

**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

Evaluating Social Marketing Campaigns Targeting Gay/Bisexual Men

Supporting Statement A

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- Attachment 3: Web-based Survey Consent Form
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A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention requests approval for a new data collection called, "Evaluating HIV Prevention and Testing Social Marketing Campaigns Targeting Gay/Bisexual Men. This is a genIC requested under the OMB approved Generic Clearance #0920-0920; expiration date 2/28/2015, entitled "Information Collection Through Web-based Surveys for Evaluating Act Against AIDS (AAA) Social Marketing Campaign Phases Targeting Consumers".

The Centers for Disease Control and Prevention proposes to conduct Web-based surveys to measure awareness and exposure to campaign messages focused on HIV prevention and testing among sexually active gay/bisexual men and to determine if and how the social marketing campaigns affected its intended audience (outcome evaluation). CDC estimates that MSM represent approximately 4% of the male population in the United States (Purcell et al., 2012), but male-to-male sex accounted for more than three-fourths of new HIV infections among men and nearly two-thirds of all new infections in 2010 (CDC, 2012). The primary messages from the campaigns will either promote communication among MSM and sexual partners on risk behaviors and prevention strategies or will promote regular HIV testing.

The messages and the way they are communicated have been tested and verified to ensure their acceptability and effectiveness in gay/bisexual male populations. Therefore, the current studies will assess the effectiveness of those messages on predetermined psychosocial and behavioral outcomes for gay/bisexual men.

The study will consist of a survey of campaign target audiences to measure exposure to three campaigns: (1) Testing Makes Us Stronger (TMUS), (2) Reasons and (3) Start Talking. Stop HIV that are being implemented under AAA. The study will consist of conducting a Web-based survey with a total of 3,000 gay/bisexual men.

The survey sample will be selected from a combination of sources, including (1) online survey vendors that maintain panel lists (e.g., Community Marketing, Inc., Research Now, GfK, Harris Interactive), (2) respondent lists generated by partnership organizations, and (3) individuals who respond to advertisements placed by external partners (e.g., community-based organizations, health departments). Participants will self-administer the questionnaire at home on personal computers.

A.1.1 Privacy Impact Assessment

Information will be collected electronically. CDC will not receive any personally identifiable information (IIF). CDC and CDC's evaluation contractors 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

CDC's evaluation contractors will implement this study. The information collection activity included in this sub-collection request is a Web-based survey to evaluate the potential campaign effects on psychosocial and behavioral outcomes.

The participants for this project will be 3,000 individuals. 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: Campaign exposure, HIV testing, communication with sexual partners about HIV status and sexual behavior, gay identity, information seeking, perceived risk for HIV, HIV risk behaviors, and HIV prevention strategies. A copy of the survey is attached as **Attachment 1**. A copy of the screening instrument is shown in **Attachment 2**.

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

The purpose of this data collection is to evaluate the potential effectiveness of the campaigns and corresponding messages during the implementation phase. One way to do this is to examine the associations between those groups who report exposure to the various messages and those reporting no exposure to the various campaign messages. Any differences in outcomes cannot be directly attributed to the messages, but do represent the potential effectiveness of the campaigns. Some of the variables that will be examined include attitudes, beliefs, and knowledge about HIV; receptivity to AAA campaign messages; perceived credibility; perceived risks of HIV and importance of HIV prevention and testing; intentions related to HIV prevention and testing; and HIV testing related behaviors. Key research questions for the evaluation are presented in **Exhibit A.2**.

