

Non-Substantive Change Request

Data Collection Through Web Based Surveys for Evaluating Act Against AIDS Social Marketing Campaign Phases Targeting Consumers

Revised Supporting Statement "A" to Explain Non- Substantive Change Request

**OMB No. 0920-0920
0920-14FJ**

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LIST OF ATTACHMENTS

No changes are being requested for the previously submitted attachments of the original OMB approval.

A. JUSTIFICATION FOR CHANGE REQUEST

The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) requests approval for a non-substantive change request to a previously approved generic information collection OMB#0920-0920, entitled, "Data Collection Through Web Based Surveys for Evaluating Act Against AIDS Social Marketing Campaign Phases Targeting Consumers", to evaluate phases of the CDC's *Act Against AIDS* (AAA) social marketing campaign aimed at increasing HIV/AIDS awareness, increasing prevention behaviors, and improving HIV testing rates among consumers.

Because the phases of the AAA campaign occur in varying stages, CDC is requesting approval to change the timeframe of collecting data. Instead of collecting data quarterly, as previously approved by OMB, data collection will occur at varying times based on the stage of each AAA campaign phase rather than on a fixed quarterly basis. This request does not involve any changes in the number of the approved burden hours or the number of approved respondents. The total number of approved burden hours and respondents will remain the same as previously approved.

Currently, we have completed online surveys with 1250 respondents.

A.1. Circumstances Making the Collection of Information Necessary

A.1.1 *Background*

Requested changes do not affect the background section.

In response to the continued HIV epidemic in our country, CDC has launched *Act Against AIDS* (AAA), a 5-year, multifaceted communication campaign to reduce HIV incidence in the United

States (CDC, 2009b). CDC plans to release the campaign in phases, with some of the phases running concurrently. Each phase of the campaign will use mass media and direct-to-consumer channels to deliver HIV prevention and testing messages. Some components of the campaign will be designed to provide basic education and increase awareness of HIV/AIDS among the general public, and others will be targeted to specific subgroups or communities at greatest risk of infection, including MSM, African Americans, and other minority populations. The current study will assess the effectiveness of these social marketing messages aimed at increasing HIV awareness and delivering HIV prevention and testing messages among at-risk populations.

The study will consist of tracking surveys of AAA target audiences to measure exposure to each phase of the campaign and interventions implemented under AAA. Each survey consists of a module of questions relating to specific AAA activities and communication initiatives. *There are no changes to the related attachments of data collection instruments.*

The following section of the U.S. Federal Code is relevant to this data collection: 42 USC 241, Section 301 of the Public Health Service Act and Public Health Service Act 308(**Attachment 1a and 1b**).

A.1.2 Privacy Impact Assessment

Requested changes do not affect the original privacy impact assessment section.

Overview of the Data Collection System - CDC's contractor, RTI International, will implement all rounds of this study.

A.2 Purpose and Use of the Information Collection

Requested changes do not affect the original purpose.

There are 2 purposes of the study: 1) to evaluate the potential effectiveness of the AAA campaign messages during the campaign development phase; and 2) to examine the associations between those groups who report exposure to the various AAA messages and those reporting no exposure to the various AAA messages.

Exhibit A.2.1. Key Evaluation Research Questions

1. What is the reach of the AAA campaign messages, and how often are target audiences exposed to AAA messages?
2. Do study participants have positive receptivity to AAA messages, including positive reactions to specific advertising executions?
3. Is exposure to AAA messages among study participants related to greater knowledge of their HIV status relative to participants not exposed?
4. Is exposure to AAA messages among participants related to an increase in knowledge of the importance of testing relative to participants not exposed?
5. Is exposure to AAA messages among participants related to an increase in beliefs that they should get tested for HIV?
6. Is exposure to AAA messages among participants related to an increase in of the participant's beliefs that community resources and HIV treatment are available to them?
7. Is exposure to AAA messages among study participants related to an increase in self reported HIV testing behaviors over time relative to participants not exposed?
8. Is exposure to AAA messages among participants related to an increase intentions to get tested for HIV relative to participants not exposed?

