

Information Collection #10:

National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of Spanish 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 20, 2014

Supporting Statement: Part A

Data Collection Instruments

- Attachment 1a (Spanish). Screener - 18-54 year olds: smokers, nonsmokers, smokers with HIV, and LGBT smokers
- Attachment 1b (Spanish). Main Questionnaire
- English language versions of Attachments 1a and 1b are provided to facilitate review.

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 10 draft Spanish language 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).

- 2 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.

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

In 2012, HHS/CDC launched the highly successful “Tips From Former Smokers” (Tips) national tobacco education campaign. The Tips campaign was authorized by the Prevention and Public Health Fund of the Affordable Care Act. The Tips 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 also provides information about the harmful effects of secondhand smoke and encourages nonsmokers to encourage their loved ones to quit smoking.

For the Tips 2014 media campaign, the target audiences include smokers and nonsmokers ages 18-54 years. Special efforts are being made to create ads that resonate with (1) selected subpopulations that are known to have higher rates of smoking prevalence than the general U.S. population, and (2) individuals who have medical conditions that are caused by smoking or may be complicated by smoking.

Subpopulations of interest for the Tips 2014 media campaign include female smokers of childbearing age (18-44 years old), smokers with HIV, and smokers who are Lesbian, Gay, Bisexual and Transgender (LGBT). A variety of new ads have been developed or are being developed to launch at different time points in 2014. The new ads are based on six smoking-related health conditions and seven spokespersons who suffer from these conditions: 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). Some ads have already been produced and aired (i.e., Terrie ads). Twenty-three (23) new ads are currently in various stages of development and testing for television, radio, print, and digital channel executions. Thirteen (13) of the 23 new ads are being produced in the English language. CDC has obtained OMB approval to test the English language ads and information collection is underway (see 0920-0910 Gen IC #9: Rough Cut Testing of English Language Television, Print, Digital Print, and Radio Ads for the Tips 2014 National Campaign).

Ten (10) of the 23 new ads will be produced in Spanish. Of the 10 Spanish language ads, almost all are identical to an equivalent English language ad, except for the ad entitled “Brett’s and Felicita’s Tips” for TV and the ad entitled “Felicita’s Tips” for radio and print. Brett, one of the spokespersons featured in the ads, does not speak Spanish so Spanish subtitles have been added to the TV ad entitled “Brett’s and Felicita’s Tips” where Brett appears in the ad. Felicita is also in this same ad and she speaks in Spanish.

CDC requests OMB approval to collect information for rough-cut testing of the 10 Spanish language draft ads that portray the health conditions experienced by Amanda, Brett, Brian, Felicita, and Rose. Of the draft Spanish ads, five (5) are print ads, two (2) are radio ads (1 30-second radio ad and 1 60-second radio ad), and three (3) are 30-second television ads. These draft Spanish ads must undergo rough-cut testing before final ads can be produced for dissemination in the Tips 2014 media campaign. 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 instruments used to test the ads are identical to the instruments submitted as part of Gen IC #9, except the questions and answer choices have been translated into Spanish. CDC's Multilingual Services team provided the Spanish language translation services.

Below is a list of ads that were described in Gen IC #9. The ads that are being tested in both Spanish and English have an asterisk next to them. Those without asterisks are English-only ads. For purposes of this information collection request, we will be rough-cut testing the ads that have been translated from English into Spanish (those with asterisks) and the three additional ads that have been created since Gen IC #9 was approved (e.g. Spanish ad #3, ad #5, and ad #10 listed below).

The television ads that will undergo rough cut testing in English and/or in Spanish are:

- Ad entitled "Amanda's Tips", 30 seconds, maternal health
- Ad entitled "Brett's Tips", 30 seconds, periodontal disease
- Ad entitled "Rose's Tips", 30 seconds, lung cancer* (**Spanish ad #1**)
- Ad entitled "Rose's Tips2", 30 seconds, lung cancer* (**Spanish ad #2**)
- Ad entitled "Shawn's Tips", 30 seconds, throat cancer

The additional Spanish print ad to be tested in this information collection request is:

- Ad entitled "Brett's and Felicita's Tips", 30 seconds, periodontal disease [Note: variant of the Brett's Tip TV ad (English-only) referenced above, where Brett's words are subtitled and Felicita speaks Spanish] (**Spanish ad #3**)

