Public Education Campaign, which is authorized through the Prevention and Public Health Fund of the Affordable Care Act. The campaign is currently scheduled to launch February 28, 2012. CDC requests OMB approval to collect the information needed to conduct rough-cut testing of four ads developed for this campaign. The ads that will undergo rough cut testing are:

1. Ad named "Brandon and Marie"

2. Ad named “Cessation
3. Ad named “Roosevelt”
4. Ad named “Jessica and Aden”

As part of campaign development and planning, CDC is conducting rough cut testing activities to ensure that campaign ads and messages are believable, convincing and resonate with the target audiences. These activities are not designed to provide findings that contribute to generalizable knowledge for the general population, but rather are used to gather specific insight for campaign planning. Such testing activities can be conducted during campaign development to help select and describe a target audience, understand the factors that influence their behavior, and determine the best messages and channels to reach them. In testing possible advertising messages, information on audience demographics and tobacco-related behaviors is obtained in order to segment the audience into more homogeneous subgroups that may share certain beliefs, knowledge and behaviors related to tobacco use. Messages can be customized and targeted to specific audience segments. The purpose of audience segmentation is to ensure campaign messages are credible and persuasive among specific segments, thus improving effectiveness and using resources wisely. For example, smokers and non-smokers may have different beliefs and behaviors related to tobacco use and secondhand smoke exposure and may respond differently to certain types of messages. Ads emphasizing the health effects of smoking may resonate more with smokers, whereas non-smokers may respond more strongly to ads emphasizing the harms of secondhand smoke. Smokers between the ages of 18 and 24 years, who are in the earlier or experimental stages of smoking, may also have different beliefs and behaviors related to tobacco use compared with older more established smokers, and messages will need to be designed to address the differing behaviors and motivations of these audience segments.

For this rough cut testing, we will ask individuals about their opinions of advertising messages regarding smoking. We will also obtain basic demographic and tobacco use information from respondents in order to understand whether and how these factors may influence individuals’ responses to these messages. The ads in this rough cut assessment are designed to target smokers and non-smokers aged 18 years and older. The objective is to encourage smokers to quit and to call 1-800-QUIT-NOW (784-8669), for assistance if they need help in quitting; for non-smokers, the ads are designed to provide information about the harmful effects of secondhand smoke and to motivate non-smokers to seek smoke-free environments and encourage loved ones to quit. The ads depict real individuals suffering from the health effects of smoking cigarettes and/or secondhand smoke in order to enhance the credibility and persuasiveness of the ads. The objective of the test is not to measure *likeability* of the advertisement. Likeability, per se, does not necessarily lead directly to changes in consumer behavior, as a disliked but memorable ad may still affect consumer behavior in a positive manner.

Privacy Impact Assessment Information

<u>Overview of the Information Collection</u>

Respondents will be adults ages 18-54 throughout the United States. Sub-segments within this target will be smokers and non-smokers, 18-24 year olds and 25-54 year olds. Respondents will first fill out a short screening questionnaire to assess eligibility and to collect information on audience demographics and tobacco use behavior; eligible individuals will then view two of four advertisements, complete the on-line survey and then submit the data electronically through a secure Internet environment.

Respondents will be recruited from an existing online panel in January/February 2012. All information will be collected electronically through online surveys. The online format allows respondents to preview the ads and to provide feedback on them through a self-administered secured online survey. Data collection and analysis will be conducted by a professional market research contractor, Harris Interactive. Although the contractor has access to personally identifiable information (PII) about panel subscribers, such as names and contact information, the PII will not be transmitted to CDC. Information will be analyzed and reported in the aggregate.

Items of Information to be Collected

Information about respondent demographics and smoking behavior will be collected through a screening process (**Attachment 1**) to verify the respondent characteristics needed for audience segmentation. This information is needed to assess whether the ads are likely to have comparable effects across population sub-groups. In addition, the screener will ask questions about tobacco use behavior. This information is needed to assign each respondent to the appropriate questions in the main questionnaire. For example, smokers will be asked if the ads would make them want to quit, while non-smokers will be asked if the ads would make them want to encourage someone to quit.

The main questionnaire (**Attachment 2**) will ask respondents to provide opinions about each ad's main message, impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will report on their reactions to the ads, such as whether the ad is convincing, comprehensible, would generate conversation with friends and family, and provides trustworthy and credible information. We will also ask respondents if the advertisement would affect their behavioral intentions regarding tobacco use or secondhand smoke, such as whether the ad would make a smoker want to quit smoking. The number of questions will be held to the absolute minimum required for the intended use of the data.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

All respondents will be 18 years of age or older. There is no website content directed at children younger than 13 years of age.