The information obtained from the proposed data collection activities will be used to inform CDC, policy makers, prevention practitioners, and researchers about the potential effects of campaign messages as they are developed on improving HIV-related outcomes among the targeted sample.

A.2.1 Privacy Impact Assessment

Requested changes do not affect the Privacy Impact Assessment.

This information is being collected to inform CDC, policy makers, prevention practitioners, and researchers about the effects of campaign messages on HIV-related outcomes among the targeted sample. This information will also be used to assess the fidelity of campaign implementation and to provide feedback to CDC on audience reach and receptivity to AAA messages over time. These data will be used to assess the appropriateness of continued or expanded funding and dissemination of the campaign.

A.3 Use of Improved Information Technology and Burden Reduction

Requested changes do not affect this section from original OMB approval.

The AAA campaign evaluation will rely on Web-based surveys to be self-administered on personal computers.

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

Requested changes do not affect this section from original OMB approval.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

A.6 Consequences of Collecting the Information Less Frequently

CDC is requesting to change the timeframe of data collection activities from quarterly data collection to varying times based on the stage of the campaign phase.

The present study will provide the primary data needed for federal policy makers to assess the effectiveness of the AAA campaign and its messages. If this evaluation were not conducted, it would not be possible to determine the value or impact of AAA

campaign messages on the lives of the people they are intended to serve. Failure to collect these data could preclude effective use of program resources to benefit individuals at risk for HIV infection or transmission.

The evaluation includes data collection over 3 years to track and document changes in outcomes over time. This is a change from the previously approved quarterly data collections. The change in the time frames for the collections will be consistent with the campaign stages instead of occurring on a fixed quarterly basis. This will allow researchers to use the burden hours wisely. The overall number of approved burden hours will remain the same. Surveys for each phase will provide data about subsequent changes in or maintenance of attitudes, beliefs, or behaviors. These changes will also focus on those reporting exposure to the AAA messages and those reporting no exposure. Fixed quarterly data collections will not align with the timing of the campaigns phases. We are requesting to use the approved burden hours based on the stage of each AAA campaign phase rather than a fixed quarterly schedule.

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

This request fully complies with regulation 5 CRF 1320.5.

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

Requested changes do not affect this section from original OMB approval.

A 60-day *Federal Register* notice published on August 6, 2010 (Volume 75, Number 151, pages 47598-47599)

Exhibit A.8.1. AAA Campaign Evaluation Consultants

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A.9 Explanation of Any Payment or Gift to Respondents

Requested changes do not affect this section from original OMB approval.

Participants will still be offered a token of appreciation of up to \$40 for completion of a survey. The token of appreciation is intended to encourage their cooperation, and convey appreciation for contributing to this important study.

A.10 Assurance of Confidentiality Provided to Respondents

A.10.1 Privacy Impact Assessment Information

Requested changes do not affect this section from original OMB approval.

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 only be used to track the survey completion pattern (i.e., how many people complete a survey).

A.11 Justification for Sensitive Questions

Requested changes do not affect this section from original OMB approval.

The AAA campaign is a direct initiative in response to the need to decrease the number of HIV-positive individuals who are unaware that they are infected. As such, our study entails the measurement of sensitive HIV-related questions.

Depending on the target audience for the campaign phase, the study screener will vary, but some sensitive questions must be asked to identify the intended audience. The sample study screener (**Attachment 6**) will include questions that assess whether individuals have ever tested positive for HIV.

Furthermore, because our campaign materials are targeted to various populations, screening questions may address one or more of the following items: race/ethnicity, sexual behavior, and sexual orientation.

A.12 Estimates of Annualized Burden Hours and Costs

Requested changes do not affect this section from original OMB approval. There will be no change to the number of burden hours or the number of respondents.

