Request for Sub-collection Under the
Approved Generic ICR: Information Collection Through Web-based Surveys for Evaluating Act Against AIDS (AAA) Social Marketing Campaign Phases Targeting Consumers

OMB No. 0920-0920

African American Women's Perceptions of a Social Marketing Campaign to Promote HIV Testing

Supporting Statement A

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A. Justification

A.1 Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests approval for a new data collection called, "African American Women's Perceptions of a Social Marketing Campaign to Promote HIV Testing." This is a GenIC requested under the OMB approved Generic Clearance #0920-0920; expiration date 2/28/2015, titled "Information Collection Through Web-based Surveys for Evaluating Act Against AIDS (AAA) Social Marketing Campaign Phases Targeting Consumers."

The CDC proposes to conduct a Web-based survey to evaluate the potential effectiveness of messages during the developmental phase of social marketing campaigns focused on HIV testing among African American women. Of the total number of new HIV infections among women in the United States in 2010, 64% occurred among black/African American women, 18% among white, and 15% among Hispanic/Latinas. The estimated rate of new HIV infections for black women was 20 times as high as the rate for white women. At some point in their lifetime, an estimated 1 in 32 black women will be diagnosed with HIV infection (CDC, 2011a; CDC, 2012a).

The messages and the way they are communicated need to be tested and verified to ensure their acceptability and effectiveness in female African American population. The current study will pre-test these messages with African American women. The study will consist of conducting a Web-based survey with a total of 200 African American women.

A.1.1 Privacy Impact Assessment

Information will be collected electronically. CDC will not receive any personally identifiable information, i.e. information in identifiable form (IIF). CDC and RTI International (RTI) will receive data for analysis in aggregate form, and the randomly generated numbers assigned as participant ID numbers will not link data to individuals. The survey will be delivered via the Internet and will be accessible only to participants in the survey. Web site content will not be directed to children younger than age 13. All participants will be 18 years of age or older. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law.

A.1.2 Overview of the Data Collection System

RTI will implement this study. The information collection activity included in this sub-collection request is a Web-based survey to evaluate potential effectiveness of campaign messages during the developmental phase of the campaign.

The participants for this project will be 200 English speaking African American women over a 1-year period. Data will be collected from individuals residing in cities across the United States.

A.1.3 Items of Information to be Collected

The proposed study will collect information on the following: message comprehension, clarity, word choice, reactions, personal relevance, credibility, practicality, and motivational appeal, as well as information on sociodemographics, HIV testing knowledge, behaviors and prevention strategies, risk behaviors and attitudes, and perceived social norms around HIV/AIDS. A copy of the survey is attached as **Attachment 2**. A copy of the screening instrument is attached as **Attachment 3**.

A.1.4 Identification of Web Site(s) and Web Site Content Directed at Children Under 13 Years of Age

This information collection does not involve Web sites or Web content directed at children under 13 years of age. The contractor will use an online panel survey firm to host the Web-based survey and the Web site hosting the survey will have controlled access.

A.2 Purpose and Use of the Information Collection

RTI will conduct a Web-based survey to quantitatively assess the acceptance of the messages to determine and recommend which messages to further develop and implement as part of the HIV testing social marketing campaign for African American women.

The purpose of this data collection is to evaluate the potential effectiveness of messages during the developmental phase of a social marketing campaign focused on HIV testing among African American women. Because African American women are disproportionately affected by HIV, This study aims to ensure maximum representation from HIV-negative African American women, particularly those at higher risk of acquiring HIV, and assessing key theoretical constructs (attitudes, norms, intent and behavior change) that may influence HIV testing. This study also aims to ensure that the tested messages will resonate with those women most at-risk for acquiring HIV.

RTI will conduct a 30-minute Web-based survey to quantitatively pre-test the messages with 200 African American women. The information obtained from the proposed data collection will be used to inform CDC, policy makers, prevention practitioners and researchers about audience receptivity and the potential effects of campaign messages as they are developed. A copy of the survey instrument is provided in **Attachment 2**.

CDC and RTI will disseminate the study results to the public through reports prepared for/by CDC and RTI and through peer-reviewed journal articles where appropriate. All releases of information will be reviewed and approved by CDC.

A.3 Use of Improved Information Technology and Burden Reduction

The data collection will utilize a Web-based survey to be self-administered at home on personal computers. Use of the Web and an electronic survey has the advantage of being able to conveniently expose participants to messages that may be used in social marketing campaigns. It also allows participants to complete as much of the survey as desired in one sitting and to continue the survey at another time while also minimizing the possibility of participant error by electronically skipping questions that are not applicable to a particular participant, thus minimizing participant burden. The use of these technologies for data collection will also help to reduce interviewer biases and minimize social desirability. Further, a self-administered web-based survey can make respondents feel more comfortable revealing information that is intimate, private, and sensitive.