A.2 Purpose and Use of Information Collection

The information to be collected will allow CDC to assess whether each ad is likely to be perceived as credible, comprehensible, and effective by target audience members as well as the extent to which

respondents report that the ads would motivate them to do the following: quit smoking, speak to someone about the ads, their smoking behavior or the dangers of secondhand smoke; consider changing personal smoking behavior; call the 1-800 Quitline number, or do something about smoking and/or secondhand smoke. If this data collection is not performed, CDC will not know whether these ads are communicating intended messages credibly and effectively across audience segments.

Ads will be scheduled for production after analysis of results from rough-cut testing. CDC will use the information collected through rough cut testing to inform decisions about whether fully produced ads will be highly similar to the rough cut ads; whether the ads must be changed in order to be more effective; or whether to omit one or more ads from the upcoming launch of the campaign.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through an online, web-based panel system. Respondents have the option of completing the survey in one session, or saving a partially completed survey for completion at a later date or time.

A Web-enabled panel approach uses online technology to collect data from households that participate in an ongoing panel. The panel is very large, allowing quick selection from the overall pool and the rapid identification of several potential respondents from extremely small subgroups of the population. Samples from these panels are not designed to generate nationally representative samples or precise population parameters but rather are used as a highly efficient, low cost, and low burden method of data collection for testing whether message concepts and advertisements are credible, comprehensible and persuasive. Web-based surveys are an especially convenient option for eliciting feedback on visual stimuli.

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

Prior to conducting any data collection, CDC reviews existing published literature and unpublished qualitative pretesting reports when they are available, and also consults with outside experts to identify information that could facilitate message development. Health messages developed by CDC are unique in their mix of intended audience, health behavior, concept, and execution. Therefore, there are no similar data available.

CDC/OSH collaborates with other U.S. government agencies that sponsor health communication projects such as the U.S. Food and Drug Administration's (FDA) Center for Tobacco Products. These affiliations serve as information channels and help prevent redundancy. Ongoing communication, including bi-weekly meetings between CDC's Office of Smoking and Health and FDA's Center for Tobacco Products, ensures that information collections are coordinated and not duplicative. This data collection is related to the ACA-funded media campaign. CDC/OSH is tasked with planning, fielding, and implementing the ACA-funded media campaign and there is no overlap with FDA activities.

A.5 Impact on Small Business or Other Small Entities

There will be no impact on small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

Without the proposed information collection, CDC will have only limited and anecdotal information to guide message development and the expenditure of media campaign funds.

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

The testing activities fully comply with the regulation and guidelines in 5 **CFR 1320.5.** There are no special circumstances.

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

Not applicable.

A.9 Explanation of Any Payments or Gift to Respondents

Health message development and testing occur in a highly dynamic, fast-paced environment. Utilization of existing respondent panels allows CDC to obtain information quickly so that adjustments can be made, as needed, and health messages and campaigns can progress rapidly from the planning stage to the implementation stage. Similar rapid turnaround techniques are used in the private sector.

The panel from which respondents will be drawn is an established panel that provides points as a reward for participation. Immediately upon completion of the survey, respondents will be provided with a certain number of points that are equivalent to $2. Those points (called "HI Points") are accrued with other points when the panelist takes part in other surveys. At any time, the panelist is able to redeem their points for different products, such as gift cards.

An independent incentive partner, IncentiveLogic, manages the redemption for Harris. This agent adheres to the data collection contractor's strict privacy policy and has agreed to safeguard the privacy of panel member information at all times during and after providing service. For Terms and Conditions, Terms of Use and Privacy Policy, please see HiPoints Terms and Conditions (**Attachment 3. Terms and Conditions**), and HiPoints Terms of Use (**Attachment 4. HiPoints Terms of Use**).

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination. Respondents will be recruited from an existing panel maintained by the data collection contractor. Although demographic information (e.g., gender, age, and race) will be gathered, no direct personal identifiers (e.g., full name, phone number, social security number, etc.) will be

collected or maintained as part of the Screener (see **Attachment 1. OSH Rough Cut Testing of TV Ads Screener**), or Questionnaire (**Attachment 2. OSH Rough Cut Testing of TV Ads Main Questionnaire**). No directly identifying information will be transmitted to CDC. The Privacy Act does not apply.

