Information Collection #11:

National Tobacco Prevention and Control Public Education Campaign:

Message Platform Testing for Development of Future Advertising

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)

July 23, 2014

Supporting Statement: Part A

Data Collection Instruments

- Attachment 1a. Survey Screener - Message Testing for Dual Use
- Attachment 1b. Survey Main Questionnaire - Message Testing for Dual Use
- Attachment 1c. In-Depth-Interview Moderator's Guide – Message Testing for Dual Use

Other Attachments

- Attachment 2. Email to Potential Respondents (Initial Email Invitation) - English
- Attachment 3. Toluna Panelist Privacy Policies
- Attachment 4. Toluna Panelist Terms and Conditions
- Attachment 5. Screenshots of online survey (screener and main)

Notes on Excluded Attachments

In this GenIC, CDC outlines a plan to test five messages with content that may be considered sensitive. The draft messages are not included in the attachments for this GenIC because:

- Portions of the messages have not been approved for public distribution by HHS/Assistant Secretary for Public Affairs (ASPA).
- The untested messages could be perceived by the public as ineffective or offensive (testing is designed to identify potential problems).

A draft message outline will be provided to OMB under separate cover.

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

In winter of 2012, HHS/CDC launched the highly successful "*Tips From Former Smokers*" (Tips) national tobacco education campaign, which 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 inspire their loved ones to quit smoking. The *Tips* 2015 campaign is currently in the planning process and will continue to expand on the theme of health consequences of smoking. CDC's Office on Smoking and Health (OSH) has lead responsibility for a number of components of the tobacco education campaign, including the production of effective campaign messages that may be disseminated through a variety of channels, including television, print, radio, and digital executions.

The 2014 Surgeon General's Report on Smoking and Health says that of all tobacco products, cigarettes and other burned or combusted tobacco products are the ones that are responsible for the majority of tobacco-related death and disease. "Other combusted tobacco products" include cigars, cigarillos, and little cigars. The report also says that, compared to continued cigarette smoking, "non-combustible products used alone are far less dangerous to users." Non-combusted products are chewing tobacco, snus and electronic cigarettes ("e-cigarettes"). One pattern of "dual use" is the use of both combustible and non-combustible products by the same individual, for example, an individual might use both e-cigarettes and cigarettes. Special efforts are being made to create ads for the *Tips* 2015 campaign that resonate with consumers of combustible tobacco products and non-combustible products used in conjunction with cigarette smoking.

As part of *Tips* 2015 campaign planning, CDC is developing and testing five message platforms, and variants of those five, to help evolve and articulate advertising messages built around the use of chewing tobacco, snus, e-cigarettes, cigars, cigarillos or little cigars in combination with smoking cigarettes. CDC is interested in persuading smokers to quit smoking cigarettes and other combustible tobacco products completely, regardless of their use of non-combustible products.

In this GenIC, CDC requests OMB approval to collect information for testing five messages with smokers who use combustible and/or non-combustible products. Each message includes a fact about the negative impact of smoking combustible products. These facts are the underlying construct (called a "platform" in advertising language) that will serve as the basis for the development of future ads.

The following table summarizes the target audiences, the messages under test, and variants of those messages:

Msg #	***Audiences***	***Core Message***	***Variants***
1	Those who use e-cigarettes or chewing tobacco, in conjunction with cigarettes	Cigarette smoking causes immediate and long-term damage.	
2	1. Those who use e-cigarettes or chewing tobacco, in conjunction with cigarettes 2. Those who use cigars, cigarillos, or little cigars, in conjunction with cigarettes or singly	Quitting completely will reduce risk of disease	• Focus on replacement • Focus on initial purpose of using smokeless product
3	Those who use e-cigarettes or chewing tobacco, in conjunction with cigarettes	Smoking a few cigarettes per day doubles health risk	
4	Those who use cigars, cigarillos, or little cigars, in conjunction with cigarettes or singly	No difference in health risk	Descriptive word variations
5	Those who use cigars, cigarillos, or little cigars, in conjunction with cigarettes or singly	Increased risk of disease	Disease variations

The messages and variants will be tested with adults, ages 18-54 years. Information will be collected through on-line questionnaires. The target number of completed questionnaires is 3,600. The goal of this testing is to determine if this specific target audience is receptive to these types of messages.

During the quantitative data collection process, approximately 30 respondents will be selected for in-depth interviews (IDI). The objectives of the IDIs are listed below under heading "Items of Information to be Collected." The purpose of the IDI is to gather reactions to the positioning statement(s) that will be used to create new ads, and will aid in identifying which positioning statements are most appropriate for use. The goal of developing final positioning statements is to help evolve and articulate messages that will resonate, change behavior and build understanding with the campaign's target audiences.