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

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) has verified that there are no other information collections that duplicate the study types included in this request.

A.5 Impact on Small Businesses or Other Small Entities

This collection request does not involve burden to small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

The activities involve a one-time collection of data. There are no legal obstacles to reducing the burden.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This data collection request fully complies with the regulation 5 CFR 1320.5.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 30-day *Federal Register* notice for the generic clearance 0920-0920 was published on April 28, 2011 (Volume 76, Number 82, pages 23818-23819). No substantive comments were received from the public.

A.9 Explanation of Any Payment or Gift to Respondents

CDC will not provide monetary tokens of appreciation to study participants. Online survey panel firms contracted to provide the sample for the study may provide points (with no cash value, but redeemable for merchandise online) as part of their pre-established agreements with their

survey panelists. The points are intended to encourage participant cooperation, especially in answering highly sensitive questions, and to convey appreciation for contributing to this study. Numerous empirical studies have shown that tokens of appreciation can significantly increase response rates (Abreu & Winters, 1999; Shettle & Mooney, 1999).

In addition, African American women are specialized respondents known to be difficult to recruit for health research studies, a situation that warrants points redeemable for merchandise as means of improving the cost-effectiveness of recruitment efforts (Satia, J. Galanko, J. Rimer, B., 2005). OMB guidance justifies the use of tokens of appreciation "to improve coverage of specialized respondents, rare groups, or minority populations" and defines minority populations as a highly selective group (OMB, 2006).

A.10 Assurance of Confidentiality Provided to Respondents

A.10.1 Web-based Survey

The Privacy Act does not apply to this information collection request. CDC and RTI will receive data for analysis in aggregate form, and the randomly generated numbers assigned as participant ID numbers will not link data to individuals. The participant ID itself will be used only to track the survey completion pattern (i.e., how many people complete a survey). IIF is not shared with CDC. This information is stored separately from the survey data file and is not linked in any way to participant responses. All participants will be assured that the IIF will be used only for the purpose of this research and will be kept private to the extent allowable by law, as detailed in the survey consent form (see **Attachment 4**).

Participants will be assured that their answers to screener (see **Attachment 3**) and survey questions (see **Attachment 2**) will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Participants will be told that the information obtained from all of the surveys will be combined into a summary report so that details of individual questionnaires cannot be linked to a specific participant.

Once a potential participant has entered the secure Web site or begins the electronic survey, a brief introduction will inform the participant of the private and voluntary nature of the survey. After reading the informed consent, each participant must check either a box labeled "YES, I agree to participate" or "NO, I do not wish to participate." Only participants who select "YES" will enter the survey.

Individuals who consent to participate in the survey will be able to access the survey by clicking on the link to the survey URL. A participant's unique ID number will not change. It is possible that if a participant does not log out or close the survey a spouse, family member, roommate, or someone else could view the a participant's responses without her knowledge, which may threaten their privacy. Participants will be reminded to properly log out and close the survey to avoid such threats of privacy.

RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a "need-to-know" basis only. Any online survey panel firm contracted by RTI will take the following security measures to ensure separation between participants' identity and their survey data. First, no participant name, address, e-mail address, telephone number, or any other kind of IIF appears on the survey. The only way a survey is identified is with a digital identification number. Second, the responses from the survey are not linked to the IIF. Third, screener data will be considered part of the survey data. The online survey panel firm will provide the results of the screener questions for all participants, regardless of whether they qualify for the study. However, the firm will not retain responses to screening questions for those who are deemed ineligible for any other purpose outside the scope of this project. Fourth, the firm will retain study records for the duration of the study. Upon final delivery of data files to RTI and completion of the project, the firm will destroy all study records, including data files, upon request. Once this information is destroyed, the firm will be unable to supply or access it for any reason, even at the request of RTI. Finally, data coming directly from the survey engine are stored in a proprietary database. Although these data are not encrypted, once inside the firewall, they are stored in a relational database protected by several layers of intrusion detection and access control. Data files delivered to RTI by the firm will be sent via encrypted files.

A.10.2 Privacy Impact Assessment

Information will be collected electronically. CDC will not receive any personally identifiable information (IIF). All IIF collected by the survey panel firm will be unlinked or stripped from data delivered to RTI and CDC. The survey will be delivered via the Internet and will be accessible only to participants in the survey. Web site content will not be directed to children younger than age 13. All participants will be 18 years of age or older. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law.