Safeguards. While Harris Interactive has access to personally identifiable information (PII) on panel subscribers, no PII will be shared with any agencies outside of Harris Interactive for the purposes of this formative research and data will only be analyzed and reported in the aggregate. All data will be stored on a Harris password-protected database to which only Harris employees working on this project have access. Harris Interactive is firmly committed to protecting the privacy of its panel members. Their policies ensure that PII is not released without panel member permission. In support of our privacy policies, Harris Interactive has been awarded TRUSTe's Privacy Seal signifying that this privacy policy and practices have been reviewed for requirements including transparency, accountability and choice regarding the collection and use of panel member personal information. Harris Interactive also participates in and adheres to the U.S.-EU Safe Harbor Framework as set forth by the U.S. Department of Commerce regarding the collection, use, and retention of data. Harris Interactive's data collection conforms to the Council of American Survey Research Organizations (CASRO) Code of Standards and Ethics for Survey Research, the European Society of Opinion and Marketing Research (ESOMAR) Codes and Guidelines for Survey Research, the European Commission Directive on Data Protection, SNYTEC in France, the French law on "Informatique et Libertés", CNIL, the American Association for Public Opinion Research (AAPOR) Code of Professional Ethics and Practices, the Federal Trade Commission (FTC) Fair Information Practice Principles, the FTC's Children's Online Privacy Protection Act (COPPA) Final Rule, the Children's Advertising Review Unit (CARU) Guidelines for Advertising on the Internet and Online Services, the Health Insurance Portability and Accountability Act (HIPAA), the Graham-Leach Bliley Act (GLB), and the CAN-SPAM Act. **See Attachment 5. HIPoints Privacy Policy** for further details on privacy policy.

Respondent Advisements and Consent. Respondents will be advised of the nature of the activity, the length of time it will require, and that participation is purely voluntary. The appropriate advisements are included in the Screener (see **Attachment 1. OSH Rough Cut Testing of TV Ads Screener**), and the initial page of the Main Questionnaire (**Attachment 2. OSH Rough Cut Testing of TV Ads Main Questionnaire**). Respondents will be assured that they will incur no penalties if they wish not to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting data from human participants.

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has reviewed this submission and determined that it does not involve research with human subjects and does not require review and approval by CDC's IRB.

A.11 Justification for Sensitive Questions

The majority of questions asked will not be of a sensitive nature. There will be no requests for a respondent's Social Security Number (SSN).

It will be necessary to ask some questions considered to be of a sensitive nature in order to assess individuals' attitudes and behaviors or test messages about a specific health behavior, such as cigarette smoking. Questions about messages concerning smoking behavior (e.g., tobacco use) and some demographic information (e.g., Race or Ethnicity) could be considered sensitive, although these items would not generally be considered highly sensitive. Questions about sensitive issues are necessary for audience segmentation (see section A1. for an explanation of the need for audience segmentation) and to assess individuals' response to messages. To avoid fear of disclosure of sensitive information, respondents will be informed of the applicable privacy safeguards.

Sensitive information will only be requested when necessary for specific project objectives and steps to avoid negative reactions will be taken, including:

- Respondents will be informed that they need not answer any question that makes them feel uncomfortable or that they simply do not wish to answer.
- Questions included in these interviews will be pilot-tested with a minimal number of individuals matching the characteristics of the target audience.

A.12 Estimates of Annualized Burden Hours and Costs

The data collection will occur in two sequences in order to minimize respondent burden and ensure the timeline is met (**See Section A.14 with timeline).** The first data collection will test Brandon/Marie and Cessation. This data collection will screen approximately 1,334 respondents and completed surveys will be collected from approximately 800 of those respondents. The second data collection will test Roosevelt and Jessica/Aden. This data collection will screen an additional 1,334 respondents and completed surveys will be collected from approximately 800 of those respondents. This totals to 2,668 respondents being screened and 1,600 respondents taking the full survey.

The screening of the audience determines qualification status to participate in the research. While Harris Interactive has some basic demographic information on panel members prior to the screening, some demographic questions are asked during screening to confirm that information is correct and to assess whether any information has changed (i.e., educational status, state of residence). Once respondents have been screened and qualified (**see Attachment 1. OSH Rough Cut Testing of TV Ads Screener**), they immediately enter the online Main Questionnaire (**see Attachment 2. OSH Rough Cut Testing of TV Ads Main Questionnaire**). Each respondent is shown two ads. The order of the ads will be rotated to reduce bias. Respondents are shown the first ad and asked a series of questions regarding believability, engagement with the ad and impact on behavior. After viewing the first ad, respondents then view the second ad and answer the same battery of questions. After viewing the two ads and answering the relevant survey questions for each, the survey is completed.

We anticipate that a total of 2,668 male and female respondents, aged 18 to 54 will be screened, yielding 1,600 adults to complete the Web survey. The estimated burden to respondents is 2 minutes for the screener and 7 minutes for the main questionnaire. The total estimated burden for all responses is 276 hours.

