

## Information Collection #2:

### National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of Print and Radio Ads

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

February 17, 2012

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#### Data Collection Instruments

- Attachment 1. Rough Cut Testing of Print and Radio Ads Among 18-24 Year Olds Screener
- Attachment 2. Rough Cut Testing of Print Ads Among 18-24 Year Olds Main Questionnaire
- Attachment 3. Rough Cut Testing of Radio Ads Among 18-24 Year Olds Main Questionnaire
- Attachment 4. Rough Cut Testing of Print and Radio Ads Among 18-54 Year Olds Screener
- Attachment 5. Rough Cut Testing of Print Ads Among 18-54 Year Olds Main Questionnaire
- Attachment 6. Rough Cut Testing of Radio Ads Among 18-54 Year Olds Main Questionnaire

#### Attachments

- Attachment 7. HIPoints Terms & Conditions
  - Attachment 8. HIPoints Terms of Use
  - Attachment 9. HIPoints Privacy Policy
  - Attachment 10. Email to Potential Respondents
  - Attachment 11. Follow-up Reminder Email to Survey Respondents
  - Attachment 12: Justification
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## Section A: Justification for Information Collection

### A.1 Circumstances Making the Collection of Information Necessary

In spring 2012, HHS plans to launch the National Tobacco Prevention and Control Public Education Campaign, as authorized by the Prevention and Public Health Fund of the Affordable Care Act. The campaign will encourage smokers to quit smoking and provide information about smoking cessation support available by calling 1-800-QUIT-NOW. The campaign will also provide information about the harmful effects of secondhand smoke and encourage non-smokers to seek smoke-free environments and encourage their loved ones to quit smoking. The CDC Office on Smoking and Health (OSH) has lead responsibility for a number of tobacco education campaign components, including the production of effective campaign messages that may be disseminated through television, print and/or radio communication channels.

Twenty-one (21) draft ads are candidates for release in the upcoming tobacco education campaign. The ads depict real individuals suffering from the health effects of smoking cigarettes and/or secondhand

smoke. Of the 21 draft ads, 7 are print ads and 14 are 30-second or 60-second radio ads, however, the draft ads must undergo rough cut testing before final ads can be produced for dissemination. 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.

CDC is requesting OMB approval to conduct rough cut testing of the following in February/March 2012.

Print ads:

1. Ad named “Brandon”
2. Ad named “Annette”
3. Ad named “Suzy”
4. Ad named “Shawn”
5. Ad named “Cessation”
6. Ad named “Roosevelt”
7. Ad named “Jessica and Aden”

Radio ads:

1. Ads named “Brandon” (:30 and :60)
2. Ads named “Christine Liquid Diet” (:30 and :60)
3. Ads named “Suzy’s Travel Tips” (:30 and :60)
4. Ads named “Shane” (:30 and :60)
5. Ads named “Cessation” (:30 and :60)
6. Ads named “Roosevelt” (:30 and :60)
7. Ads named “Jessica and Aden” (:30 and :60)

The proposed information collection will occur in two phases. In phase 1, 12 ads (4 print and 8 radio) will be tested with adults ages 18-24. The print ads will include: Suzy, Shawn, Brandon, and Annette. The radio ads will include: Christine Liquid Diet (:30 and :60), Suzy’s Travel Tips (:30 and :60), Shane (:30 and :60), and Brandon (:30 and :60). These ads were developed after initial formative research conducted in late 2011 through CDC’s Health Message Testing System (OMB No. 0920-0572). The information collection instruments for rough cut testing of the print (**Attachment 2**) and radio (**Attachment 3**) versions of the ads are based on questions drawn from the approved HMTS Question Bank. This information collection strategy will provide a consistent approach to the interpretation of audience feedback relating to these messages.

In phase 2, nine ads (3 print and 6 radio) will be tested with adults ages 18-54. The print ads will include Cessation, Roosevelt, and Jessica and Aden. The radio ads will include: Cessation (:30 and :60), Roosevelt (:30 and :60), and Jessica and Aden (:30 and :60). OMB has previously approved rough cut testing of television ads based on these concepts (OMB No. 0920-0910, IC #1, approved 1/12/2012). As a result, the information collection instruments for rough cut testing of print ads (Attachment 5) and

radio ads (**Attachment 6**) will be based on the instruments approved for rough cut testing of the television versions of these ad concepts.

## **Privacy Impact Assessment Information**

### Overview of the Information Collection

Respondents will be adults ages 18-54 throughout the United States. Respondents will be recruited from the Harris Poll Online panel in February and March 2012. While Harris Interactive has some basic demographic information on panel members prior to the screening, some demographic questions will be asked during screening to confirm that information is correct and to assess whether any information has changed (i.e., educational status, state of residence). 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. Each respondent will be 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.

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 secure format. 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.

A total of 8,000 respondents will be screened to yield completed surveys from 4,800 respondents.

### Items of Information to be Collected

Information about respondent demographics and smoking behavior will be collected through a screening process (**Attachments 1 and 4**) to verify the respondent characteristics needed for audience segmentation. 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. 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. 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. The screening 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 questionnaires (**Attachments 2, 3, 5, and 6**) 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 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.