Exhibit A.2 Key Evaluation Research Questions

1. What is the reach of the AAA campaign messages focused on HIV prevention and testing among gay/bisexual men?
2. How often are target audiences exposed to AAA messages?
3. Do study participants have positive receptivity to AAA messages?
4. Is exposure to AAA messages associated with more positive norms about HIV testing and communicating with partners about HIV and sexual behavior relative to those who were unexposed?
5. Is exposure to AAA messages related to greater self-efficacy for HIV testing and communicating with partners about HIV and sexual behavior relative to those who were unexposed?
6. Are those who were exposed to AAA messages more likely to report positive attitudes about HIV testing and communicating with partners about HIV and sexual behavior compared to those who were unexposed?
7. Is exposure to AAA messages related to stronger beliefs about the importance of getting tested for HIV and communicating with partners about HIV and sexual behavior relative to those who were unexposed?
8. Is exposure to AAA messages related to greater intentions to get tested for HIV and communicate with partners about HIV and sexual behavior relative to those who were unexposed?
9. Are participants who were exposed to AAA messages more likely to disclose their HIV status to and communicate with their sexual partners about HIV and sexual behavior relative to those who were unexposed?
10. Is exposure to AAA messages associated with greater information seeking behavior relative to those who were unexposed?

CDC's evaluation contractors will conduct a 30-minute Web-based survey to quantitatively evaluate the campaigns' effectiveness with 3,000 gay/bisexual men. The information obtained from the proposed data collection will be used by CDC to inform policy makers and the public health research and practice community about audience receptivity and the potential effects of the campaigns on key behavioral and psychosocial outcomes. CDC and the evaluation contractors will disseminate the study results to the public through reports prepared for/by CDC and the evaluation contractors, peer-reviewed journal articles and professional conference presentations, 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 60-day Federal Register notice published on August 6, 2010, Volume 75, Number 151, pages 47598-47599. No substantive comments were received from the public.

CDC convened three consultations with external experts to get their input on campaign development. The first gathered experts from the fields of communication and HIV behavioral research. The goal of the consultation was to apply the latest communication research to assist in developing the next generation of HIV prevention messages targeting gay/bisexual men. The second was focused on informing the development of an HIV prevention social marketing campaign for gay/bisexual men of all races. The third was focused on the development of an HIV testing campaign for Latino gay/bisexual men. The purpose of the second and third consultations was to gain insight into the campaign audiences' knowledge, attitudes, and beliefs about existing and emerging HIV prevention and testing strategies, as well as general factors and influences affecting the target audiences; identify potential motivators and barriers to HIV prevention and testing for the campaigns audiences (e.g., financial, emotional, cultural), as well as preferred communication channels for receiving information; discuss and identify potential additional partners in order to leverage efforts with each campaign's audience for

implementation of the campaigns; and begin to build support among key stakeholders for the campaigns.

A.9 Explanation of Any Payment or Gift to Respondents

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. These points are particularly warranted to maintain their panel of gay/bisexual men, who are so difficult to reach that the survey vendor will not issue the survey without the provision of points.

Gay/bisexual men are specialized respondents known to be difficult to identify, locate and recruit, a situation that warrants points redeemable for merchandise as means of improving the cost-effectiveness of recruitment efforts. OMB guidance justifies the use of tokens of appreciation “to improve coverage of specialized respondents, rare groups, or minority populations” and defines specialized respondents as a highly selective group (OMB, 2006). This study also requires that a substantial number of gay/bisexual male respondents belong to a racial/ethnic minority group, another category of specialized respondents.

An often cited, highly regarded study using an online survey targeting gay/bisexual men found that advertisements that indicated payment resulted in more than twice the number of men accessing the Welcome page over a 2-week period (Bowen, 2005). Meanwhile, Sullivan et al. (2011) found systematic underrepresentation of gay/bisexual men of color in nearly all the Internet-based HIV prevention studies published from 2004 through 2009, even though this group bears the greatest risk for HIV infection in the US.

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 the evaluation contractors 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 will not be 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 (**Attachment 3**).

Participants will be assured that their answers to screener (**Attachment 2**) and survey questions (**Attachment 1**) 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 surveys 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 participant’s responses without his knowledge, which may threaten their privacy. Participants will be reminded to properly log out and close the survey to avoid such threats to privacy.

CDC’s evaluation contractors maintain 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 the evaluation contractors 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 the evaluation contractors 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 the evaluation contractors. 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 the evaluation contractors by the firm will be sent via encryption.

