Information Collection #12:

National Tobacco Prevention and Control Public Education Campaign: Copy testing of television and print ads for current smokers who are active military or veterans of the military, have anxiety or depression, or are lesbian, gay, bisexual, or transgender

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

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

August 11, 2014

Supporting Statement: Part A

Data Collection Instruments

- Attachment 1a - Survey Screener Questionnaire - Copy testing of television ads for current smokers who are active military or veterans, have anxiety or depression, or are one or more of the following: lesbian, gay, bisexual, or transgender

- Attachment 1b - Survey Main Questionnaire - Copy testing of television ads for current smokers who are active military or veterans, have anxiety or depression, or are lesbian, gay, bisexual, or transgender

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. Screenshots of online survey (screener and main)

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

In winter of 2012, CDC's Office on Smoking and Health (OSH) launched the highly successful *Tips From Former Smokers* (*Tips*) national tobacco education campaign. The campaign is supported by the Prevention and Public Health Fund of the Affordable Care Act. The campaign underscores the immediate damage that smoking can cause to the body and features real people living with smoking-related diseases. The *Tips* campaign encourages smokers to quit by calling 1-800-QUIT-NOW, going to a government Website like www.cdc.gov/tips and by talking to their health care provider. The campaign also provides information about the harmful effects of secondhand smoke and encourages nonsmokers to encourage their loved ones to quit smoking. The *Tips* campaign is currently in its third year and planning for the fourth and fifth years is underway. Future campaigns will feature new health conditions and new ad participants representing various audience segments. CDC/OSH has lead responsibility for the 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 overall prevalence of smoking in the U.S. is 21%; however, some subgroups of the U.S. population have a higher prevalence of smoking than the general population. For example, in 2001, an estimated 24% of all active duty military personnel were smokers, and approximately 28% of all veterans in the U.S. today smoke. One-third of people in the U.S. who are lesbian, gay, bisexual, or transgender smoke; and people with anxiety and depression smoke at a rate of 36.1%. As a result, OSH is interested in understanding the motivations of these three audiences in relation to messages about smoking cessation. Improving this understanding will help CDC develop ads that are impactful and behavior changing.

In this Gen IC, CDC requests OMB approval to collect information for copy testing of three television ads and three print ads that have previously aired. The ads will be tested with adult smokers (ages 18-54 years old) who (1) are active military or veterans of the military, (2) have anxiety or depression, or (3) are lesbian, gay, bisexual, or transgender (LGBT) to determine if the ads resonate with them. The three television ads that will undergo copy testing, and the themes of these ads, are summarized below:

1. Ad named "Roosevelt's Tip" (theme: Graphic effects of smoking)
2. Ad named "Nathan's Tip: Memorial" (theme: Impact of secondhand smoke exposure)
3. Ad named "Tiffany's Tip" (theme: Loss of a loved one told in an emotionally impactful way)

The three print ads that will undergo copy testing are:

1. Ad named "Rose's Tip" (theme: Graphic effects of smoking)
2. Ad named "Nathan's Choosing Tip" (theme: Impact of secondhand smoke exposure)
3. Ad named "I Survived Depression" (theme: Survival from depression)

All of the TV and print ads can be viewed at http://www.plowsharegroup.com/omb-genic/index2.html. All ads were developed and previously tested for the HHS/CDC *Tips* from Former Smokers campaign, except for "I Survived Depression," which was independently developed for the *Cigarettes Are My Greatest Enemy*

campaign with the Bill DeFrank LGBT Center and the Orange County LGBT Center with funding from the American Legacy Foundation. The ad "I Survived Depression" was developed by *Best World Advertising*. CDC has permission from *Better World Advertising* to test the ad "I Survived Depression" and plans to share with them findings pertaining to this ad.

This information collection request is almost identical in scope to Gen IC #8, although the target audiences under testing are not the same. The three target audiences for this information collection most likely have different beliefs and behaviors related to tobacco use and secondhand smoke exposure, and thus may respond differently to certain types of messages. Messaging often uses behavioral and attitudinal cues in order to optimize receptivity. Therefore, in addition to collecting information about respondents' reactions to the draft ads, 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 these messages.

