Generic

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

Supporting Statement A

EXTENSION

OMB No. 0920-0920

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- **Goals of the study**
  1. Assess the potential effectiveness of the AAA campaign messages during the campaign development phase
  2. Examine differences in 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 among those who report exposure to the various AAA messages and those reporting no exposure to the various AAA messages.

- **Intended use of the resulting data**
  The information obtained from the proposed study will be used by federal policy makers to assess the effectiveness of the AAA campaign and its messages as well as the appropriateness of continued or expanded funding and dissemination of the campaign.

- **Methods to be used to collect**
  Repeated cross-sectional study design

- **The subpopulation to be studied**
  Men who have sex with men, African Americans, and Latinos

- **How data will be analyzed**
  Descriptive analyses
  Multivariate models

A. JUSTIFICATION

The Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) requests approval for a three-year extension of a generic clearance for "Data Collection Through Web Based Surveys for Evaluating Act Against AIDS Social Marketing Campaign Phases Targeting Consumers" (

MB 0920-0920, expiration 2/28/2015). This information collection package supports information collections for web-based surveys to assess 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.

A.1. Circumstances Making the Collection of Information Necessary

Background

HIV infection continues to be a serious public health and health care challenge in the United States. It has been well established that certain subgroups are disproportionately burdened by HIV, including men who have sex with men (MSM), African Americans, and Latinos. The primary transmission route for these groups is sexual contact with men.

In response to the continued HIV epidemic in our country, CDC launched *Act Against AIDS (AAA) in 2009, a* multifaceted communication campaign to reduce HIV incidence in the United States (CDC, 2009b). Although initially planned as a 5-year campaign, the campaign will now continue indefinitely. CDC has released the campaign in phases, with some of the phases running concurrently. Each phase of the campaign uses mass media and direct-to-consumer channels to deliver HIV prevention and testing messages. Some components of the campaign are designed to provide

basic education and increase awareness of HIV/AIDS among the general public, and others target the heavily burdened subgroups mentioned previously. 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.

This extension of an ongoing study will assess the *Act Against AIDS (AAA)* social marketing campaign aimed at increasing HIV/AIDS awareness, increasing prevention behaviors, and improving HIV testing rates among consumers. A total of 12,000 annual respondents were originally approved for this 3-year generic ICR and since the original approval date, 4,250 respondents have participated in the surveys under the following genICs: 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; Start Talking web survey: Development of HIV Prevention and Testing Messages for Act Against AIDS Social Marketing Campaigns Targeting Men Who Have Sex with Men (MSM); and National Latino web survey: Development of HIV Awareness Messages for an Act Against AIDS Social Marketing Campaign Targeting Latinos in the United States. The information collected from each of the data collections was used to assess specific *AAA* campaign phases. We are requesting additional time to continue to survey other *AAA* target audiences and campaign phases and measuring exposure to each phase of the campaign and interventions implemented under *AAA*.

As stated above, the initial plan was to sample a total of 36,000 respondents over a 3-year period (12,000 per year). Since 4,250 respondents have participated thus far, the approved number of remaining respondents is 7,750 (12,000 less 4,250

respondents). At this juncture, we intend to decrease the total sample size to 24,000 for feasibility purposes. Accounting for the 4,250 respondents who have participated in a data collection thus far, we are seeking approval to collect data from a total of 19,750 respondents over the next 3-years. Annually, this amounts to approximately 6,583 respondents.

The study will consist of 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, see **Attachment 3** for the sample survey items. Each survey sample will consist of respondents selected from a combination of sources, including (1) online survey vendors that maintain panel lists (e.g., e-Rewards, Knowledge Networks, Harris Interactive), (2) respondent lists generated by partnership organizations (e.g., the National Urban League, the National Medical Association), (3) in advertisements placed on the internet (e.g., banner ads, electronic bulletin boards), and (4) 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. The web survey will be hosted by the selected online survey vendor for each phase.

The respondents for this assessment will be a convenience sample of 19,750 individuals over the 3-year period which amounts to 6,583 respondents annually. The actual data collection instruments will be submitted with each genIC.

This data collection is authorized under 42 USC 241, Section 301 of the Public Health Service Act and Public Health Service Act 308(**Attachment 1**).

A.2. Purpose and Use of Information Collection

There are 2 purposes of the study:

1. Assess the potential effectiveness of the *AAA* campaign messages during the campaign development phase; and
2. Examine differences in 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 among those who report exposure to the various *AAA* messages and those reporting no exposure to the various *AAA* messages.