Privacy Impact Assessment Information

Overview of the Information Collection

The proposed information collection will involve testing of messages among smokers or former smokers who have used e-cigarettes, chewing tobacco, snus, cigars, cigarillos, or little cigars. The principal information collection instrument will be a self-administered online survey. The target number of

respondents is 3,600. 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 view one of the five messages under test (using a monadic message test format) along with the variants to the message, then complete the on-line survey and submit the data electronically through a secure Internet environment. An average of 720 respondents will view each message (and its variants + different audiences). This will allow us to assess the message's persuasiveness with respondents who vary in terms of other demographic characteristics such as education, income, gender, age group, and region of the United States, amongst others, and behavioral and attitudinal questions.

In addition, this study will include a qualitative data collection instrument, which is an online, moderated, one-on-one in-depth interview (IDI) of approximately 30 minutes. Thirty (30) respondents will be asked to participate in the IDI. Respondents will be permitted to schedule the IDI at their own convenience by making an appointment with the moderator or going immediately into the interview using a browser-based telephonic software. A pre-loaded moderator's guide is programmed for use by the moderator, and the moderator's guide can be modified during the course of the study. Respondents will selected to ensure participation from each of the five audience segments involved in this message testing activity.

Project managers will have the ability to communicate live with the moderator and send private prompts during the interview, from their locations, to review specific responses as deemed necessary. A thorough overview of the research will be available to all participants as an online informed consent form, and online technical support will be available to participants throughout the course of the project, should the need arise. Full transcripts of the interviews will be available to project managers immediately after data collection is completed.

Items of Information to be Collected

We will also request basic demographic, behavioral, attitudinal, opinion, and tobacco use information in order to understand whether and how these factors may influence individuals' responses to the draft messages.

Information about respondent demographics and smoking behavior will be collected through a screening process (Attachment 1a) to verify the respondent characteristics needed for audience segmentation. This information is needed to assess whether the messages are likely to have comparable effects across population subgroups, which are: current and former smokers who use e-cigarettes, chewing tobacco, snus, cigars, cigarillos, or little cigars. For example, individuals who use e-cigarettes, chewing tobacco, snus, cigars, cigarillos, or little cigars, may have different beliefs and behaviors related to tobacco use, and thus may respond differently to certain types of messages. In addition, the screener will ask questions about current or former tobacco use behavior and attitude. This information is needed to identify current and former smokers who are eligible to participate in the main questionnaire, as the messages are targeted at smokers to motivate them to quit smoking.

The main questionnaire (Attachment 1b) will ask respondents to provide opinions about each message's main fact, feelings resulting from the emotional response to the message, impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will give opinions about the messages and whether or not the messages motivate them to quit smoking completely. The main questionnaire is summarized below.

- The screener (Attachment 1a) ascertains if respondents meet the qualifying criteria (Attachment 1a), and, if recruited, segments the respondents into specific target audiences. Those respondents are then asked questions in the main questionnaire.
- The main questionnaire (Attachment 1b) focuses on the following:
    - Standardized self-health assessment question;
    - Smoking behavior items, for current smokers;
    - Cigar, cigarillos or little cigars behavior items;
    - E-cigarette behavior and attitude items for those who are currently using e-cigarettes;
    - Current and past use of chewing tobacco and snus;
    - Quitting behavior items, as these groups may have dissimilar receptivity to messages;
    - Attitudes toward lifestyle choices, including smoking, tobacco use, and health, as those respondents who have shared behavior may have similar or dissimilar receptivity to messages;
    - Demographic items to determine specific demographic information about the respondents;
    - Technology/Media propensity questions and awareness of Other Campaigns: these questions are needed to inform choices of communication channels for this specific audience. Items regarding awareness of other campaigns are also needed, as awareness of those campaigns may impact receptivity of the messages under test;
    - Items determining receptivity of the messages under test; and
    - Follow-up questions used during the In-Depth Interviews.
- The In-Depth Interview (Attachment 1c) focuses on the following:
    - Insight into their combustible and non-combustible products usage and perceptions;
    - Insight into their motivations to quit smoking traditional tobacco cigarettes, cigars, cigarillos, or little cigars;
    - Understand the process around their quit attempt history and perceptions about quitting methods, including dual use; and
    - Evaluate the impact of messaging that will address their need to quit smoking traditional tobacco cigarettes completely.

<u>Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age</u>

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 purpose of this testing is to identify messages that will effectively communicate to smokers about the need to completely quit smoking combustible tobacco products. The information to be collected will allow CDC/OSH to assess whether the messages under test are likely to be perceived as credible, comprehensible, and persuasive by target audience members. The information will also allow CDC/OSH to determine whether the messages motivate respondents to quit smoking. CDC/OSH will use the information collected through message testing to inform decisions about whether these messages under development must be changed in order to be more effective for the targeted subgroups, or whether to omit one or more messages from the future creative concepts and ads developed for the campaign.

