Information Collection #9:

National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of English Language Television, Print, Digital Print, and Radio Ads for the Tips 2014 National Campaign

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

Submission of this GenIC has been approved by
HHS/Assistant Secretary for Planning and Evaluation (ASPE)

March 11, 2014

Supporting Statement: Part A

Data Collection Instruments

- Attachment 1a. Screener - 18-54 year olds: smokers, nonsmokers, smokers with HIV, and LGBT smokers
- Attachment 1b. Main Questionnaire

Other Attachments

- Attachment 2. Email to Potential Respondents (Initial Email Invitation)
- Attachment 3. Toluna Panelist Privacy Policies
- Attachment 4. Toluna Panelist Terms and Conditions
- Attachment 5. Screen Shots (annotated)

Notes on Excluded Attachments

In this GenIC, CDC outlines a plan to test 13 draft ads in radio, television, print and digital form with content that may be considered sensitive. The draft materials are not included in the attachments for this GenIC because:

- The ads have not been approved for public distribution by HHS/Assistant Secretary for Public Affairs (ASPA).
- The untested ads could be perceived by the public as ineffective or offensive (testing is designed to identify potential problems).
- Release of the ads must be coordinated with the launch of a comprehensive HHS/CDC campaign. Unauthorized release could jeopardize the evaluation strategy for the campaign.

To support adequate review of this GenIC by OMB, CDC requests permission to provide OMB with a secure link to the draft materials.

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Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

In the winter of 2012, HHS/CDC launched the highly successful "TIPS From Former Smokers" campaign. The "TIPS" campaign was authorized by the Prevention and Public Health Fund of the Affordable Care Act. CDC's Office on Smoking and Health (OSH) is leading the campaign and has responsibility for numerous components, including the production of effective campaign messages. The campaign encourages smokers to quit smoking and to seek information about smoking cessation support from informed sources, such as 1-800-QUIT-NOW, government Websites and health care providers. The campaign is also providing information about the harmful effects of secondhand smoke and encourages nonsmokers to encourage their loved ones to quit smoking. For Tips 2014, target audiences include smokers and nonsmokers aged 18-54. Subpopulations of interest are female smokers of childbearing age (18-44 years old), smokers with HIV, and smokers who are Lesbian, Gay, Bisexual and Transgender (LGBT).

"Tips 2014" is currently being developed and will expand further on the negative health consequences from smoking. A variety of ads will be developed and launched at different time points in 2014. Ads for 2014 focus on six smoking-related health conditions experienced by real people featured in the ads: low infant birth weight associated with smoking during pregnancy (Amanda), periodontal disease (Brett and Felicita), complications experienced by an individual with HIV who suffered a stroke (Brian), lung cancer (Rose), throat cancer (Shawn), and head and neck cancer (Terrie). The channel executions that will be used during the Tips 2014 campaign include television, radio, print (including out of home) and digital. Some ads have been produced and aired (i.e., Terrie ads), while other ads are still under development.

As part of campaign development and planning, CDC conducts rough-cut testing of draft ads and messages to ensure that they are believable, convincing and resonate with the target audiences. The goal of the testing is to optimize the credibility and persuasiveness of the ads. Message testing activities are designed to gather specific insight for campaign planning rather than to provide findings that contribute to generalizable knowledge for the general population. Such testing activities are conducted during campaign development to help describe a target audience, understand the factors that influence their behavior, and determine the best messages and communication channels.

In testing possible advertising messages, CDC also collects information about audience demographics and tobacco-related behaviors in order to segment the audience into more homogeneous subgroups that may share certain beliefs, knowledge and behaviors related to tobacco use. Messages can then be customized and targeted to specific audience segments, thus improving ad effectiveness and efficient use of public resources. Empirical research has shown that the approach of arousing strong negative emotions (with graphic images, emotional testimonials, or combinations of the two) is the most effective way to generate the desire to quit smoking cigarettes. Davis et al. outline some of this prior empirical work. This evidence also notes that desire to quit manifests in different belief and attitude constructs, such as a combination of changes in the target audience's values attached to a behavioral outcome, behavioral beliefs, normative

beliefs, attitudes toward existing behaviors, and motivation to comply. Segmenting audiences based on these constructs is critical to optimizing the message.

