

Information Collection #13:

National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of English Language Television, Radio, Print, and Digital Advertisements for the 2015 Tips 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)**

October 24, 2014

Supporting Statement: Part A

Data Collection Instruments

- Attachment 1a. Screener Questionnaire
- Attachment 1b. Main Questionnaire

Other Attachments

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

Notes on Excluded Attachments

In this GenIC, CDC outlines a plan to test 19 draft advertisements in television, radio, 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 advertisements have not been approved for public distribution by HHS/Assistant Secretary for Public Affairs (ASPA).
- ❓ The untested advertisements could be perceived by the public as ineffective or offensive (testing is designed to identify potential problems).
- ❓ Release of the advertisements 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 March 2012, The US Centers for Disease Control and Prevention launched the first national tobacco education campaign called *Tips From Former Smokers (Tips)* to increase awareness about the human suffering caused by smoking and to encourage smokers to quit. The *Tips* campaign, which continued in 2013 and 2014, features hard-hitting advertisements that show people living with the effects of smoking-related diseases or exposure to secondhand smoke. Since launch, the *Tips* campaign has won numerous awards, including an Effie Award and an Obie Award. These prestigious marketing and communications awards are given to honor excellence in advertising campaigns that demonstrate effectiveness. More importantly, in the first year of the campaign, our evaluation estimated that more than one million smokers made a quit attempt, and more than 100,000 smokers quit smoking for good (McAfee 2013).

CDC's Office on Smoking and Health (OSH) has lead responsibility for developing, implementing and evaluating the *Tips* campaign. To accomplish this task, OSH develops advertisements, which are disseminated through a variety of communication channels, including television, radio, print, and on-line (digital). The 2015 *Tips* advertisements are currently in development and will feature new health conditions such as colon cancer and macular degeneration, which have not been featured in previous *Tips* campaigns. Additionally, an advertisement is being developed to address the concurrent, or dual use of tobacco products, including the use of electronic vapor products (such as electronic cigarettes, or e-cigarettes) along with smoking regular cigarettes. Television advertisements are being developed in 30-second and 15-second lengths; the shorter length (15-second) is a new approach for the *Tips* campaign. Radio advertisements are in typical 30-second and 60-second lengths.

The goals of the *Tips* campaign are to raise awareness of the negative health effects caused by smoking; to encourage smokers to quit; and to let people know that free help is available by calling 1-800-QUIT-NOW. Rough cut testing, a form of advertising copy testing, refers to testing near final advertisements to confirm that the advertisements are clear, credible, believable and persuasive, motivating smokers to quit smoking, and motivating nonsmokers to encourage those around them to stop smoking. Rough cut testing is a standard advertising research activity used in the development of Health Communication campaigns. Rough cut testing is critical in informing the development of the final advertisements so that the advertisements will optimally resonate with identified target audiences. Previous *Tips* advertisements that have undergone rough cut testing have been shown to be clear, credible and persuasive. This testing has shown, for example, that the advertisements motivate smokers to quit smoking, and motivate nonsmokers to encourage those around them to stop smoking.

The identified target audiences for the 2015 *Tips* campaign English ads are smokers and nonsmokers ages 18-54. OSH will be testing these advertisements with additional subpopulations of interest, including smokers with low socio-economic status; smokers who use electronic vapor products; older smokers 30-54 years old, and African Americans. The target number of respondents for this collection is 10,100.

In this GenIC, CDC requests OMB approval to collect information for rough cut testing of the 19 English language draft advertisements briefly described above. Of the draft 19 advertisements:

- Six (6) are 15-second or 30-second television advertisements;
- Four (4) are 30-second or 60-second radio advertisements;
- Four (4) are print advertisements; and
- Five (5) are digital advertisements.

The six television advertisements developed in English that will undergo rough cut testing are:

1. Advertisement entitled "Julia's Tip", 30 seconds, colorectal cancer
2. Advertisement entitled "Mark and Julia's Tip", 15 seconds, colorectal cancer
3. Advertisement entitled "Mark and Julia's Tip", 30 seconds, colorectal cancer
4. Advertisement entitled "Marlene's Tip 1", 30 seconds, macular degeneration
5. Advertisement entitled "Marlene's Tip 2", 30 seconds, macular degeneration
6. Advertisement entitled "Tiffany's Tip", 30 seconds, loss of a loved one

The four radio advertisements developed in English that will undergo rough cut testing are:

1. Advertisement entitled "Julia's Tip", 60 seconds, colorectal cancer
2. Advertisement entitled "Mark's Tip", 60 seconds, colorectal cancer
3. Advertisement entitled "Marlene's Tip", 60 seconds, macular degeneration
4. Advertisement entitled "Dual Use Tip", 30 seconds, dual-use

The four print advertisements developed in English that will undergo rough cut testing are:

1. Advertisement entitled "Julia's Tip", colorectal cancer
2. Advertisement entitled "Mark's Tip", colorectal cancer
3. Advertisement entitled "Marlene's Tip", macular degeneration
4. Advertisement entitled "Dual Use Tip", dual-use

The five digital advertisements developed in English that will undergo rough cut testing are:

1. Advertisement entitled "Julia's Tip", colorectal cancer
2. Advertisement entitled "Mark's Tip", colorectal cancer
3. Advertisement entitled "Marlene's Tip", macular degeneration
4. Advertisement entitled "Dual Use Tip 1", dual-use
5. Advertisement entitled "Dual Use Tip 2", dual-use

Note that in addition to the four print advertisements developed in English and listed above, 10 print advertisements in Spanish, Chinese, Korean, and Vietnamese are also part of the 2015 Tips campaign. OMB approval to conduct rough cut testing of these ads will be submitted under a future information collection request. The title of the future request is "National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of Spanish, Chinese, Vietnamese, and Korean Language Print Advertisements for the 2015 Tips Campaign."

To test the draft advertisements, individuals will be asked about their opinions of the advertising messages. The target audiences will be segmented 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. Advertisements emphasizing the negative health effects

of cigarette smoking may resonate more with smokers, whereas nonsmokers may respond more strongly to advertisements emphasizing the harms of secondhand smoke. The actions that the advertisements are trying to motivate include quitting smoking, encouraging others to quit, calling the 1-800-QUIT-NOW helpline, or visiting a government website such as www.cdc.gov/tips for free help. In addition to collecting information about respondents' reactions to the draft advertisements, basic demographic and tobacco use information is requested in order to understand whether and how these factors may influence individuals' responses to these messages. Included in the screener are questions on smoking behavior and use of electronic vapor products as well as ethnicity, language preference, and age. The purpose of including these questions is to ensure the respondents are 18 years of age or older and to direct them to the correct main survey based on their language preference. Although low socioeconomic status (SES) is not specifically screened, this specific subpopulation is monitored, as many of the respondents who are smokers will be of low SES. Individuals of low SES are known to experience higher rates of smoking and 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.

On average, approximately 530 respondents will view each advertisement. This will allow the advertisement's persuasiveness to be assessed with smokers and nonsmokers who vary in terms of demographic characteristics such as education, income, gender, age group, and region of the United States, amongst others. The table below shows the ad package, the specific advertisement execution by media format, the number of advertisements per media format, and the number of respondents associated with each advertisement to be tested.

<u>Advertisement</u>	<u>Media Format</u>	<u>Number of Ads</u>	<i>Total respondents</i>
1. Julia, colorectal cancer	TV solo (English :30)	1	1,000
	Radio (English :60)	1	450
	Print (English)	1	350
	Digital (English)	1	450
2. Mark, colorectal cancer	TV combo with Julia (English :30, English :15)	2	590
	Radio (English :60)	1	450
	Print (English)	1	350
	Digital (English)	1	450
3. Marlene, macular degeneration	TV (English :30)	2	740
	Radio (English :60)	1	550

<u>Advertisement</u>	<u>Media Format</u>	<u>Number of Ads</u>	<i>Total respondents</i>
	Print (English)	1	450
	Digital (English)	1	550
4. Dual Use Tip	Radio (English :30)	1	1,400
	Print (English)	1	600
	Digital (English)	2	600
5. Tiffany, loss of a love one	TV (English :30)	1	670
	<i>total:</i>	19	10,100

The main questionnaire will ask respondents to provide opinions about each advertisement’s main message, impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will report on their reactions to the advertisements, such as whether the advertisement 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. Respondents are asked if the advertisements would affect their behavioral intentions regarding tobacco use, such as whether the advertisement would make those who are smokers want to quit smoking. Some of the questions will have slight wording changes depending on if the advertisement viewed is a television, radio, print or digital advertisement. In all questions, the answer choices remain the same.

In 2015, a few states plan to offer free nicotine replacement therapy (NRT) medication to callers who contact their quitlines. The art card displayed in the Julia television ad will have two versions of the NRT offer, each of which will advertise the free NRT medication. These two versions of the art card will be tested by five questions that will ask respondents about the likelihood of their calling the state quitline, recall of the offer displayed, and the reasons why the respondent may or may not call the quitline because of the NRT offer.

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 advertisements 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 advertisements 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.

The creative materials under test will be finalized for production after analysis of results from the copy testing. CDC/OSH will use the information collected through rough cut testing to inform decisions about whether the creative materials under development must be revised in order to be more effective, or whether to omit one or more advertisements from airing in 2015.