Because this is a cross-sectional assessment, any differences in outcomes cannot be directly attributed to the campaign; however, we can examine correlations between campaign exposure and the identified outcomes. This assessment will allow us to (1) investigate a phenomena which would be impractical to assess experimentally and (2) determine whether a relationship exists between campaign exposure and the outcomes of interest. Key research questions for the assessment are presented in Exhibit A.10.1. A copy of sample survey items to address study's purposes can be found in **Attachment 3**. All survey items for each individual campaign will be submitted with each genIC.

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

The survey delivered via the Internet will be specifically created for each assessment 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.

A.3 Use of Improved Information Technology and Burden Reduction

The *AAA* campaign assessment will rely on web-based surveys to be self-administered on personal computers. Use of the World Wide Web has the advantage of being able to expose respondents to television, audio, and print advertising used by each campaign phase. It also allows respondents to complete as much of the survey as desired in one sitting and to continue the survey at another time, minimizing the possibility of respondent error by electronically skipping questions that are not applicable to a particular respondent, thus minimizing respondent burden.

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

In designing the proposed data collection activities, we have taken several steps to ensure that this effort does not duplicate ongoing efforts and that no existing data sets would address the proposed study questions. We have reviewed existing data sets to determine whether any of them are sufficiently similar or could be modified to address CDC's need for information on the effectiveness of the *AAA* campaign on HIV-related outcomes. Efforts to avoid duplication include a review of CDC's administrative agency reporting requirement and of existing studies of CDC's programs. We investigated the possibility of using existing data to examine our research questions, such as data collected by the Behavioral Risk Factor Surveillance System (currently under review by OMB) (CDC, 2005), the National Health Interview Survey (0920-0214, exp. 12/31/2017),(Lethbridge-Çejku, Rose, & Vickerie, 2006), the National Survey on Family Growth (0920-0314, exp. 4/30/2015), (Abma, Martinez, Mosher, & Dawson, 2004), and the National HIV Behavioral Surveillance Survey (0920-0770, exp. 3/31/2017), (Gallagher et al., 2007). However, none of these existing

datasets include measures of exposure to the *AAA* campaign combined with the relevant outcome measures specific to the *AAA* campaign.

Although some existing surveys may contain measures of the campaign's targeted outcomes (e.g., HIV prevention and testing behaviors), no existing data sources contain measures of awareness of or exposure to specific *AAA* campaign messages. Measures of exposure, obtained through surveys with the target audience, are required to assess the campaign's association with HIV-related outcomes. Therefore, our assessment requires the collection of new primary data. To date, no duplication of effort has been identified as there would be no reason for another Federal Agency to assess CDC's *AAA* campaign or its phases.

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

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 assessment 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 assessment includes data collection over an additional 3 years to track and estimate changes in outcomes at the aggregate or population level. Prior to conducting each survey, we will submit a genIC for approval. Each genIC will contain the actual

data collection instruments. A measure of potential changes in attitudes, beliefs, or behaviors among participants who report exposure to the campaign messages and those reporting no exposure is necessary immediately after exposure or implementation of the initial campaign messages. This will allow us to measure short-term changes by exposure. Later 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. Less frequent data collection would not allow for measurement of potential short-term immediate reactions to the campaign messages

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

A 60-day *Federal Register* notice was published on 11/20/2014, Vol. 79, No. 224, and Page 69120-69121 (**Attachment 2).** No public comments were received.

A list of key assessment consultants for this project is provided in Exhibit 8.1. CDC contractor staff consulted with public health scientists on the study design and assessment instrument and with several survey specialists to estimate the interview burden for each respondent.

Exhibit A.8.1. *AAA* Campaign Assessment Consultants

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A.9 Explanation of Any Payment or Gift to Respondents

CDC will not provide incentives to study participants. Online survey panel vendors contracted to provide the sample for the study may provide points (redeemable for merchandise online) as part of their pre-established agreements with their survey panelists. These points are particularly warranted to maintain survey panels with MSM and minority respondents. Per OMB's 2006 guidance, the use of tokens of appreciation "to improve coverage of specialized respondents, rare groups, or minority populations" is justifiable given the inclusion of MSM (considered a rare and specialized group) and African Americans and Latinos (considered minority populations)[1].