This study entails the measurement of sensitive HIV-related questions necessary to adequately assess the topic area (see Section A.11 for more detail). All participants will be assured that the information will be used only for the purpose of this research and will be kept private to the extent allowable by law. Participants will be assured via the computer script that their responses will not be shared with anyone outside the research team and that their names will not be reported with responses provided. Participants will be told that the information obtained from the Web-based survey will be combined into a summary report so that details of individual responses cannot be linked to a specific participant.

RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a "need-to-know" basis only. Any online survey panel firm utilized by RTI will take multiple security measures to ensure separation between participants' identity and their survey data. Data coming directly from the survey engine are stored in a proprietary database.

Although these data are not encrypted, once inside the firewall, they are stored in a relational database protected by several layers of intrusion detection and access control. Data files delivered to RTI by the survey firm will be sent via encrypted files.

A.11 Justification for Sensitive Questions

The study asks questions of a sensitive nature including questions related to HIV risk and HIV testing. This measurement of sensitive HIV-related questions is necessary to ensure that messages resonate with key audience segments, including those most at risk for HIV. As such, our study entails the measurement of sensitive sexual-health related questions.

To identify the intended audience, the screening instrument (see **Attachment 3**) will include eligibility questions such as race as well as some sensitive questions about HIV testing, HIV status, and sexual behavior because the study population is African American women who are HIV negative and at risk for HIV. Questions on sexual behavior are more specifically included to exclude homosexual women with no sexual partners within the past 12 months (who are not the target audience for purposes of this campaign) and to ensure representation of those at high risk for HIV.

In addition to message testing, the survey (see **Attachment 2**) includes sensitive questions about behaviors, attitudes, norms, intent and self-efficacy related to HIV testing. Questions on HIV testing enable us to understand the testing behaviors of women who have never been tested for HIV and women who have not been tested recently. Additionally, because the focus of campaign messages will relate to HIV testing, our survey includes questions about these theoretical constructs to enable us to understand how these constructs are associated with message receptivity. These questions are necessary to inform the development and evaluation of the messages. **Attachment 6** contains a copy of the creative items to be tested.

All participants will be assured that the information will be used only for the purpose of this research and will be kept private to the extent allowable by law.

A.12 Estimates of Annualized Burden Hours and Costs

A.12.1 Estimated Annualized Burden Hours

The total annualized response burden is estimated at 109 hours. **Exhibit A.1** provides details about how this estimate was calculated. The screening instrument for the Web-based survey (N = 266) is expected to take about 2 minutes to complete. The Web-based survey (N = 200) is expected to take 30 minutes. We expect to screen a total of 266 individuals to complete 200 Web-based surveys.

Exhibit A.1 Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden Per Response (in Hours)	Total Response Burden Hours
General public	Screener/ Web Based Survey	266	1	2/60	9
	Web Based Survey	200	1	30/60	100
Total					**109**

A.12.2 Estimated Annualized Burden Costs

We do not know what the wage rate category will be for the selected participants (or even whether they will be employed). We used the figure of $7.25 per hour as an estimate of average minimum wage across the country for the general public (United States Department of Labor, http://www.dol.gov/elaws/faq/esa/flsa/001.). The estimated annual cost to participants based on burden hours for the collection of information will be $790.25.

Exhibit A.2 Annualized Cost to Respondents

Activity	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Screener/Web Based Survey	9	$7.25	$65.25
Web Based Survey	100	$7.25	$725
Total	**109**		**$790.25**

A.13 Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

CDC does not anticipate providing start-up or other related costs to private entities. There are no costs to respondents or record keepers.

A.14 Annualized Costs to the Federal Government

One CDC Technical Monitor will be responsible for obtaining CDC approvals, providing project oversight, and participating in analysis and dissemination of the results. The contractor's costs are based on estimates provided by the contractor who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $331,525 (**Exhibit A.3**). This is the cost estimated by the contractor, RTI, and includes the estimated cost of coordination with CDC**,** data collection**,** analysis, and reporting.

Exhibit A.3 Estimates of Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs
CDC oversight of contractor and project	20% of FTE: GS-13 Health Communication Specialist	$17,100
Recruitment, data collection, analysis, and reporting (contractor)	Labor hours and ODCs	$314,425
Total		$331,525

CDC = Centers for Disease Control and Prevention; FTE = full-time equivalent; ODC = other direct cost

A.15 Explanation for Program Changes or Adjustments

Not applicable: This request is for a sub-collection under a generic approval.

A.16 Plans for Tabulation and Publication and Project Time Schedule

The key events and reports to be prepared for this study are listed in **Exhibit A.4**.

Exhibit A.4 Project Time Schedule

Activity	Time Schedule
Conduct Web-based surveys	1 month after OMB approval
Data analysis	2 months after OMB approval
Submit report	1 month after completion of data collection

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

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