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 finalized 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 7. Terms and Conditions**), and HiPoints Terms of Use (**Attachment 8. 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 ( **Attachments 1 and 4**), or Main Questionnaire (**Attachments 2, 3, 5, and 6**). 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 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 9. 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 (**Attachment 1 and 4**), and the initial page of the Main Questionnaire (**Attachments 2, 3, 5, and 6**). 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 and to assess individuals' response to messages. 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**

Screening of the audience will be conducted to determine qualification status for participating in the research. Once respondents have been screened and qualified, they immediately enter the designated online Main Questionnaire.

Information collection will occur in two phases. In phase 1, twelve ads (4 print and 8 radio) will be tested with adults ages 18-24. Approximately 2,000 respondents will be screened (**Attachment 1**) and completed surveys (**Attachments 2 and 3**) will be collected from approximately 1,200 of those respondents.

In phase 2, nine ads (3 print and 6 radio) will be tested with adults ages 18-54. An additional 6,000 respondents will be screened (**Attachment 4**) and completed surveys (**Attachments 5 and 6**) will be collected from approximately 3,600 of those respondents.

The estimated burden to respondents is 2 minutes for screening and 7 minutes for each radio or print ad questionnaire. The total estimated burden for all responses is 827 hours.

We anticipate that a total of 8,000 male and female respondents, aged 18 to 54 will be screened, yielding 4,800 adults to complete the Web surveys.



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

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
Adults ages 18-24	Rough Cut Testing of Print and Radio Ads Among 18-24 YO Screener	2,000	1	2/60	67
	Rough Cut Testing of Print Ads Among 18-24 YO Main Questionnaire	400	1	7/60	47
	Rough Cut Testing of Radio Ads Among 18-24 YO Screener Main Questionnaire	800	1	7/60	93
Adults ages 18-54	Rough Cut Testing of Print and Radio Ads Among 18-54 YO Screener	6,000	1	2/60	200
	Rough Cut Testing of Print Ads Among 18-54 YO Main Questionnaire	1,200	1	7/60	140
	Rough Cut Testing of Radio Ads Among 18-54 YO Screener Main Questionnaire	2,400	1	7/60	280
<b>Total</b>					<b>827</b>

The estimated cost of the time devoted to this information collection by respondents is \$19,021, 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**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Hourly Wage</b>	<b>Total Burden Hours</b>	<b>Total Cost</b>
Adults ages 18-24	Rough Cut Testing of Print and Radio Ads Among 18-24 YO Screener	2,000	1	\$23	67	\$1,541
	Rough Cut Testing of Print Ads Among 18-24 YO Main Questionnaire	400	1	\$23	47	\$1,081
	Rough Cut Testing of Radio Ads Among 18-24 YO Screener Main Questionnaire	800	1	\$23	93	\$2,139
Adults ages 18-54	Rough Cut Testing of Print and Radio Ads Among 18-54 YO Screener	6,000	1	\$23	200	\$4,600
	Rough Cut Testing of Print Ads Among 18-54 YO Main Questionnaire	1,200	1	\$23	140	\$3,220
	Rough Cut Testing of Radio Ads Among 18-54 YO Screener Main Questionnaire	2,400	1	\$23	280	\$6,440
Total						\$19,021

**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 one month. 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 10 hours to manage the project, totaling about \$484.00. 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 \$613.

<b>Government Personnel</b>	<b>Time Commitment</b>	<b>Hourly Basic Rate</b>	<b>Total</b>
GS-14	5%	\$48.41	\$484
GS-15	1%	\$64.54	\$129
<b>Total</b>			\$613

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 \$92,280.

**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 February 2012 - March 2012. Multiple steps are required between approval of this rough-cut package and the launch in order to meet that target date. We have provided timeline scenarios for each of the data collection activities (**Incorporated below, on the following page**). Assuming an OMB approval date no later than February 7, 2012, we plan to begin the information collection activity for phase 1 (12 ads) on February 10, 2012. The rough cuts are currently ready for testing. We plan to begin the information collection activity for phase 2 (9 ads) on February 27, 2012. These ads are currently in production and will be ready for testing in late February, 2012.

<b>Activity</b>		
<b>Rough Cut Testing:</b>		
	<p><b>Phase 1:</b> Radio: Christine Liquid Diet (:30 and :60), Suzy's Travel Tips (:30 and :60), Shane (:30 and :60), and Brandon (:30 and :60). Print: Suzy, Shawn, Brandon, and Annette.</p>	<p><b>Phase 2:</b> Radio: Cessation (:30 and :60), Roosevelt (:30 and :60), and Jessica and Aden (:30 and :60). Print: Cessation, Roosevelt, and Jessica and Aden <b>English ONLY</b></p>

Information Collection #2 - Submitted to OMB for approval (apx.)	1/24	
CDC receives OMB approval on Information Collection # 2	2/7	2/7
Information Collection Activity Field Testing Begins	2/10	2/27
Information Collection Activity Field Testing Closes	2/21	3/7
Interim results to OSH	2/27	3/13
Draft Field Test Report to OSH	3/5	3/20
Final field test report to OSH (based on edits/changes from CDC/OSH)	3/12	3/27

\*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.