1 http://www.whitehouse.gov/sites/default/files/omb/inforeg/pmc_survey_guidance_2006.pdf

A.10 Assurance of Confidentiality Provided to Respondents

A.10.1 Privacy Impact Assessment Information

Overview of the data collection system:

CDC's contractor will implement all rounds of this study. The respondents for this project will be 20,000 individuals at risk for HIV infection or transmission over a 3-year period. Efforts will be made to collect data nationally and/or in cities with high HIV and AIDS prevalence and incidence, such as Baton Rouge, Louisiana; Birmingham, Alabama; Charlotte, North Carolina; Chicago, Illinois; Cleveland, Ohio; Detroit, Michigan; Houston, Texas; Jacksonville or Miami, Florida; Los Angeles, California; Memphis, Tennessee; Newark, New Jersey; Oakland, California; Philadelphia, Pennsylvania; Richmond, Virginia; and Washington, DC. The online survey vendor will send e-mail invitations to the combined sample list. Each invitation will contain the survey title, a brief description of the survey, the length of the survey, token of appreciation amount provided for successful completion of the survey, and instructions for accessing the secure website for the online screener (including the provision of a personal password they must use to enter the screener) (**Attachment 5**).

Description of the information to be collected:

The surveys will collect information on the following: sociodemographics; sexual identity, sexual attraction, gender identity, and masculine identity; current HIV testing behaviors; current risk behaviors; current personal prevention strategies; substance use; knowledge, attitudes, beliefs, and perceived social norms related to HIV/AIDS; perceived risk of HIV infection; prior exposure to HIV prevention and testing messages;

HIV/AIDS information seeking behaviors; self-reported exposure to specific *AAA* campaigns; and reactions and receptivity to *AAA* messages. Domains of instrument items in the survey include the following:

- Sociodemographics (age, race/ethnicity, city, education, health insurance, income)
- Sexual identity, sexual attraction, gender identity, and masculine identity (for appropriate targeted populations)
- Current HIV testing behaviors
- Current risk behaviors
- Current personal prevention strategies
- Substance use
- Knowledge, attitudes, beliefs, and perceived social norms related to HIV/AIDS
- Perceived risk of HIV infection
- Prior exposure to HIV prevention and testing messages
- HIV/AIDS information seeking behaviors
- Self-reported exposure to specific *AAA* campaigns as they unfold
- Reactions and receptivity to specific *AAA* messages as they are developed

The data collected will be used to answer key assessment research questions, see Exhibit A.10.1.

Exhibit A.10.1. Key Assessment 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?

Description of how the information will be shared and for what purpose:

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. The information collected will also be used to develop evidence-based programs and support funding decisions regarding the continuation of campaign phases. The data from the proposed assessment may be used to assess the appropriateness of continued or expanded funding and dissemination of the campaign. CDC and CDC'S contractor will disseminate results through an executive summary and a full

report for each survey. Examples of recent reports include "Concept Testing for the New National Testing Campaign: Intercept Interviews" (October 2014) and "High Impact Prevention Message Testing (Round 1)" (July 2014). The executive summary will be written in clear language to be understandable to a wide range of audiences (e.g., the campaign target audience, practitioners, policy makers, researchers). The full report will include an overview of background literature to provide contextual information about the purpose of the campaign and assessment approach, theoretical underpinnings of the analysis, and specific data and methodologies used. The report will also include a synthesis of findings across all assessment questions and an overall assessment of the effectiveness of the *AAA* campaign messages, strengths and limitations of the assessment, and recommendations for further assessments. The report will be scientifically rigorous to capture the complexity of the analyses but also will be sensitive to nontechnical audiences and relevant to other stakeholders.

Impact the proposed collection on the respondent's privacy:

This study entails the measurement of sensitive HIV-related questions necessary to adequately assess the topic area. All respondents will be assured that the information will be used only for the purpose of this research and will be kept secure to the extent allowable by law, as detailed in a study consent form. Respondents 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. Respondents 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.

To maintain privacy, respondents will complete the survey on a personal computer. In addition, each respondent will have a personal password to open the survey. It is possible that someone else (e.g., a family member) could view the survey on the participant's computer with or without his/her knowledge, which could create family problems or cause discomfort. The survey instructions will suggest to respondents that they complete the survey in a private location to mitigate this risk.

Disclosure to individuals on whether participation is voluntary or mandatory: During this process, potential participants will be informed 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 respondents who consent will enter the survey.

Opportunities to consent, if any, to sharing and submission of information: Respondents will not have the opportunity to consent sharing of information. The data collected will be provided in aggregate format and will not contain and identifying information or and links to the respondents. Respondents will be assured that their answers to screener and survey questions will not be shared with anyone outside the research team and that their names will not be reported with responses provided.

Information on how information will be secured: CDC's contractor 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. The online vendor panels take the following security measures to ensure separation between respondents' identity and their survey data. First, the survey instrument has no personally identifying

information (PII) on it. No respondent name, address, e-mail address, telephone number, or any other kind of PII appears on the survey. The only way a survey is identified is with a digital identification number. Second, although the invitation method (i.e., e-mail, mail, or direct mail) will inherently have PII information included, this will not be combined with survey responses so the responses from the survey are not linked to the PII. Third, screener data will be considered part of the survey data. The vendors will provide the results of the screener questions for all panelists, regardless of whether they qualify for the study. However, they 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 vendors will retain study records for the duration of the study. Upon final delivery of data files to CDC'S contractor and completion of the project, the vendors will destroy all study records, including data files, upon request. The vendors will not be able to supply or access this information for any reason, even at the request of CDC's contractor, once destroyed. 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 CDC's contractor by the vendors will be sent via encrypted files.