The testing should result in a ranking of one or two messages that have the greatest factual impact. These messages, and the collected response data, will then be used by the creative team to further develop and enhance the messages. The goal of the testing is to optimize the credibility and persuasiveness of the messages to encourage specific behavioral change, that is, to seek information to assist in quitting smoking. These testing activities are not designed to provide findings that contribute to generalizable knowledge for the general population, but rather are used to gather specific insights for campaign planning. 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. The objective of the test is not to measure likeability of the message. Likeability, per se, does not necessarily lead directly to changes in audience behavior, as a disliked but memorable message may still affect consumer behavior in a positive manner. There is a growing evidence base of empirical research that indicates that the approach of arousing strong emotions (with graphic imagery, emotional testimonials, or in combination with one another) is the most effective way to generate a real 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.

If this data collection is not performed, CDC/OSH will not know whether these messages communicate intended messages credibly and effectively across these audience segments and whether they motivate the audiences to take desired actions based on the messages.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through an online, Web-based panel system. The in-depth interview will occur through telephonic, browser-based software that will allow respondents to speak to an interviewer. Web-based surveys are an especially convenient option for eliciting feedback on visual and textual stimuli. Respondents have the option of completing the survey in one session. The in-depth interview will occur through telephonic, browser-based software that will allow respondents to speak to an interviewer.

A Web-enabled panel approach uses online technology to collect data from households that participate in an ongoing panel. The Toluna panel will be used for all subpopulations under test. The panels used for this testing are very large, allowing quick selection from the overall pool and rapid identification of several potential respondents who represent specific 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 formative message testing.

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

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) in HHS has reviewed this proposed collection of information, and has determined that it does not duplicate other collections because this ICR is targeted to test five specific draft advertising messages, all of which were specifically developed as part of the *Tips From Former Smokers* campaign managed by CDC. Because of the specific characteristics of the respondent population as well as the draft advertising messages, this collection of information is not duplicative of other campaign related evaluations.

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.

The HHS Office of the Associate Secretary for Public Affairs (ASPA) plays an important role in part of CDC's campaign planning and development collaboration and coordination efforts. ASPA provides feedback on ad content at critical points throughout the campaign development process, as well as providing clearance notification. Additionally, CDC/OSH collaborates and coordinates with other U.S. government agencies that sponsor or endorse health communication projects, such as the FDA's Center for Tobacco Products, NIH, NCI and SAMHSA. 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, as well as sharing findings, as necessary.

CDC and FDA are developing complementary but distinct communication campaigns. Staff members in OSH's Health Communications Branch are working closely with staff in FDA's Health Communication and Education unit. Conference calls are held at least monthly to review plans, and weekly to discuss campaign coordination and share research findings, as appropriate. Recent conference calls took place on March 31, April 10, May 2 and May 8, 2014, and subsequently on a weekly basis thereafter. As a result of these conference calls, it was determined that 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 message development. Consequently, this could result in 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 health reform efforts under our nation's 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 existing respondent panels 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 implementation. Similar rapid turnaround techniques are used in the private sector.

The panel from which respondents will be drawn is an established Toluna panel that provide points as a reward for participation. Immediately upon completion of the Web-based survey, each respondent will be provided with a certain number of points that are equivalent to $1.00. 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.

Participants in the IDI will receive an honorarium of $20.

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), Main Questionnaire (see Attachment 1b), or in-depth interview (see Attachment 1c). The respondent's age is requested during the screening process to identify members of the key target audience for this information collection. 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 aggregate. All data will be stored in password-protected databases that may only be accessed by Toluna employees working on this project. 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 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. At the beginning of the in-depth interview, the respondent will be shown a consent form that requires electronic signoff (Attachment 1c) in order to go forward to participate. 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 that may be considered sensitive. The sensitive questions are needed for audience segmentation, to examine whether reactions to the messages vary across different audience segments, and to understand respondent motivation toward behavior change.

The theory of planned behavior, a framework used in the development of this campaign, provides the rationale for evidence-based messaging to change attitudes, beliefs, intentions and behavior at the target audience level. We also know that health messages that elicit emotional reactions may be highly motivating. This conceptual framework justifies the collection of information about respondent smoking history, attitudes, beliefs, motivation to change smoking behavior, and emotional reactions to the messages. CDC is interested in developing messages with high potential impact.

Sensitive information will only be requested when necessary and questions requesting such information will include a "decline to answer" option. Respondents will be informed of the applicable privacy safeguards.