In this GenIC, CDC requests OMB approval to collect information for rough cut testing of 13 English language draft ads that portray the health conditions experienced by Amanda, Brett, Brian, Felicita, Rose, and Shawn (OMB approval has already been obtained to test the ads that portray Terrie). Of the draft ads, five (5) are print ads, three (3) are 30-second or 60-second radio ads (1 30-second radio ad and 2 60-second radio ads), and five (5) are 30-second television ads. These draft ads must undergo rough cut testing before final ads can be produced for dissemination to ensure that they communicate as intended. Rough cut testing refers to testing that is conducted with ads that are in near final form to ensure that the near-final ads are "hitting the mark" in terms of clarity, credibility, believability and persuasiveness. Rough cut testing is a standard activity used in the development of Health Communication campaigns and is critical in informing the development of the final ads.

The five television ads that will undergo rough cut testing are:

1. Ad entitled "Amanda's Tips", 30 seconds, maternal health
2. Ad entitled "Brett's Tips, 30 seconds, periodontal disease
3. Ad entitled "Rose's Tips , 30 seconds, lung cancer
4. Ad entitled "Rose's Tip2, 30 seconds, lung cancer
5. Ad entitled "Shawn's Tips, 30 seconds, throat cancer

The three radio ads that will undergo rough cut testing are:

1. Ad entitled "Amanda's Tip", 60 seconds, maternal health
2. Ad entitled "Brett's Tip", 60 seconds, periodontal disease
3. Ad entitled "Rose's Tip", 30 seconds, lung cancer

The five print ads that will undergo rough cut testing are:

1. Ad entitled "Amanda's Tip", maternal health
2. Ad entitled "Brian's Tip1", Stroke/HIV consequences
3. Ad entitled "Brian's Tip2", Stroke/HIV consequences (digital print)
4. Ad entitled "Felicita's Tip", periodontal disease
5. Ad entitled "Rose's Tip", lung cancer

To test the draft ads, we will ask individuals about their opinions of the advertising messages emphasizing the negative health effects of cigarette smoking. The target audiences outlined above will contain both smokers and nonsmokers who are ages 18-54. We will segment by smoking status because smokers and nonsmokers may have different beliefs and behaviors related to tobacco use and secondhand smoke exposure, and thus may respond differently to certain types of messages. Ads emphasizing the negative health effects of cigarette smoking may resonate more with smokers, whereas nonsmokers may respond more strongly to ads emphasizing the harms of secondhand smoke. The actions that the ads are trying to motive include quitting smoking or encouraging others to quit.

In addition to collecting information about respondents' reactions to the draft ads, we will also request basic demographic and tobacco use information in order to understand whether and how these factors

may influence individuals' responses to these messages. We will not specifically screen for low socioeconomic status (SES) (thus not used as an eligibility criterion), but we anticipate that many of the respondents who are smokers will be of low SES. Individuals of low socioeconomic status are known to experience higher rates of smoking and resulting smoking-related diseases than the general population. Approximately 29% of smokers in the U.S. today are of low SES, compared to 21% of the general population.

The draft creative ads are in the process of being approved by HHS/CDC for public distribution. Thus, they are considered embargoed until approved. Additionally, unauthorized release prior to testing could inadvertently offend the public and could jeopardize the testing/assessment strategy. As a result this information collection request does not include copies of the materials to be tested in order to preserve the orderly release of campaign materials. A secure link to review the draft ads will be provided to OMB under separate cover.

OMB approval to test Spanish language versions of these ads will be requested in a separate GenIC.

Privacy Impact Assessment Information

Overview of the Information Collection

The proposed information collection will involve testing of the TV ads among smokers and nonsmokers who are ages 18-54 (one subpopulation is females who are between 18-44 years of age). Additional subpopulations of interest are smokers with HIV and smokers who are LGBT. The target number of respondents for this collection is 7,800. All Information will be collected electronically through a self-administered online survey instrument. The Web-based system is ideal because of the ease of presenting visual stimuli (the ads) to respondents and recording their feedback. Respondents will be recruited through an existing Web-based panel system, and screened for eligibility and interest prior to administration of the main information collection instrument. Each of the eligible individuals will then be assigned to view one of the ads under test, complete the on-line survey and then submit the data electronically through a secure Internet environment. Approximately 600 respondents will view each ad. This will allow us to assess the ad's persuasiveness with smokers and nonsmokers who also vary in terms of demographic characteristics such as education, income, gender, age group, and region of the United States, amongst others.