CDC and CDC's contractor 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). Although the online survey vendors retain contact information on

participants, information in identifiable form (IIF) is not shared with anyone, including CDC and CDC's contractor. It is stored separately from the survey data file and is not linked in any way to participant responses.

The online survey vendors will maintain a list of participant ID numbers, names, addresses, telephone numbers, and e-mail addresses only for the purpose of token of appreciation mailings and reminders about the study. CDC and CDC's contractor will only have access to the generic, randomly generated ID numbers for the purpose of tracking survey completion patterns. Although CDC will own the data, neither CDC nor CDC's contractor will have IIF nor see names or contact information for any participant responses.

System of records under the Privacy Act: A system of records is not being created under the Privacy Act. No individually identifiable information will be collected.

All respondents will be assured that the information will be used only for the purpose of this research and will be kept secure to the extent allowable by law, as detailed in the sample study consent form (**Attachment 4**).

A.11 Justification for Sensitive Questions

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.

The sample survey items (**Attachment 3**) will also include questions about HIV testing behaviors and HIV status. In addition, because HIV is transmitted through sexual contact and intravenous drug use, the surveys will also include questions about these behaviors to enable us to understand the transmission behaviors of our survey respondents and examine responses by those individuals reporting exposure to various *AAA* campaign messages and those reporting no exposure. Furthermore, the surveys will contain a set of questions about respondents' HIV knowledge, attitudes, beliefs, and intentions to get tested for HIV. All of these questions will also enable us to determine whether change occurs among those exposed to campaign messages.

A.12 Estimates of Annualized Burden Hours and Costs

The overall annual burden per respondent was calculated by summing the burden hours for the screener and survey. Note that the calculations are based on a total sample size of 19,750; 24,000 less the 4,250 who have already responded. As described in Section A.1, the original approved sample size for the 3-year assessment was 36,000 but was reduced to 24,000 for feasibility purposes. Approximately 6,583 respondents will participate annually (19,750 divided by 3); we anticipate screening 32,915 individuals annually to achieve this sample size. The number of respondents for each data collection was multiplied by the average time burden per response (approximately 2 minutes for the study screener and 30 minutes for the survey) to yield total burden hours. The total estimated burden hours are 1,097 for the

screener (**Attachment 6**) and 3,292 for the survey (**Attachment 3**). The total annual response burden is estimated at 4,389 hours. For this three year approval, the total burden hours is 13,167.

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	32,915	1	2/60	1,097
Survey Module	6,583	1	30/60	3,292
Total				**4,389**

*Rounded to the nearest hour.

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	32,915	1	2/60	$22.33	1,097	$24,496
Survey Module	6,583	1	30/60	$22.33	3,292	$73,510
Total						**$98,006**

*Rounded to the nearest dollar.

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 $22.33 per hour as an estimate of average minimum 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 $98,006.

For this three year approval period, the total estimated cost to participants is $294,018.

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

There are no other costs to respondents or record keepers.

A.14 Annualized Cost to the Federal Government

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. This is the cost estimated by CDC's contractor, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting. For this three year approval period, the total estimated cost to the government is $742,758.

Exhibit A.14.1. Annualized Costs to the Government

Item/Activity	Details	$ Total Amount
CDC oversight of contractor and project	20% of FTE: GS-13 Health Communication Specialist	$19,380
Recruitment and data collection (contractor)	320 labor hours, data collection subcontract with e-Rewards, and ODCs	$146,068
Analysis and reporting (contractor)	640 labor hours and ODCs	$82, 138
Total		**$247,586**

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

A.15 Explanation for Program Changes or Adjustments

This is an extension request for 0920-0920. The sample size was adjusted from 12,000 annually (36,000 over 3 years) to 8,000 annually (24,000 over 3 years). Accounting for the 4,250 respondents who have participated in a data collection thus far, the sample size for the 3-year assessment period is 19,750 which amounts to 6,583 annually. No other adjustments were made.

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

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 assess 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 the descriptive analyses are complete, our process has been 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 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.

The final 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 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 assessment approach; a detailed summary of the assessment's methods and results; a discussion of findings in comparison with those of other relevant program assessments; strengths and limitations of the assessment; and recommendations for future assessments, 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 16.1.

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.

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