A.12 Estimates of Annualized Burden Hours and Costs

The data collection will occur in a single field period for all respondents. CDC's contractor, Toluna, will collect the necessary data. We expect to screen approximately 4,560 potential respondents who are part of the Toluna panel in order to obtain completed questionnaires from 3,600 respondents in the target age range of 18-54 years, smokers or former smokers, who are using e-cigarettes, chewing tobacco, snus, cigars, cigarillos, or little cigars. Five messages and variants will be tested using a monadic message test format. An average of 720 respondents will view each message (and its variants + different audiences).

Toluna has deep profiling and demographic information on its panel members, including smoking status and socio-economic factors such as education and employment. 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, smoking status). Once respondents have been screened and have qualified to participate in this health message testing activity, they immediately enter the online Main Questionnaire. Given the similarity of the messages under test, each respondent will be shown one message only, that is, this message test is a monadic message test. Respondents will be shown the message and asked a series of questions specific to the message regarding believability, engagement with the message and potential subsequent behavior based on call-to-action.

All information will be collected electronically. The information collection instruments are included as Attachments 1a/1b. Screen shots of the Web-based survey are included as Attachment 5.

We estimate that 960 respondents will discontinue their participation after completing the Screener ("Incompletes"). For these respondents, the estimated burden per response is 4 minutes (Attachment 1a).

We estimate that 3,600 respondents will complete the screening process and continue to the main questionnaire ("Completes"). For these respondents, the estimated burden is 24 minutes per respondent (4 minutes for the Screener [Attachment 1a] plus 20 minutes for the Main Questionnaire [Attachment 1b]. In addition, of these 3,600 respondents, 30 will take place in an in-depth interview (IDI), lasting 30 minutes. The total burden for the 30 IDI is 15 hours.

The total number of individuals involved in data collection is 4,560. Because 30 individuals will also participate in a follow-up IDI, the total number of responses is 4,590. The estimated burden per response is 4 minutes for screening, 20 minutes for the main questionnaire, and 30 minutes for the IDI. The adjusted average burden per response is 19.86 minutes and the total estimated burden to respondents is 1,519 hours (4,590 responses X 19.86/60 hours per response = 1,519 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)
Toluna Panel members (Incomplete)	Screener	960	1	4/60	64
Current or former adult cigarette smokers who are using cigars, cigarillos, little cigars, e-cigarettes or chewing tobacco or snus (Completes)	Screener and Questionnaire	3,600	1	24/60	1,440
Current or former adult cigarette smokers who are using cigars, cigarillos, little cigars, e-cigarettes or chewing tobacco or snus (Completes)	Follow-up In-Depth Interviews	30	1	30/60	15
Total		**4,590**			**1,519**

The estimated cost of the time devoted to this information collection by respondents is $33,919, as summarized in Table A.12.B. To calculate this cost, we used the mean hourly wage of $22.33, 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

Type of Respondents	Form Name	Total Burden (in hours)	Average Hourly Wage	Total Cost
Toluna Panel members (Incomplete)	Screener	64	$22.33	$1,429
Current or former adult cigarette smokers who are using cigars, cigarillos, little cigars, e-cigarettes, chewing tobacco or snus (Completes)	Screener and Questionnaire	1,440	$22.33	$32,155
Current or former adult cigarette smokers who are using cigars, cigarillos, little cigars, e-cigarettes, chewing tobacco or snus (Completes)	Follow-up In-Depth Interviews	15	$22.33	$335
			Total	**$33,919**

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, 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. It is estimated to take a GS-15, at a wage rate of $64.54 an hour, approximately 3 hours to oversee the total project, totaling $194.00

The total average annualized cost to the government for CDC/OSH oversight is $613.

Government Personnel	Time Commitment	Hourly Basic Rate	Total
GS-14	5%	$48.41	$484
GS-15	1%	$64.54	$194
Subtotal, Government Personnel			$678
Contract Costs			$97,000
Total Costs			$97,678

Contractors on CDC/OSH's behalf will conduct the majority of data collection activities. The total cost of the data collection contractors is $97,000 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 $97,678.

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 messages under test, as measured by the frequency of respondents' reporting that the materials were believable and convincing, a call to action, attention-grabbing, credible, motivational, easy to understand, and provided new information. We will also analyze qualitative open-ended responses for the respondents' answers to open-ended questions and in-depth interviews, with questions such as respondents' perceptions of the 'main message', concerns about the message, 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 messages. Our findings from these analyses will be immediately used to revise the messages and to help ensure this aspect of the campaign is effective.

Estimating an OMB approval date of August 7, 2014, we plan to begin the information collection activity for the five messages on August 7, 2014. We are aiming for a creative concept development of one or more of these messages within the August-September 2014 timeframe, and multiple steps are required between approval of this message 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	8/1/14
Milestone: OMB approves Request	8/7/14
Message Testing Field Period begins	8/7/14
Message Testing Field Period complete	8/9/2014
Message Testing Report complete	8/24/2014

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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