A.10.2 Privacy Impact Assessment

Information will be collected electronically. CDC will not receive any IIF. All IIF collected or known by the survey panel firm will be unlinked or stripped from data delivered to CDC. For example, the survey vendor will use panel members’ e-mail addresses to remind non-responders to complete the study (Attachment 4), this information will not be shared with CDC. The survey will be delivered via the Web 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 also 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.

The evaluation contractor will maintain 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 the evaluation contractors 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 the evaluation contractors by the survey firm will be sent via encryption.

A.11 Justification for Sensitive Questions

The study asks questions of a sensitive nature including questions related to HIV risk. The measurement of sensitive HIV-related questions is necessary to ensure that messages resonate with key audience segments, including those most at risk for HIV, and that respondents are not offended by any messages. As such, the data collection entails the measurement of sensitive sexual health-related questions.

To identify the intended audience, the screening instrument (**Attachment 2**) include questions on race and ethnicity to ensure that minority gay/bisexual men are over-sampled; HIV testing history to ensure representation of men who have never been tested for HIV, men who have not been tested recently, and HIV-positive men; and sexual behavior to exclude those who have not had sex in the past 12 months since they cannot speak to recent communications with partners about HIV. Since messages will be focused on communication with sexual partners, questions on sexual behavior are included to exclude gay and bisexual men with no male sexual partners within the past 12 months (who are not the priority audience for purposes of this campaign). Other behavioral questions will help to ensure representation of men in low, medium, and high-risk categories. Questions about communication with sexual partners will also be asked to ensure inclusion of men with partners who do not currently communicate about HIV prevention strategies and related sexual health issues.

The survey also includes sensitive questions necessary to inform the evaluation of the messages (**Attachment 1**). The survey includes questions about campaign exposure, HIV testing, communication with sexual partners about HIV status and sexual behavior, gay identity, information seeking, perceived risk for HIV, HIV risk behaviors, and HIV prevention strategies.

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 150 hours. **Exhibit A.12.1** provides details about how this estimate was calculated. We expect to screen a total of 15,000 individuals to complete 3,000 Web-based surveys. The screening instrument is expected to take about 2 minutes to complete, for an annual response burden of 500 hours. The Web-based survey (n = 3,000) is expected to take 30 minutes to complete, for an annual response burden of 1,500 hours. The total annual respondent burden is 2,000 hours.

Exhibit A.12.1 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	15,000	1	2/60	500
	Web Based Survey	3,000	1	30/60	1,500
Total					2,000

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); thus, we used \$22.33 per hour as an estimate of average hourly wage across the country (Bureau of Labor Statistics, 2013). The estimated annual cost to participants for the hour burden for collections of information will be \$44,660.

Exhibit A.2 Annualized Cost to Respondents

Activity	Total Burden Hours	Hourly Wage Rate*	Total Respondent Cost
Screener/Web Based Survey	500	\$22.33	\$11,165
Web Based Survey	1,500	\$22.33	\$33,495

Total			\$44,660
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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 Contracting Officer Representative (COR) will be responsible for obtaining CDC approvals, providing project oversight, and participating in analysis and dissemination of the results. The contractors' costs are based on estimates provided by the contractors 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 \$637,800 (**Exhibit A.3**). This is the cost estimated by the contractors 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 (contractors)	Labor hours and ODCs	\$620,700
Total		\$637,800

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 first phase of data analysis will 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 campaign exposure. 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 risks of HIV and importance of HIV testing and partner communication; knowledge, attitudes, and beliefs about HIV testing and partner communication; intentions to and self-efficacy for HIV testing and partner communication; and HIV-related behaviors.

Once preliminary analyses are complete, we will begin to develop preliminary models that assess the association between campaign exposure and outcomes of interest. For example, our research question as to whether campaign exposure is 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 campaign exposure.

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 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 the study also will be used to develop peer-reviewed journal articles (e.g., *American Journal of Public Health*, *Journal of Health Communication*) that summarize findings on the overall effectiveness of the campaign. As appropriate, the results may also be presented at professional conferences such as the National Conference on Health Communication, Marketing, and Media and the annual meeting of the American Public Health Association.

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 survey	1 month after OMB approval
Data analysis	2 months after completion of data collection
Submit report	3 months 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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