

## **Information Collection #14:**

### **National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of Spanish, Chinese, Korean, and Vietnamese Language Print 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)**

November 4, 2014

### **Supporting Statement: Part A**

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#### **Data Collection Instruments**

- Attachment 1a-S. Screener Questionnaire in Spanish
- Attachment 1a-C. Screener Questionnaire in Chinese
- Attachment 1a-K. Screener Questionnaire in Korean
- Attachment 1a-V. Screener Questionnaire in Vietnamese
- Attachment 1b-S. Main Questionnaire in Spanish
- Attachment 1b-C. Main Questionnaire in Chinese
- Attachment 1b-K. Main Questionnaire in Korean
- Attachment 1a-V. Main Questionnaire in Vietnamese

#### **Other Attachments**

- Attachment 2-S. Email to Potential Respondents (Initial Email Invitation) in Spanish
- Attachment 2-C. Email to Potential Respondents (Initial Email Invitation) in Chinese
- Attachment 2-K. Email to Potential Respondents (Initial Email Invitation) in Korean
- Attachment 2-V. Email to Potential Respondents (Initial Email Invitation) in Vietnamese
  
- Attachment 3-S. Toluna Panelist Privacy Policies in Spanish
- Attachment 3-C. Toluna Panelist Privacy Policies in Chinese
- Attachment 3-K. Toluna Panelist Privacy Policies in Korean
- Attachment 3-V. Toluna Panelist Privacy Policies in Vietnamese
- Attachment 4-S. Toluna Panelist Terms and Conditions in Spanish
- Attachment 4-C. Toluna Panelist Terms and Conditions in Chinese
- Attachment 4-K. Toluna Panelist Terms and Conditions in Korean
- Attachment 4-V. Toluna Panelist Terms and Conditions in Vietnamese
- Attachment 5-S. Screen Shots (annotated) in Spanish
- Attachment 5-C. Screen Shots (annotated) in Chinese
  
- Attachment 5-K. Screen Shots (annotated) in Korean

- Attachment 5-V. Screen Shots (annotated) in Vietnamese

### **Notes on Excluded Attachments**

In this GenIC, CDC outlines a plan to test 10 draft advertisements in print 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.

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## 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. For the 2015 campaign, 29 *Tips* advertisements have been developed featuring six spokespersons who suffer from smoking-related health conditions of colorectal cancer, macular degeneration, and throat cancer. Nineteen of the *Tips* 2015 ads are in English and have been adapted to a variety of media channels. Ten of the ads are in languages other than English and will be disseminated only in print. CDC has previously obtained OMB approval to test the 19 English language ads (see O920-0910, GenIC #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*").

In this information collection request, CDC seeks OMB approval to test the remaining 10 print ads:

- Four print ads are in the Spanish language. These ads correspond to four English language ads described in GenIC #13.
  - Advertisement entitled "Julia's Tip," colorectal cancer ( Spanish ad #1)
  - Advertisement entitled "Mark's Tip," colorectal cancer ( Spanish ad #2)
  - Advertisement entitled "Marlene's Tip," macular degeneration ( Spanish ad #3)
  - Advertisement entitled "Dual Use/Heart Attack Tip," dual-use ( Spanish ad #4)

Each ad test will be conducted with approximately 200 respondents (total of 800 Spanish language respondents; each respondent will view participate in only one ad test).

- Six print ads are based on two new message platforms. Each platform will be tested in three languages: Chinese, Korean, and Vietnamese (resulting in six rough cut print ads). These ads do not correspond to English language print ads described in GenIC #13.
  - Advertisement entitled "Health Effects/Shawn"  
(Chinese ad #5, Korean ad #6, and Vietnamese ad #7)
  - Advertisement entitled "Shawn's Tip"  
(Chinese ad #8, Korean ad #9, and Vietnamese ad #10)

Each ad test will be conducted with approximately 100 respondents (total of 200 Chinese language respondents, 200 Korean language respondents, and 200 Vietnamese language respondents).

The number of respondents participating in these tests will allow CDC to assess each advertisement's persuasiveness 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 questionnaires to be used for ad testing are identical to the questionnaires submitted as part of GenIC #13, except that questions only refer to print ads, and the questions and response options have been adapted so they are culturally and linguistically appropriate for the target audiences. CDC's Multilingual Services Group oversaw the translation of these materials and certified the translations to be accurate.