Exhibits 3 and 4 provide details about how this estimate was calculated. The overall burden per respondent was calculated by multiplying the screening interview time by the maximum amount of times to complete the survey for each data collection over a three year period. The study screener is expected to take about 2 minutes to complete. Each survey is expected to take 30 minutes. We will complete approximately 4,000 questionnaires annually. The total annual response burden is estimated at 2,667 hours. For this three year generic ICR, the total burden hours is 8,001.

Exhibit A.12.1 Annualized Burden Hours

Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Total Burden Hours
Study screener	60,000	1	2/60	2001
Survey Module	12,000	1	30/60	6,000
Total				8,001

Exhibit A.12.2 Annualized Cost to Respondents

Respondents	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in Hours)	Hourly Wage Rate	Total Burden Hours	Total Respondent Costs
Study screener	60,000	1	2/60	\$6.00	2001	\$12,006.00
Survey Module	12,000	1	30/60	\$6.00	6,000	\$36,000.00
Total						\$48,006.00

Because we do not know what the wage rate category will be for these selected participants (or even whether they will be employed at all), we used \$6.00 per hour as an estimate of average minimum wage across the country (Bureau of Labor Statistics, 2006). The estimated annual cost to participants for the hour burden for collections of information will be \$16,002. For this three year generic ICR, the total estimated cost to participants is \$48,006.

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

Requested changes do not affect this section from original OMB approval.

There are no other costs to respondents or record keepers.

A.14 Annualized Cost to the Federal Government

Requested changes do not affect this section from original OMB approval.

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 \$247,586 (Exhibit 5). This is the cost estimated by the contractor, RTI, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting. For this three year generic ICR, the total estimated cost to the government is \$742,758.

Exhibit A.14.1. Total Government Costs

Item/Activity	Details	\$ Total Amount
CDC oversight of contractor and project	20% of FTE: GS-13 Health Communication Specialist	\$58,140
Recruitment and data collection (contractor)	320 labor hours, data collection subcontract with e-Rewards, and ODCs	\$438,204
Analysis and reporting (contractor)	640 labor hours and ODCs	\$246,414
Total		\$742,758

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

A.15 Explanation for Program Changes or Adjustments

CDC is requesting to change the timing of the data collection from quarterly data collection to varying times to meet the needs of each phase.

Because the phases of the AAA campaign occur in varying stages, CDC is requesting approval to change the timeframe of collecting data. Instead of collecting data quarterly, as previously approved by OMB, data collection will occur at varying times based on the stage of each AAA campaign phase rather than on a fixed quarterly basis. This request does not involve any changes in the number of the approved burden hours or the number of approved respondents. The total number of approved burden

hours and respondents will remain the same as previously approved.

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

Requested changes do not affect this section from original OMB approval.

Our analyses will vary depending on survey items administered for the target audience. The first phase of data analysis will always include basic summary statistics for the purposes of describing the sample and examining the distribution of the primary outcome variables. We will also compute means for continuous, normally distributed variables of interest and frequencies for categorical variables of interest. Statistical tests, such as chi-square tests, may be conducted to evaluate preliminary differences by exposure to the AAA campaign. In addition, the distributions of primary outcome variables will be examined to determine whether the distributional assumptions of planned analytic procedures are met. The outcome variables include but are not limited to perceived credibility, perceived risks of HIV and importance of HIV prevention and testing, intentions related to HIV prevention and testing, and HIV-related behaviors.

Once preliminary analyses are complete, we will begin to develop preliminary models that assess the association between exposure to the AAA campaign and outcomes of interest. For example, our research question as to whether exposure to the AAA campaign are associated with participant HIV testing behavior (see Exhibit 1) will be tested in a regression model, where a measure of HIV testing behavior is specified as the dependent variable and self-reported exposure is specified as the primary independent variable. These models will also include covariates

for a number of background characteristics and other important confounding variables. The overall goal of these models is to determine the extent to which changes in HIV-related outcomes differ by exposure to the AAA campaign.