Items of Information to be Collected

Information about respondent demographics and smoking behavior will be collected through a screening process 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 subgroups. 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 nonsmokers will be asked if the ads would make them want to encourage someone to quit.

The main questionnaire 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 and comprehensible, would generate conversation with friends and family, and provides trustworthy and credible information. These topics are critical for message testing, as they have been shown to be strong predictors of message effectiveness. We will also ask respondents if the ad would affect their behavioral intentions regarding tobacco use, such as whether the ad would make those who are smokers want to quit smoking. Some of the questions will have slight wording changes depending on if the ad viewed is a print, radio, or TV ad. In all questions, the answer choices remain the same.

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/OSH to assess whether the creative materials under test are likely to be perceived as credible, comprehensible, and persuasive by target audience members as well as whether the ad elicits negative emotions, which is considered to be an important factor in overall impact of tobacco control messages (Davis 2012, Durkin 2012, Emery 2012, NCI 2008, Wakefield 2011). The information will also allow CDC/OSH to determine whether respondents think that the creative materials would motivate them to take certain actions, such as calling for assistance in quitting smoking or visiting an informational government Website, speaking to their doctor or taking other similar actions. If this data collection is not performed, CDC/OSH will not know whether these ads communicate intended messages credibly and effectively across audience segments and whether they will motivate the audiences to take health-promoting actions based on the messages.

These creative materials under test, where appropriate, will be finalized for production after analysis of results from the copy testing. CDC/OSH will use the information collected through rough cut testing to inform decisions about whether these creative materials under development must be revised in order to be more effective, or whether to omit one or more ads from being aired in 2014.

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.

A Web-enabled panel approach uses online technology to collect data from individuals that participate in an ongoing panel. The Toluna panel will be used for all subpopulations under test. The panel used for this testing is very large, allowing quick selection from the overall pool and rapid identification of several potential respondents from extremely small subgroups of the population. Samples from these panel 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 formative copy testing. 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 OSH/HCB are unique in their mix of intended audience, health behavior, concept, and execution. Therefore, there are no similar data available. None of the ads listed herein have been tested in any form prior this intended data collection.

The Centers for Disease Control and Prevention's Office on Smoking and Health collaborates with other U.S. government agencies that sponsor or endorse health communication projects, such as the FDA's Center for Tobacco Products. These affiliations serve as information channels, help prevent redundancy, and promote use of consistent measures of effectiveness. Coordination activities include questionnaire review and item standardization where at all possible.

Please note that submission of this GenIC has been approved by HHS/Assistant Secretary for Planning and Evaluation (ASPE).

CDC and FDA are developing and launching complementary but distinct communication campaigns. Staff in OSH's Health Communications Branch are thus working closely with staff in FDA's Health Communication and Education unit. Conference calls are held at least monthly to review plans, and weekly regarding campaign coordination. The message testing proposed in this GenIC does not duplicate FDA efforts. Points of contact for this coordination are:

CDC: Diane Beistle, Chief, Health Communication Branch, telephone (770)488-5066, email zgv1@cdc.gov

CDC: Michelle O'Hegarty, Health Communication Specialist, Health Communication Branch, telephone (770)488-5582, izr0@cdc.gov

FDA: Tesfa Alexander, Health Communication Specialist, Office of Health Communication and Education, telephone (301)796-9335, email Tesfa.Alexander@fda.hhs.gov

FDA: Erica Schlosser, Health Communication Specialist, Office of Health Communication and Education, telephone (301)796-9352, email Erica.Schlosser@fda.hhs.gov

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/OSH will have only limited and anecdotal information to guide ad development and consequently risks developing a campaign that will not be effective in achieving its goals of getting smokers to quit. Given the large investment of US government funds in the Tips

campaign, an ineffective campaign would result in poor use of limited government resources. Finally, the Tips campaign is a critical prevention component of larger efforts of health reform for our nation under the Affordable Care Act.

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 an existing respondent panel allows CDC/OSH 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 from the established Toluna panel system that provides points as a reward for participation. Immediately upon completion of the survey, each respondent will be provided with a certain number of points that are equivalent to $.50. Those 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.