The radio ads that will undergo rough-cut testing in English and/or in Spanish are:

- Ad entitled "Amanda's Tip", 60 seconds, maternal health
- Ad entitled "Brett's Tip", 60 seconds, periodontal disease
- Ad entitled "Rose's Tip", 30 seconds, lung cancer* (**Spanish ad #4**)

The additional Spanish radio ad to be tested in this information collection request is:

- Ad entitled "Felicita's Tip", 60 seconds, periodontal disease [Note: variant of the Brett's Tip radio ad referenced above] (**Spanish ad #5**)

The print ads that will undergo rough cut testing in English and in Spanish are:

- Ad entitled "Amanda's Tip", maternal health* (**Spanish ad #6**)
- Ad entitled "Brian's Tip1", Stroke/HIV consequences* (**Spanish ad #7**)
- Ad entitled "Brian's Tip2", Stroke/HIV consequences (digital print)* (**Spanish ad #8**)
- Ad entitled "Rose's Tip", lung cancer* (**Spanish ad #9**)

The additional Spanish print ad to be tested in this information collection request is:

- Ad entitled "Felicita's Tip", periodontal disease (**Spanish ad #10**)

To test the draft Spanish language 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 motivate 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 Spanish 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.

Privacy Impact Assessment Information

Overview of the Information Collection

The proposed information collection will involve testing of ads among smokers and nonsmokers who are ages 18-54. Subpopulations of interest include females who are between 18-44 years of age; smokers with HIV; and smokers who are LGBT. The target number of respondents for this collection is 6,000. 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.

All of the ads to be tested are in the Spanish language and information collection will be conducted in Spanish.

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 ads elicit 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 rough-cut testing. CDC/OSH will use findings 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 the Tips 2014 media 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.

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 this 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

CDC has received approval from the HHS/Assistant Secretary for Planning and Evaluation (ASPE) to submit this information collection request to OMB.

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.

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. Recent conference calls took place on the on February 27, March 7, and March 13, 2014. The message testing proposed in this information collection request 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, are 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. This information collection is based on a monadic ad test design, that is, each respondent will view only one of the total 10 ads being tested. Each ad will be viewed by 600 respondents. 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.

The target number of completed responses is 6,000 (10 ads x 600 responses/ad = 6,000 responses). We expect to screen approximately 7,448 potential respondents in order to obtain a total of 6,000 completed

questionnaires.

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. 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 anticipate 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 1,448 respondents (this total includes the 740 respondents described above) will discontinue their participation after completing the Screener ("Incompletes"). For these respondents, the estimated burden per response is 3 minutes (Attachment 1a).

We estimate that 6,000 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 7,448. The estimated burden per response varies from 3-16 minutes and the adjusted average burden per response is 13.47 minutes. The total estimated burden to respondents is 1,672 hours.

All information collection will be conducted in Spanish. English language translations of the screener (Attachment 1a) and the main questionnaire (Attachment 1b) are included in this information collection request to facilitate review of their content.

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)
Toluna panelists (“Incompletes”)	Screeners	1,448	1	3/60	72
18-54 year olds who are smokers, nonsmokers, female smokers between the ages of 18-44, smokers with HIV, and LGBT smokers (“Completes”)	Screeners and Main Questionnaire	6,000	1	16/60	1,600
Total		7,448			1,672

The estimated cost of the time devoted to this information collection by respondents is \$38,456, 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
Screeners 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	7,448	1	\$23	1,672	\$38,456
Total					\$38,456

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 28, 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 16, 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

<i>Task</i>	<i>Approximate Due Date</i>
CDC submits information collection request to OMB for approval	3/24/2014
Milestone: OMB approves Request	3/28/2014
Rough Cut Testing Field Period begins	3/28/2014
Rough Cut Testing Field Period complete	4/21/2014
Begin modifying ads based on the results of message testing	4/22/2014
Milestone: CDC Approves final ads	4/29/2014
Submit ads to HHS ASPA for approval	5/2/2014
Milestone: HHS ASPA approves ads	6/2/2014
Milestone: New Ads available to traffic	6/16/2014

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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