Privacy Impact Assessment Information

Overview of the Information Collection

The proposed information collection request will involve testing of the previously mentioned ads with adult smokers (ages 18-54 years old) from the three target audiences mentioned above. The target number of respondents is 3,000. All Information will be collected electronically through a self-administered online survey instrument. 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 advertisements under test using a monadic ad test format. They will then complete the on-line survey and submit the data electronically through a secure Internet environment. Each will view one of the six different ads. This will allow us to assess the ad's persuasiveness with respondents who vary in terms of other demographic characteristics such as education, income, gender, age group, and region of the U.S., amongst others, and behavioral and attitudinal information.

Items of Information to be Collected

Information about respondent demographics, smoking behavior, and other characteristics will be collected through a screening process (Attachment 1a) to verify the characteristics needed for audience segmentation. This information is needed to assess whether the ads are likely to have comparable effects across population subgroups.

The main questionnaire (Attachment 1b) will ask respondents to provide opinions about each ad's main message, feelings of being able to relate to the individuals depicted in the ad, impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will report their reactions to the ads, and will simulate the call-to-action, that is, to quit smoking and behaviors that may be taken to quit smoking. The main questionnaire is summarized below.

- Screening items to ascertain respondents who meet the qualifying criteria (Attachment 1a);
- Standardized self-health assessment question;

- Smoking behavior items, for current smokers;
- Other forms of tobacco/nicotine/e-cigarettes use;
- Quitting behavior items, as these groups may have dissimilar receptivity to advertisements;
- Attitudes toward lifestyle choices, including smoking, tobacco use, and health, as those respondents who have shared behavior may have similar or dissimilar receptivity to advertisements;
- Demographic items to determine specific demographic information about the respondents;
- Technology/Media propensity questions and awareness of Other Campaigns. These questions are needed to determine the best communication channels to use to reach the target audiences with campaign messages. Items regarding awareness of other campaigns will be asked.
- The rest of the items are determining receptivity of the ads under test.

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

CDC conducts copy testing as part of its campaign development and planning to help align health messages with the underlying concerns and motivations of target audiences, and to inform the selection of appropriate media channels. The purpose of this testing is to gather information about the audiences' perceived effectiveness of TV and print messages.

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. The information will also allow CDC/OSH to determine whether the creative materials motivate respondents to take certain actions, such as quitting smoking, calling for assistance in quitting smoking, visiting an informational government Website, speaking to their doctor or taking other similar actions. The new proposed test results will assist with the development of messages that will resonate with the target audiences and will be used for future ad development. In addition, the proposed testing will assist with the placement of the ads in appropriate and preferred media channels for the target audiences.

Currently there are no *Tips* ads that address anxiety and depression. For this reason, the "I Survived Depression" ad from the "*Cigarettes Are My Greatest Enemy*" campaign was selected for testing purposes. Developers of this ad previously tested it with an audience of the general population of smokers, where it tested well. This previous test provides a benchmark to use for comparisons involving the target audience segments described in this information collection request. CDC/OSH will use the information collected to assess whether or not the ad's themes and approach will resonate with one or more of the target audiences of interest for future phases of the *Tips* campaign. For example, does this ad execution address the target audiences' perception of the ad speaking directly to their needs? Does it motivate the smoker to want to quit smoking cigarettes?

If this data collection is not performed, CDC/OSH will not know whether these ads 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. This system is ideal because of the ease of presenting visual stimuli (the ads) to respondents and recording their feedback. This approach uses online technology to collect data from households that participate in an ongoing panel. The Toluna panel will be used for all target audiences 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 copy testing. Web-based surveys are an especially convenient option for eliciting feedback on visual stimuli. Respondents have the option of completing the survey in one session.

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.

The CDC/OSH collaborates with other U.S. government agencies that sponsor or endorse health communication projects, such as the Food and Drug Administration (FDA)'s Center for Tobacco Products (CTP) and the Substance Abuse and Mental Health Services Administration (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.

CDC and FDA are developing complementary but distinct communication campaigns. CDC, FDA, and other HHS OPDIVs also work with the HHS Assistant Secretary for Public Affairs (ASPA) to coordinate the planning and execution of health related media campaigns. Staff members in OSH's Health Communications Branch are thus working closely with staff in FDA's Health Communication and Education unit, ASPA, ASPE, and other HHS OPDIVS as appropriate. Conference calls with FDA are held at least monthly to review plans and weekly regarding campaign coordination and to share findings of mutual interest. Recent calls took place on May 2, May 8 and May 22, 2014, and subsequently. It was determined that 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

SAMHSA: David "Chipper" Dean, Social Science Analyst, SAMHSA, telephone (240) 276-0417, email David.Dean@samhsa.hss.gov

HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this proposed collection of information, and has determined that CDC/OSH has coordinated with the other offices within the Department that have similar efforts related to tobacco campaigns. This coordination has helped to ensure that the proposed sub-study does not duplicate other collections because it is targeted to test six specific draft-advertising messages. Five of the ads were specifically developed as part of the *Tips From Former Smokers* campaign managed by CDC. The ad titled "I Survived Depression" was not developed as part of the *Tips* campaign, but is considered relevant to one or more of the target audiences of interest to future *Tips* efforts.