Toluna manages the rewards programs for its panel and follows a strict privacy policy and safeguards the privacy of panel members at all times. For Toluna's Privacy Policy and Terms and Conditions, please see Attachment 3 and Attachment 4.

A.10 Assurance of Confidentiality Provided to Respondents

Privacy Act Determination

All respondents will be recruited from an existing panel maintained by CDC's data collection contractor, Toluna. 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 1a), or Main Questionnaire (see Attachment 1b). No directly identifying information will be transmitted to CDC/OSH. The Privacy Act does not apply.

Safeguards

While Toluna has access to personally identifiable information (PII) on panel subscribers, no PII will be shared with CDC or any agencies outside of Toluna. All data will be reported in the aggregate. All data will be stored on password-protected databases to which only Toluna employees working on this project have

access. Toluna 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 its privacy policies, Toluna 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. Toluna 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. Toluna'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 3 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. They are also provided with the Privacy Policy. The appropriate advisements are included in the Screener as well as the initial page of the 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 to test messages about the specific health behavior of cigarette smoking in order to understand respondent motivation toward behavior change. The theory of planned behavior, a framework used in the development of this campaign, provides rationale for evidence-based messaging to change attitudes, beliefs, intentions and behavior at the target audience level. Questions about attitudes and behaviors, while some may be considered to be of a sensitive nature, are necessary in order to understand respondent motivation toward behavior change. Questions concerning smoking behavior (e.g., tobacco use) and some demographic information (e.g., Race or Ethnicity and LGBT status),

and general health conditions, could be considered sensitive, although these items would not generally be considered highly sensitive.

Specific health conditions, such as HIV status, is considered sensitive, yet asking questions about HIV status is critical for the print-digital ad that is targeted at people with HIV. While smoking is not associated with the progression (or initiation) of HIV, smoking increases the risk of mortality and of developing secondary health issues, such as bacterial pneumonia or cervical cancer, in people with HIV. In addition, among smokers with HIV, the risk of developing COPD and liver cancer is increased as well.

Questions about sensitive issues are necessary for audience segmentation and to assess individuals' response to messages. In addition, questions about emotional reactions to the ad are necessary to see if the ad is achieving intended objectives. Respondents will be informed of the applicable privacy safeguards.

Sensitive information will only be requested when necessary among specific subpopulations of interest. For questions requesting such information, the question will include a "decline to answer" option.

A.12 Estimates of Annualized Burden Hours and Costs

Data collection will occur concurrently for all respondents, segmented into smokers and nonsmokers. CDC's contractor, Toluna, will collect the necessary data. We expect to screen approximately 9,464 potential respondents who are part of the Toluna panel in order to obtain completed questionnaires from 7,800 respondents in the target age range of 18-54 years along with other identifying characteristics. Note that 13 English language ads are being tested in this specific package, thus 600 respondents will view each ad. Since this ad test is a monadic ad test, that is, each respondent views only one ad, then each ad will receive 600 views. In the copy test portion of the survey, we have questions that are five or seven-point Likert scales. Having 600 responses per ad would allow for a cell size to detect differences between the groups on questions that have no more than 4 categories.

Toluna has deep profiling and demographic information on its panel members. Screening will be conducted to confirm that Toluna's 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 to participate in this health message testing activity, they immediately enter the online Main Questionnaire. Depending on the creative materials under test, each respondent will be shown one ad (monadic form of interviewing). The ads will be randomized to the respondent. Respondents will be shown the ad and asked a series of questions specific to the ad regarding believability, engagement with the ad and potential impact on behavior specific to the mode of ad under test (radio, digital, print, and TV). It is anticipated that the likelihood of most respondents who do not qualify will be in the 5-10% range. A small percentage (2%) is anticipated to decide to opt-out of the survey once started. This is accurate for all respondents except for those with individuals with HIV. Over 300 panelists with HIV are identified in the Toluna panel. We anticipate that not all 300 will respond to the request for the survey. As such, increased screening will be necessary for that specific audience target, a quota of 100 respondents. Toluna will use imputation techniques to optimize the selection of respondents most likely to have HIV, looking at other correlated characteristics that often accompany HIV, such as previously-identified immune system ailments. To reach 100 responses for this specific target audience, we anticipate approximately 40 of the

300 identified respondents will respond to the survey request. To interview the remaining 60 respondents, we anticipating identifying 1 respondent from every 12 likely respondents, thus requiring an additional 740 respondents who will be screened yet not qualify.

