

Generic

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

Supporting Statement B

EXTENSION

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B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1 Respondent Universe and Sampling Methods

The study will consist of surveys of AAA target audiences to measure exposure to each phase and messages of the campaign and interventions implemented under the *AAA campaign*. The study will include a sample of adults aged 18 or older from online survey vendors (e.g., Harris Interactive, Knowledge Networks, and e-Rewards). The online survey vendor sample will be supplemented with additional respondents generated by (1) partnership organizations (e.g., the National Urban League, the National Medical Association), (2) online advertising (e.g., banner ads, electronic bulletin boards), and (3) external partners (e.g., community-based organizations, health departments).

Obtaining a probability-based sample to reach the desired subpopulations of interest is cost prohibitive for this survey. The target audiences for the *AAA campaign* are varied and in most instances will be narrowly defined (e.g., African Americans at high risk of HIV infection; MSM). Although the sample is not meant to be generalized to the entire population of interest, this collection of information will enable CDC to gather assessment information to more effectively address HIV testing and prevention.

The data provided from the proposed assessment will be used to understand the appropriateness of continued or expanded funding and dissemination of the campaign. Note that these data will not be used for surveillance purposes, but rather to gather consumer responses to campaign phases and messages to inform and refine future campaign messages and media placement. Because the available sample pool from any one source will not provide the necessary sample size, the combination of sources described

previously will be utilized. The advantage of this approach is that it provides for joint analysis of online survey vendor panels and additional sample sources and comparisons between them, provided sufficient sample sizes from all sources.

The online survey vendors use a range of proprietary sources to obtain their samples. Because the samples are not randomly selected, they may be biased; people who opt to participate in a survey panel may have different characteristics than those who do not. Because the sample for this study is extremely targeted, our participants should represent some, but not all, of the campaign's target populations. The campaign's target audiences may have more limited Internet access and may have other differences when compared with the populations of interest. However, detailed information on respondent characteristics will be gathered. The screeners will gather basic demographic information from which we can describe the sample.

The original sample size approved for the 3-year assessment period was 36,000. This has been adjusted to 24,000 for feasibility purposes. As 4,250 individuals have responded thus far, 19,750 respondents are remaining. Annualized over the 3-year period, this amounts to 6,583 respondents. Proportions will be determined by the target audience of the campaign phases and specific parameters of sample composition. To reduce the effects of nonsampling error, nonresponse and post-stratification weighting adjustments will be applied to the sample when feasible.

This study will allow us to:

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. Examining patterns in correlations will allow us to (1) investigate naturally occurring phenomena which would be impractical to assess experimentally and (2) determine whether a relationship exists between campaign exposure and the outcomes of interest.

We conducted power analyses to determine the optimal sample size for detecting statistically significant differences among individuals exposed to the various AAA campaign messages and those not exposed. For this analysis, we tested the power to detect a difference between the percentage of exposed and non-exposed participants who talked to their partner about HIV status. We expect to find that 30% of participants have been exposed to the intervention. We assume, based on other studies, that 65% of nonexposed participants report talking to their partner about their HIV status. Given a type I error rate of 0.05 ($\alpha = 0.05$), we will achieve 80% power to detect that 74% of respondents in the exposed group talked about HIV status with a sample size of 1,000.

B.2 Procedures for the Collection of Information

Subject recruitment procedures will vary based on how they are identified: (1) online survey vendors, (2) partnership organizations, (3) internet, or (4) external partners. The procedures for collection of information will be the same for subjects identified through online survey vendors and partnership organization. The selected online survey vendor will identify individuals who fall into the targeted audience for the specific campaign being assessed using their market research panel. This list will be supplemented with sample lists received from partnership organizations. 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).

To recruit participants via the internet, we will purchase online advertisements (e.g., banner advertisements) on targeted websites. Websites will be chosen based on the campaign's focus. For example, if the campaign is focused on African American men who have sex with men, we will place the advertisement on websites catering to this demographic group. The advertisement will describe the survey in brief, length of the survey, and token of appreciation amount provided for successful completion of the survey. Individuals will be asked if they are willing to answer a few questions to determine if they are eligible. Each participant must check either a box labeled "YES, I agree to be screened" or "NO, I do not wish to be screened." Only respondents

who consent will be provided with a personal password they must use to enter the screener.

We will also partner with external organizations, such as CBOs and health departments, to recruit potential participants for data collection. By working with external partners, we can extend our reach to individuals who are unlikely to be accessed through online recruitment methods. We will identify external partners who work with members of a particular campaign's target audience and ask them to assist us with subject identification by placing flyers, posters, and other materials (e.g., palm cards, brochures) in client waiting areas and exam rooms. The materials will include a URL for more information about the survey. The URL will describe the survey in brief, length of the survey, and token of appreciation amount provided for successful completion of the survey. Individuals will be asked if they are willing to answer a few questions to determine if they are eligible. Each participant must check either a box labeled "YES, I agree to be screened" or "NO, I do not wish to be screened." Only respondents who consent to be screened will be provided with a personal password they must use to enter the screener.