For this study, we expect the findings to be disseminated to a number of audiences. Therefore, the evaluation reports will be written in a way that emphasizes scientific rigor for more technical audiences but are also intuitive, easily understood, and relevant to less technical audiences. The reporting and dissemination mechanism will consist of three primary components: (1) final evaluation reports for each campaign phase, (2) peer-reviewed journal articles, and (3) conference presentations.

The final evaluation reports will be the central focus of dissemination efforts and will be written in clear language that is understandable by a wide range of audiences (the target audience, practitioners, policy makers, and researchers). The evaluation reports will include an executive summary, a report of less than 100 pages (including an overview of background literature to provide contextual information about the purpose of the campaign and evaluation approach; a detailed summary of evaluation methods and activities; the evaluation results; a discussion of findings in comparison with those of other relevant program evaluations; strengths and limitations of the evaluation; and recommendations for future evaluations of this scope for practitioners, evaluators, and policy makers), and appendices. The results of our study also will be used to develop at least one peer-reviewed journal article (e.g., *American Journal of Public Health, Journal of Health Communication*) that summarizes findings on the overall effectiveness of the AAA campaign.

The key events and reports to be prepared are listed in Exhibit 6.

Exhibit A.16.1 Project Time Schedule

Project Activity	Time Schedule
Data collection	2 months after OMB approval
Data analysis	3 months after OMB approval
Submit final report	2 months after completion of each data collection
Submit at least one manuscript	1 year after completion of data collection for a campaign phase

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

We do not seek approval to eliminate the expiration date.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

Abma, J. C., Martinez, G. M., Mosher, W. D., & Dawson, B. S. (2004). *Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2002*. Hyattsville, MD: National Center for Health Statistics.

Abreu, D. A., & Winters, F. (1999). Using monetary incentives to reduce attrition in the survey of income and program participation. *Proceedings of the Survey Research Methods Section of the American Statistical Association*.

Bureau of Labor Statistics (2006). *National Compensation Survey*. U.S. Department of Labor. Retrieved April 1, 2010, from <http://www.bls.gov/ncs/>.

Centers for Disease Control and Prevention (CDC). (2005). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention (CDC). (2008a, August). Estimates of new HIV infections in the United States. Retrieved August 5, 2008, from <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/incidence.htm>.

Centers for Disease Control and Prevention (CDC). (2008b). HIV/AIDS among African Americans. Retrieved June 1, 2009, from <http://www.cdc.gov/hiv/topics/aa/resources/factsheets/pdf/aa.pdf>.

Centers for Disease Control and Prevention (CDC). (2009a). HIV/AIDS among Hispanics/Latinos. Retrieved March 22, 2010, from <http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanic.htm>.

Centers for Disease Control and Prevention (CDC). (2009b). Act Against AIDS refocusing national attention on the HIV crisis in the United States. Retrieved June 1, 2009, from <http://www.cdc.gov/nchstp/Newsroom/docs/AAABackgrounder-3-31-09-508Compliant.pdf>.

Gallagher, K. M., Sullivan, P. S., Lansky, A., & Onorato, I. M. (2007). Behavioral surveillance among people at risk for HIV infection in the U.S.: The national HIV Behavioral Surveillance System. *Public Health Report*, 122(Suppl 1), 32-38.

Hall, H. I., Song, R., Rhodes, P., Prejean, J., An, Q., Lee, L. M., Karon, J., Brookmeyer, R., Kaplan, E. H., McKenna, M. T., & Janssen, R. S. for the HIV Incidence Surveillance Group. (2008). Estimation of HIV incidence in the United States. *Journal of the American Medical Association*, 300(5), 520.

Lethbridge-Çejku, M., Rose, D., & Vickerie, J. (2006). *Summary health statistics for U.S. adults: National Health Interview Survey, 2004*. Hyattsville, MD: National Center for Health Statistics.

Shettle, C., & Mooney, G. (1999). Monetary incentives in U.S. government surveys. *Journal of Official Statistics*, 15, 231-250.