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. This 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

HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this proposed collection of information, and has determined that it does not duplicate other collections because this ICR is targeted to test 19 new, draft advertisements in television, radio, print and digital formats. As a result, this collection of information is not duplicative of other campaign related activities. 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. In addition, CDC/OSH is participating in a recently established HHS Tobacco Data Work Group to better coordinate and collaborate on tobacco-related data collection activities across the Department. One component of this effort is increased collaboration on generic activities and formative projects in order to maximize efficiency and facilitate coordination overall. Representatives from all of the HHS OPDIVS are participating in this ongoing Work Group that has been convened under the HHS Data Council.

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 will share the findings from this collection of information with FDA and SAMHSA.

CDC and FDA are developing complementary but distinct communication campaigns about tobacco products. 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 are held weekly with FDA's Health and Communication and Education Unit to review plans regarding campaign coordination and to share findings of mutual interest. Recent calls took place on August 14, August 21, and August 28, 2014. 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

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 advertisement 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 the 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 is 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.10.1 Privacy Impact Assessment Information

Overview of the data collection system

All Information will be collected electronically through a self-administered survey instrument hosted in a secure, online, web-based data collection system. The web-based system is ideal because of the ease of presenting visual stimuli (the advertisements) 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. All respondents will be 18 years of age or older, except in Nebraska and Alabama, where the minimum age will be 19 years of age. Each of the eligible individuals will then be assigned to view one of the advertisements under test, complete the online survey and then submit the data electronically through a secure internet environment. The respondent will participate at the time of his or her choosing. There is no Website content directed at children younger than 13 years of age. The CDC will not have direct contact with participants nor will CDC have access to any personal identifying information about the panelists.

Overview of how information will be shared and for what purpose

Information will be collected by The Plowshare Group's data collection and formative research contractor Toluna USA which will also be involved in the analysis, interpretation, and implementation of the results from the data. CDC contracts with The Plowshare Group for formative data collection research activities. Toluna USA, in collaboration with CDC, will analyze overall levels of effectiveness, respondent motivation, and assess believability of the tested advertisements, controlling for potential confounders including demographic characteristics, state of residence, smoking status, and parental status.

Overview of the impact the proposed collection will have on the respondent's privacy

No individually identifiable information or personal identifying information (PII) is being collected. Toluna will recruit from an existing system of records, the Toluna Panel. 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). As such, because it does not exist, no directly identifying information will be transmitted to CDC/OSH, and thus, the Privacy Act does not apply. While Toluna has access to the

email address of panel subscribers, no match back is possible between the survey data and the panel subscribers. When the respondent begins the survey, all identifiable links to the existing system of records are severed. No link between the respondent email and the specific survey is made after the potential respondent clicks on the link to view the consent and potentially starts the survey. No data is collected that will tie the respondent back to the email or any other personal identifying information. In addition, the data at the observation level is identified through use only of sample unit identifiers. Neither Toluna USA nor CDC employees working on the project will have access to any identifying information.

Overview of voluntary participation

During email invitation, potential 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 links to the Privacy Policy (Attachment 3). The appropriate advisements on voluntary participation 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.

Overview of data security

All data will be reported in the aggregate only. All data will be stored on password-protected databases to which only Toluna employees working on this project have access. Toluna will keep the data in non-aggregate form for six months after data collection has been completed, and then the observation-level data will be deleted from the password-protected databases. No desktop or laptop computer will contain any personal identifying information. To prevent unauthorized access to their data servers (such as that which would be done by "hacking") Toluna is currently certified and has achieved the distinguished ISO 27001 accreditation. With this achievement Toluna's data systems have assurance that all data will be managed in a secure environment. This means that Toluna has been formally audited and has been certified compliant with the standard ISO 27001 accreditation.

Toluna is firmly committed to protecting the data security and privacy of its panel members. In support of its 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.

A.11 Justification for Sensitive Questions

The majority of questions asked will not be of a sensitive nature. However, 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. While some of the questions about attitudes and behaviors may be considered to be of a sensitive nature, they are necessary in order to understand respondent motivation toward behavior change. Certain questions could be considered sensitive. For example, questions on smoking behavior (e.g., tobacco use), demographics (e.g., race or ethnicity and sexual orientation), and general health conditions could be considered sensitive. However, these items are not generally considered highly sensitive.

Questions about sensitive issues are necessary for audience segmentation and to assess individuals' response to messages. In addition, questions about emotional reactions to the advertisement are necessary to see if the advertisement 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. Approximately 11,667 potential respondents are anticipated to be screened who are part of the Toluna panel in order to obtain completed questionnaires from 10,100 respondents in the target age range of 18-54 years along with other identifying characteristics. Note that 19 English language advertisements are being tested in this specific package, thus approximately, on average, 530 respondents will view each advertisement. Since this test is a monadic advertisement test, that is, each respondent views only one advertisement, then each advertisement will receive on average 530 views. In the copy test portion of the survey, some questions are five or seven-point Likert scales. Having an average of 530 responses per advertisement would allow for a cell size to detect differences between groups on questions that have no more than 4 categories.