Table A.12.A. Estimated Annualized Burden to Respondents

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Adults	OSH Rough Cut Testing of TV Ads Screener	2,668	1	2/60	89
	OSH Rough Cut Testing of TV Ads Main Questionnaire	1,600	1	7/60	187
Total					**276**

The estimated cost of the time devoted to this information collection by respondents is $6,348, as summarized in Table A.12.B. To calculate this cost, we used the mean hourly wage of $23, which represents the DOL estimated mean for state, local, and private industry earnings. There are no direct costs to respondents associated with participation in this information collection.

Table A.12.B Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Hourly Wage	Total Burden Hours	Total Cost
Adults	OSH Rough Cut Testing of TV Ads Screener	2,668	1	$23	89	$2,047
	OSH Rough Cut Testing of TV Ads Main Questionnaire	1,600	1	$23	187	$4,301
Total						$6,348

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

None

A.14 Annualized Cost to the Federal Government

Approximately 5% of one full-time equivalent (FTE) and 1% of one senior manager will be required to oversee the information collection activities for two months. Responsibilities will include internal coordination and review of materials and reports and maintaining proper accounting of burden hours. The agency estimates that it will take a GS-14, at a wage rate of $48.41 an hour, approximately 16 hours to manage the project, totaling about $775.00. It is estimated to take a GS-15, at a wage rate of $64.54 an hour, approximately two hours to oversee the total project, totaling $129.

The total average annualized cost to the government for CDC oversight is $904.

Government Personnel	**Time Commitment**	**Hourly Basic Rate**	**Total**
GS-14	5%	$48.41	$775
GS-15	1%	$64.54	$129
Total			$904

The majority of data collection activities will be conducted by contractors on CDC's behalf. The total cost of the data collection contractors is $91,667, which includes consultation, instrument design and development, recruitment, data collection, analyses, and reporting. The American Legacy Foundation provided subject matter expertise on questionnaire content. Information will be collected by Harris Interactive. Activities are coordinated through a contract with the Plowshare Group, a specialist in media campaigns.

The grand total cost for the project, including government and contractor cost, is $92,571.

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

The information will be used to inform health communication data across OSH. Information collection and analysis will occur from January 2012 – February 2012. We are aiming for a campaign launch date of February 28th, and multiple steps are required between approval of this rough-cut package and the launch in order to meet that target date. Working backward from a launch date of February 28th, we have provided two timeline scenarios (**Incorporated below, on the following page)**. Assuming an OMB approval date of January 16, 2012, we plan to begin the information collection activity of 2 ads -- "Brandon & Marie" and "Cessation" on January 16, 2012. The rough versions of these two ads have

been filmed and finalized for testing. We plan to begin the information collection activity for the following two ads -- "Roosevelt" and "Jessica & Aden" -- on January 24, 2012. These ads are currently in production and will be ready for testing on January 23, 2012.

Activity **TV Rough Cut Testing:**	**Scenario 1:** **Field Date 1/16 and 1/24**	
	Cessation & Brandon/Marie	**Roosevelt & Jessica/Aden English ONLY**
Information Collection #1 – Submitted to OMB for approval	1/9	
CDC receives OMB approval on Information Collection # 1	1/16	1/16
Information Collection Activity Field Testing Begins	1/16	1/24
Information Collection Activity Field Testing Closes	1/30	2/6
Interim results and Draft field test report to OSH	2/3	2/15
Final field test report to OSH (based on edits/changes from CDC/OSH)	2/9	2/15 (combined with Cessation & Brandon/Marie**)**
All creative feedback and edits incorporated into production process (including editing, re-editing until campaign launch)	2/15- 2/27 (combined with Cessation & Brandon/Marie)	
CAMPAIGN LAUNCH	**2/28/2012**	

*Any missed dates will result in a later delivery date

The analysis will examine overall levels of perceived effectiveness, as measured by the frequency of respondents' reporting that the ad was believable and convincing, attention-grabbing, trustworthy, provided new information, motivational and easy to understand. We will also analyze qualitative open-ended responses for the respondents' answers to the 'main message' of the ad and whether anything in the ad was hard to understand or unclear. Here we will look for commonalities and differences in terms of message interpretation and for common themes in terms of elements that were hard to understand or unclear. We will examine overall levels of respondent motivation in response to the ads, as measured by the frequency of responses to whether they would talk to someone else about the ad or if the ad

would make them take some other action (support smoke-free laws, quit smoking, encourage someone to quit smoking, call the 1-800 Quitline). We will analyze the above factors overall, as well as for 18-24 and 25-54 year olds and for smokers and non-smokers.