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 encouraging smokers to quit. Given the large investment of U.S. government funds into 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. Therefore, health messages and campaigns can progress rapidly from the planning stage to the implementation stage. These rapid turnaround techniques are used in the private sector.

The panels from which respondents will be drawn are established Toluna panels that provide points as rewards for participation. Immediately upon completion of the survey, each respondent receives a certain number of points that are equivalent to $1.00. This incentive is needed to recruit hard-to-reach respondents such as individuals who are active military or veterans of the military and individuals who are lesbian, gay, bisexual or transgender. 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 various 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). The respondent's age is requested during the screening process to identify members of the key target audience for this test. 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 Trustee'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. 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.

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 ads 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 ads. CDC is interested in developing ads with high potential impact. We are thus interested in the reactions of population subgroups that are known to have smoking prevalence rates that are higher than the national average. As a result, this information collection includes questions about LGBT status, diagnosed depression or anxiety, and military status. The main questionnaire includes questions that will allow us to examine the receptivity of ads in these population subgroups. 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. This information collection is based on a monadic ad test design, that is, each respondent will view only one of the six ads being tested. Each ad will be viewed by 500 respondents, split across each target audience: active military or veterans of the military, have anxiety or depression, or are LGBT. All respondents will be smokers ages 18 – 54. The target number of completed responses is 3,000 (6 ads x 500 responses/ad = 3,000 responses). We expect to screen approximately 3,600 potential respondents who are part of the Toluna panel in order to obtain a total of 3,000 completed questionnaires.

Toluna has deep profiling and demographic information on its panel members, including smoking status, military service, ailments, and sexual orientation. 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 creative materials under test, each respondent will be shown one ad only. 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 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 600 respondents 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 3,000 respondents will complete the screening process and continue to the main questionnaire ("Completes"). For these respondents, the estimated burden is 23 minutes (3 minutes for the Screener [Attachment 1a] plus 20 minutes for the Main Questionnaire [Attachment 1b]). The total number of individuals involved in data collection is 3,600. The estimated burden per response varies from 3-23 minutes. The total estimated burden to respondents is 1,180 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	600	1	3/60	30
Current adult cigarette smokers who are active military or veterans of the military, have anxiety or depression, or are lesbian, gay, bisexual, or transgender (Completes)	Screener and Questionnaire	3,000	1	23/60	1,150
Total		**3,600**			**1,180**

The estimated cost of the time devoted to this information collection by respondents is $26,350, 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	30	$22.33	$670
Current adult cigarette smokers who are active military or veterans of the military, have anxiety or depression, or are lesbian, gay, bisexual, or transgender (Completes)	Screener and Questionnaire	1,150	$22.33	$25,680
			Total	$26,350

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 and 1% of one senior manager will be required to oversee the information collection activities for one month. Responsibilities will include internal coordination and review of materials and reports and maintaining proper accounting of burden hours. The agency estimates that it will take a GS-14, at a wage rate of $48.41 an hour, approximately 10 hours to manage the project, totaling about $484.00. It is estimated to take a GS-15, at a wage rate of $64.54 an hour, approximately three hours to oversee the total project, totaling $194.00. The total average annualized cost to the government for CDC/OSH oversight is $678.

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 working 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 creative materials under test, as measured by the frequency of respondents' reporting that the materials were believable and convincing, attention-grabbing, credible, motivating, easy to understand, and provided new information. 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 inform the development of future ads to help ensure they are effective.

Estimating an OMB approval date of August 14, 2014, we plan to begin the information collection activity for the six ads on August 14, 2014. We are aiming for a campaign launch date of one or more of these advertisements within the first few months of 2015, and multiple steps are required between approval of this formative research 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	8/7/2014
Milestone: OMB approves Request	8/14/2014
Television Ad Copy Testing Field Period begins	8/14/2014
Television Ad Copy Testing Report complete	9/15/2014

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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