We estimate that in total 1,664 respondents (this total includes the 740 respondents noted above) will discontinue their participation after completing the Screener ("Incompletes"). The category of "Incompletes" includes both respondents who are ineligible as well as a small number of respondents who are eligible but choose not to participate. The estimated burden per response is 3 minutes for all "Incompletes" (Attachment 1a).

We estimate that 7,800 respondents will complete the screening process and continue to the main questionnaire ("Completes"). For these respondents, the estimated burden is 16 minutes (3 minutes for the Screener [Attachment 1a] plus 13 minutes for the Main Questionnaire [Attachment 1b]).

Screen shots of the Web-based screener and questionnaire are provided as Attachment 5. A few questions vary slightly, depending on whether the ad being tested is formatted for television, print, radio, or digital media channel. Attachment 5 is annotated with comments which explain these minor variations.

The total number of individuals involved in data collection is 9,464. The estimated burden per response varies from 3-16 minutes. The adjusted average burden per response is 13.71 minutes. The total estimated burden to respondents is 2,163 hours.

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

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
18-54 year olds who are smokers, nonsmokers, female smokers between the ages of 18-44, smokers with HIV, and LGBT smokers	Screener	1,664	1	3/60	83
	Screener and Main Questionnaire	7,800	1	16/60	2,080
	Total	**9,464**			**2,163**

The estimated cost of the time devoted to this information collection by respondents is $**49,749**, as summarized in Table A.12.B. To calculate this cost, we used the mean hourly wage of $23, which represents the Department of Labor 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

Form Name	No. of Respondents	No. Responses per Respondent	Average Hourly Wage	Total Burden Hours	Total Cost
Screener and Main Questionnaire for 18-54 year olds who are smokers, nonsmokers, female smokers between the ages of 18-44, smokers with HIV, and LGBT smokers	9,464	1	$23	2,163	$49,749
				Total	$49,749

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 20 hours to manage the project, totaling about $968.00. It is estimated to take a GS-15, at a wage rate of $64.54 an hour, approximately four hours to oversee the total project, totaling $258.

The total average annualized cost to the government for CDC/OSH oversight is $1,226.

Government Personnel	Time Commitment	Hourly Basic Rate	Total
GS-14	10%	$48.41	$968
GS-15	2%	$64.54	$258
Subtotal, Government Personnel			$1,226
Contract Costs			$124,511
Total Costs			$125,737

Contractors on CDC/OSH's behalf will conduct the majority of data collection activities. The total cost of the data collection contractors is $124,511, which includes consultation, instrument design and development, recruitment, data collection, analyses, and reporting. Toluna will collect the data from the respondents. 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 $125,737.

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 strategies across OSH. The analysis will examine overall levels of perceived effectiveness of the creative materials under test, as measured by the frequency of respondents' reporting that the materials were believable, informative, understandable, attention-grabbing, credible, and motivational. We will also analyze qualitative open-ended responses for the respondents' answers to open-ended questions, such as respondents' perceptions of the 'main message' of the ad, concerns about the ad, as well as likes and dislikes. Here we will look for commonalities and differences in terms of message interpretation by different segments, and for common themes in terms of elements that resonate well or poorly with respondents. 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 (quit smoking, encourage someone to quit smoking, call the 1-800 Quitline, go online, etc.). Our findings from these analyses will be used to revise the ads.

Estimating an OMB approval date of March 17, 2014, we plan to begin the information collection activity for the testing of the ads on the same day. We are aiming for a campaign launch date of one or more of these ads of June 9, 2014, and multiple steps are required between approval of this rough-cut testing activity and the launch in order to meet that target date.

Table A.16.A. Estimated Timeline

Task	***Approximate Due Date***
CDC submits OMB Package to OMB for approval	3/14/2014
Milestone: OMB approves Request	**Week of 3/17/2014-3/21/2014**
Rough Cut Testing Field Period begins	3/17/2014
Rough Cut Testing Field Period complete	4/7/2014
Begin modifying ads based on the results of message testing	4/8/2014
Milestone: CDC Approves final ads	**4/23/2014**
Submit ads to HHS ASPA for approval	4/26/2014
Milestone: HHS ASPA approves ads	**5/26/2014**
Milestone: New Ads available to air	**6/9/2014**

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.

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