After participants enter their personal passwords, they will complete a brief online screener (**Attachment 6**) to determine eligibility. Eligible participants include adults who meet the criteria for the targeted audience of the AAA campaign phase being assessed.

Individuals who are eligible will be provided with general information about the survey, topics to be covered, potential risks from the survey, and the token of appreciation available for completing the survey and administered informed consent. Potential participants will be informed of the private and voluntary nature of the survey. Panelists and sample participants

identified through other means will be given separate consent forms that differ only in the explanation of the token of appreciation available for completing the survey. Panelists will be given the token of appreciation via the vendor's bonus points system, which includes points that are redeemable for cash, while sample participants identified through other sources will receive checks directly sent to them in the mail. After reading the informed consent, each participant must check through point-and-click acceptance either a box labeled "YES, I agree to participate" or "NO, I do not wish to participate." Only respondents who consent will be routed to the survey.

To enter the survey, participants must enter their personal password which will be needed each time they access the survey. A respondent's personal password will not change. Study participants will be given a designated period during which the survey will be available for them to complete, making it feasible for participants to complete the survey during their own time, in private. This mechanism therefore makes this study suitable for addressing sensitive topics, such as sexual behavior and HIV status, while also improving the accuracy and validity of the data obtained for these sensitive topics. Participants can complete each survey only once.

Data from completed surveys will be compiled into a SPSS data set by the online survey vendor and sent to CDC's contractor, with no PII, for analysis.

Panel members from online survey vendors and the additional sample members identified through partnership organizations who do not respond will receive one e-mail reminder from the online survey vendor requesting their participation in the survey. A sample e-mail notification for non-respondents is provided in **Attachment 5**. The surveys will be self-administered and

accessible any time of day for a designated period. All data collection materials are at an 8th grade reading level or below due to sample eligibility criteria and CDC requirements.

Individuals who complete the survey will receive points redeemable for merchandise from the online survey panel vendors. Adults are difficult to engage in a survey about this sensitive topic without the use of a small token of appreciation. The token of appreciation is intended to recognize the time burden placed on participants, encourage their cooperation, and convey appreciation for contributing to this important study. A toll-free telephone number for CDC INFO (1-800-CDC-INFO) will be provided to all participants during the informed consent process if they have additional questions about HIV/AIDS.

Our sample design is based on conservative assumptions about survey response. Thus, our estimates of cooperation rates should be viewed as “worst case” scenarios that, if they hold true, would still ensure sufficient sample sizes to reasonably detect small message effects. We estimate that at least 20% of respondents will complete the survey.

Exhibit 2.1. Annual and Three-Year Total Number of Participants for the Survey

Numbers and Cooperation Rates	Annual Total	Three Year Total
Number of participants to be contacted	32,915	98,745
Expected cooperation rate	20%	20%
Number of completed surveys	6,583	19,750

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

The following procedures will be used to maximize cooperation and to achieve the desired high response rates:

- A token of appreciation in cash or cash equivalent (e.g., bonus points) will be provided to respondents upon completion of the survey.
- Survey vendors will send one email reminder to panelists and individuals identified through partnership organizations who do not respond requesting their participation in the survey.
- Online survey vendors will provide toll-free telephone numbers to all respondents so that they can call with any questions or concerns about any aspect of the study. CDC's contractor will provide a toll-free telephone number for the project director and a toll-free telephone number for the institutional review board (IRB) of CDC's contractor hotline should participants have any questions about the study or their rights as a study participant.
- Online survey vendor data collection staff will work with CDC contractor project staff to address concerns that may arise.
- A study overview will be included in the introductory information for participants prior to each survey. The information will present an interesting and appealing image and alert participants to the upcoming surveys.

B.4 Test of Procedures or Methods to Be Undertaken

To estimate the survey burden for each respondent, two survey specialists will be consulted. The survey specialists will conduct mock interviews and provide affirmative responses to most or all questions that branch to follow-up questions. In this way, the burden estimate will most closely resemble a maximum average burden, since almost all survey questions were presented in the interview. In addition, the survey specialists will deliberately read each item slowly. The contractor's experience has shown that interviewer-administered questionnaires take longer to complete than self-administered questionnaires. The survey specialists tested the study screener and estimated the maximum average burden to be 2 minutes for the study screener. The survey specialists will test each survey separately. Any one survey will consist of items that take no more than an average of 30 minutes to complete. The sample survey in **Attachment 3** provides the items used to address the purpose of the study, documented in B.1 as

well as Supporting Statement A, Section 2.1. All survey items for each campaign will be included in the genIC. The sample study screener is provided in **Attachment 6**.

Before implementing each study, CDC's contractor, the selected online survey vendor, and CDC staff will test the entire process of self-administering each online survey. This will enable us to pilot test each survey programming and logic and correct any potential problems before the experiment is implemented with the actual sample of participants.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

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