Respondents will be asked about their opinions of the advertising messages. The target audiences will be segmented by language preference as well as 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 helpline, or visiting a government website such as [www.cdc.gov/tips](http://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.

## **A.2 Purpose and Use of Information Collection**

Rough-cut testing, a form of advertising copy testing, refers to testing near final ads to confirm that the ads are clear, credible, believable and persuasive with identified target audiences. This testing will show if the ads motivate smokers in the target audiences to quit smoking, motivate them to call for free help to assist in quitting smoking, and motivate nonsmokers to encourage those around them to stop smoking. Rough-cut testing is a standard activity used in the development of health communication campaigns and is critical in informing the development of the final ads.

The 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 system 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 10 new, draft advertisements in print media format. 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 September 11, October 2, and October 9, 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](mailto:zgv1@cdc.gov)

CDC: Michelle O'Hegarty, Health Communication Specialist, Health Communication Branch, telephone (770) 488-5582, [izr0@cdc.gov](mailto: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](mailto: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](mailto: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 Attachments 3a-3d and Attachments 4a-4d.

#### **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 cofounders 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, 1c, 1e, 1g), or Main Questionnaire (see Attachment 1b, 1d, 1f, 1h). 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 (Attachments 3a-3d). 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 4,648 potential respondents who are part of the Toluna panel will be contacted in order to obtain completed questionnaires from 1,400 respondents in the target age range of 18-54 years along with other identifying characteristics, such as language.

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 (e.g., language preference, 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 (all ads submitted for this information collection request are print media format). Note that a small percentage (1-2%) is anticipated to decide to opt-out of the main survey once started.

It is estimated that in total 3,248 respondents will discontinue their participation after completing the Screener ("Incompletes"). For these respondents, the estimated burden per response is 4 minutes (see Attachments 1a-S, 1a-C, 1a-K, and 1a-V for the Spanish, Chinese, Korean, and Vietnamese translations, respectively). It is estimated that 1,400 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 (see Attachments 1a-S, 1a-C, 1a-K, and 1a-V for the Spanish, Chinese, Korean, and Vietnamese translations, respectively) plus 16 minutes for the Main Questionnaire (see Attachments 1b-S, 1b-C, 1b-K, and 1b-V). Screen shots of the Web-based screener and questionnaire are provided for each

language as Attachments 5-S, 5-C, 5-K, and 5-V. The screen shot attachments are annotated with comments which explain these minor variations. The total number of individuals involved in data collection is 4,648. The estimated burden per response varies from 4-20 minutes and the adjusted average burden per response is 8.83 minutes. The total estimated burden to respondents is 684 hours.

The questionnaires to be used for ad testing are identical to the questionnaires submitted as part of GenIC #13, except that questions only refer to print ads, and the questions and response options have been adapted so they are culturally and linguistically appropriate for the target audiences. CDC’s Multilingual Services Group oversaw the translation of these materials and certified the translations to be accurate.

**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”)	Screeners	3,248	1	4/60	217
18-54 year olds who are smokers and nonsmokers who speak Spanish, Chinese, Korean, and/or Vietnamese (“Completes”)	Screeners and Main Questionnaire	1,400	1	20/60	467
<b>Total</b>		<b>4,648</b>			<b>684</b>

The estimated cost of the time devoted to this information collection by respondents is \$15,274, 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 Respondents (Incomplete)	Screeners	217	\$22.33	\$4,846
18-54 year olds who are smokers and nonsmokers who speak Spanish, Chinese, Korean, and/or Vietnamese	Screeners and Questionnaire	467	\$22.33	\$10,428
<b>Total</b>				<b>\$15,274</b>

### 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
<b>Subtotal, Government Personnel</b>			<b>\$678</b>
<b>Contract Costs</b>			<b>\$97,000</b>
<b>Total Costs</b>			<b>\$97,678</b>

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 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 26, 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	11/19/2014
<b>Milestone: OMB approves Request</b>	<b>11/26/2014</b>
Rough Cut Testing Field Period begins	<b>11/26/2014</b>
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

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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.