Toluna has deep profiling and demographic information on its panel members. Screening will be conducted to confirm that Toluna's information is correct and to assess whether any information has changed (i.e., educational status, state of residence). Once respondents have been screened and qualified to participate, they immediately enter the online Main Questionnaire. Depending on the creative materials under test, each respondent will be shown one advertisement. The advertisements will be randomized to the respondent. Respondents will be shown the advertisement and asked a series of questions specific to the advertisement regarding believability, engagement with the advertisement and potential impact on behavior specific to the mode of advertisement under test (television, radio, print, and digital). It is anticipated that the likelihood of respondents who do not qualify will be in the 5-10% range. A small percentage (1-2%) is anticipated to decide to opt-out of the survey once started.

It is estimated that in total 1,567 respondents will discontinue their participation after completing the Screener (“Incompletes”). For these respondents, the estimated burden per response is 4 minutes (Attachment 1a). It is estimated that 10,100 respondents will complete the screening process and continue to the main questionnaire (“Completes”). For these respondents, the estimated burden is 20 minutes (4 minutes for the Screener [Attachment 1a] plus 16 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 advertisement being tested is formatted for television, radio, print, 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 11,667. The estimated burden per response varies from 4-20 minutes. The adjusted average burden per response is 17.85 minutes. The total estimated burden to respondents is 3,471 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 (“Incompletes”)	Screener	1,567	1	4/60	104
18-54 year olds who are smokers and nonsmokers, including low SES smokers, older smokers 30-54 years old, smokers who also use electronic vapor products, and smokers who are African Americans (“Completes”)	Screener and Main Questionnaire	10,100	1	20/60	3,367
Total		11,667			3,471

The estimated cost of the time devoted to this information collection by respondents is \$77,510, as summarized in Table A.12.B. To calculate this cost, the mean hourly wage of \$22.33 was used, 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 (“Incompletes”)	Screener	104	\$22.33	\$2,333
18-54 year olds who are smokers and nonsmokers, including low SES smokers, older smokers 30-54 years old, smokers who also use electronic vapor products, and smokers who are African Americans (“Completes”)	Screener and Main Questionnaire	3,367	\$22.33	\$75,178
			Total	\$77,510

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 will conduct the majority of data collection activities on CDC/OSH’s behalf. The total cost of the data collection contractors is \$97,000 which includes consultation, instrument design and development, recruitment, data collection, and top line analyses. 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, informative, understandable, attention-grabbing, credible, and motivational. All analyses will be estimated with sampling weights that adjust for non-response and sample design. Qualitative open-ended responses will also be analyzed in order to assess the respondents' perceptions of the 'main message' of the advertisement, concerns about the advertisement, as well as likes and dislikes. Toluna's statisticians 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. Toluna 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.). Findings from these analyses will be immediately used to revise the ads and to help with decision making on which ads will be aired in the 2015 campaign.

The testing of the advertisements is anticipated to begin on the same day as OMB approval, with an estimated OMB approval date of November 21, 2014. A campaign launch date of March 2015 is anticipated for one or more of these advertisements, 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 OMB Package to OMB for approval	11/14/2014
Milestone: OMB approves Request	11/21/2014
Rough Cut Testing Field Period begins	11/21/2014
Rough Cut Testing Field Period complete	12/19/2014
Begin modifying advertisements based on the results of message testing	12/3/2014

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.

References

Davis, K.C., J. Nonnemaker, J. Duke, and M. Farrelly. *Perceived effectiveness of cessation advertisements: The importance of audience reactions and practical implications for media campaign planning*. Health Communication, 2012.

Emery, S., et al., *The effects of smoking-related television advertising on smoking and intentions to quit among adults in the United States: 1999-2007*. Am J Public Health, 2012. **102**(4): p. 751-7.

Durkin, S., E. Brennan, and M. Wakefield, *Mass media campaigns to promote smoking cessation among adults: an integrative review*. Tob Control, 2012. **21**(2): p. 127-38.

Groves, R., & Couper, M. (1998). *Nonresponse in household interview surveys*. New York: John Wiley & Sons.

McAfee T, Davis K, Alexander R, Pechacek T, & Bunnell R. (2013). Effect of the first federally funded US antismoking national media campaign. *The Lancet*, 382 (9909), 2003–2011.

National Cancer Institute, *The role of the media in promoting and reducing tobacco use. Tobacco Control Monograph No. 19. NIH Pub. No. 07-6242*, 2008, USDHHS, National Institutes of Health, National Cancer Institute: Bethesda MD.

Wakefield, M., et al., *Smokers' responses to television advertisements about the serious harms of tobacco use: pre-testing results from 10 low- to middle-income countries*. Tob Control, 2011.