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

The expiration date of OMB approval will be displayed on all information collection instruments.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.

Section B: B. Statistical Methods

B.1 Respondent Universe and Sampling Methods

Harris Interactive will select a sample of panelists from the Harris Poll Online panel, a multimillion-member panel of cooperative online respondents. It is one of the largest databases of individual opt-in respondents for market research in the world. The Harris Poll Online panel of individuals has agreed to periodically participate in online surveys. Panelists have joined the Harris Poll Online through over 100 different sources. Many different diverse methods are leveraged to gain panelists, including co-registration offers on partners' websites, targeted emails sent by online partners to their audiences, graphical and text banner placement on partners' websites, trade show presentations, targeted postal mail invitations, TV advertisements, member referrals, and telephone recruitment of targeted populations.

The sample for this survey will be drawn from the Harris panel based on the populations of interest – nationwide, 18-54 year olds, smokers and non-smokers. The legal age of consent is no greater than 18 in all states in the United States except for Alabama; for Alabama the age is 19. The screener (**Attachment 1. OSH Rough Cut Testing of TV Ads Screener)** is designed to screen out minors and anyone less than 18 of age or over the age of 54, except in Alabama. In Alabama, the screener will screen out anyone aged less than 19 and over the age of 54. The stratified sample plan is essentially a convenience sample but will be based on demographic variables to ensure a reasonable degree of diversity in key demographic characteristics, such as age, gender, region of residence, education, income. As this study is considered part of formative research message testing for campaign development and planning, these methods are not intended to generate nationally representative samples or precise estimates of population parameters. The sample drawn here is designed primarily to provide information on the perceived effectiveness of messages from four video ads for 18-24 year old and 25 to 54 year old audience segments and smokers and non-smokers within these segments, as these

groups may differ in their assessment of smoking-related messages. We based this recommendation on a statistical calculation that determines the differences between sample sizes that would be needed to gauge significant differences between groups. The overall sample would have a precision level of +/-4.9% based on a 95% confidence level, the 25 to 54 year old sample would be +/5.6% and the 18 to 24 year old sample would be +/-9.8%. The total sample size calculated is 1,600. Assuming a response rate of 60%, we will need to screen approximately 2,667 individuals.

During the data collection period, we will review the distribution of the qualified respondents who have participated and select additional panel members, as needed, to receive the email invitation to ensure the appropriate balance of respondents.

B.2 Procedures for the Collection of Information

The survey will be hosted on Harris Interactive' s server, using Harris Poll Online[SM]. All interviews will be conducted using a self-administered, online questionnaire (**Attachment 2. OSH Rough Cut Testing of TV Ads Main Questionnaire**) via proprietary, web-assisted interviewing software. The selected panelists will receive an initial invitation that indicates they have been invited to participate in a new survey. The email invitation will also state the length of the survey and compensation they receive if they qualify and complete the survey (**Attachment 6. Email to Potential Respondents**). Respondents then will link to the survey URL, with an individual, unique password protected link, and complete the survey. Due to password protection, it will not be possible for anyone to enter the survey that has not been recruited, or for a respondent to complete the survey more than once. In addition, a reminder invitation will be sent roughly two days after the original invitation (see **Attachment 7. Follow-up Reminder Email to Survey Respondents**).

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

To encourage participation and to remind respondents of closing dates for completing the survey, the contractor will send follow-up/reminder emails (**Attachment 7. Follow-up Reminder Email to Survey Respondents**), beginning 2 days after distribution of the initial email. The follow-up/reminder email includes information regarding the survey length, the incentive for participation and a password-protected link to the survey.

Response rates are closely monitored during the field period and, if needed, second reminders are also sent to potential survey respondents. This is often done for sub-segments that might have lower response rates, i.e., younger age groups (18-24) or specific ethnic/racial groups.

B.4 Test of Procedures or Methods to be Undertaken

None.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

	Statistical/ methodological consultants	Data collection	Data analysis
Jennifer Cantrell , DrPh, MPA Assistant Director, Research and Evaluation LEGACY 202-454-5798 jcantrell@legacyforhealth.org	X		X
Donna Vallone, PhD Senior Vice President for Research and Evaluation, LEGACY 202-454-5555, dvallone@legacyforhealth.org	X		
Michelle Murphy, Vice President Harris Interactive 585-214-7515 mmurphy@harrisinteractive.com	X	X	X
Jeanine Noto, Research Manager Harris Interactive 585-214-7662 jnoto@harrisinteractive.com	X	X	X