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

Development of Messages for the Act Against AIDS National Testing Campaign

Supporting Statement A

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ATTACHMENTS

Attachment 4: Web-based Survey Consent Form

- Goal of the study
  AAA focuses on increasing HIV/AIDS awareness, prevention behaviors, and HIV testing rates. The purpose of this study is to evaluate the potential effectiveness of messages developed as part of a social marketing campaign focused on HIV testing.

- Intended use of the resulting data
  The data obtained will be used to inform CDC, policy makers, prevention practitioners, and researchers about audience receptivity and the potential effects of campaign messages.

- Methods to be used to collect
  A 30-minute web-based survey will be administered to a nonprobability-based quota sample of adults aged 18 to 64 years in the United States. Survey respondents will be asked a range of questions to evaluate the appropriateness and potential effectiveness of AAA messages, which are needed to improve HIV testing rates and related outcomes.

- The subpopulation to be studied
  The sample population consists of 1,600 adults aged 18 to 64 years in the United States. The study will oversample subpopulations disproportionately affected by HIV, including gay and bisexual men, Blacks/African Americans, Hispanics/Latinos, and young adults (aged 18 to 29 years).

- How data will be analyzed
  Descriptive statistics (frequencies, means, and standard deviations) will be calculated. Additionally, a variety of statistical analyses, including independent samples t-tests, chi-square tests, and one-way analysis of variance, will be conducted to identify any statistically significant, group-level differences.

Attachment 5: Field-Testing Web-based Survey Reminder E-mail

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests approval for a new data collection called, "Development of Messages for the Act Against AIDS National Testing Campaign." This is a genIC requested under the OMB approved Generic Clearance #0920-0920; expiration date 6/30/2018, entitled "Information Collection Through Web-based Surveys for Evaluating Act Against AIDS (AAA) Social Marketing Campaign Phases Targeting Consumers". The authorizing legislation is included as **attachment 1**.

CDC proposes to conduct a Web-based survey to evaluate the potential effectiveness of messages during the developmental phase of a social marketing campaign focused on HIV testing among audiences ages 18 to 64 years old in the United States. About 1.1 million people are living with HIV in the United States, and about 16% do not know they are infected (CDC, 2013). Each year, roughly 50,000 new infections are reported (CDC, 2012). HIV testing messages are needed to encourage individuals who may not know they are infected to get tested so they can get into care, stay healthy and prevent new infections.

The messages and the way they are communicated need to be tested and verified to ensure their acceptability and effectiveness among populations of all ages, genders, races and ethnicities, and sexual orientations. The study will consist of conducting Web-based surveys with a total of 1,600 individuals.

A.2 Purpose and Use of the Information Collection

The purpose of this data collection is to evaluate the potential effectiveness of messages during the developmental phase of social marketing campaign focused on HIV testing. We will conduct a 30-minute web-based survey to quantitatively pre-test the messages with 1,600 individuals. The information obtained from the proposed data collection will be used to inform CDC, policy makers, prevention practitioners and researchers about audience receptivity and the potential effects of campaign messages as they are developed. A copy of the survey instrument is provided in **Attachment 2 and Attachment 2a**.
RTI will conduct a Web-based survey to quantitatively assess the acceptance of the messages to determine and recommend which messages to further develop and implement as part of the HIV testing social marketing campaign.

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

A.2.1 Items of Information to be Collected

The proposed study will collect information on the following: message comprehension, clarity, word choice, reactions, personal relevance, credibility, practicality, and motivational appeal, as well as information on socio-demographics, sexual identity, HIV testing behaviors, and knowledge, attitudes, behaviors, and perceived social norms around HIV/AIDS. A copy of the survey is attached as **Attachment 2 (Word document) and Attachment 2a (copy of Web-based screenshots)**. A copy of the screening instrument is attached as **Attachment 3**.

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 generic 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 for the generic clearance 0920-0920 was published on November 20, 2014 (Volume 79, Number 224, pages 69120-69121). No substantive comments were received from the public.

A.9 Explanation of Any Payment or Gift to Respondents

CDC will not directly provide monetary tokens of appreciation to study participants. However, 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. For example, the points may be used to purchase air miles with participating airlines, event tickets, or movie rentals. Although the points are not redeemable for cash, it is estimated that the total monetary equivalent of the points for this one-time survey will not exceed $25. This token is intended to recognize the time burden placed on respondents, encourage their participation, and convey appreciation for their contributions. A benefit of this token method is that it does not require the collection of IIF by CDC or RTI, as processing of the payment will be conducted by the online survey panel vendor. The token amount was determined by reviewing our previous experiences conducting similar studies with the targeted populations. Numerous empirical studies have shown that honoraria can significantly increase response rates (e.g., Abreu & Winters, 1999; Shettle & Mooney, 1999). A smaller amount would not appear sufficiently attractive. We also believe that the small token of appreciation will result in higher data validity as participants become more engaged in the data collection process. Participants will receive their token of appreciation after they complete the posttest survey.

Because this online survey will oversample hard-to-reach and minority populations, including gay and bisexual men, Blacks/African Americans, Hispanics/Latinos, and young adults (aged 18 to 29 years), a token of appreciation is warranted. Gay/bisexual men, particularly gay/bisexual men of color, and minorities, in general, are specialized respondents known to be difficult to identify, locate, and recruit. These difficult to reach populations justify offering a token of appreciation as a 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).

An often cited, highly regarded study using an online survey targeting gay/bisexual men found that advertisements that indicated tokens of appreciation 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. Additionally, previous research has found that minorities (e.g., Blacks/African Americans, Hispanics/Latinos), who are disproportionately affected by HIV in the US, are consistently underrepresented research studies (Yancey et al., 2006). Given the length of the survey, the specialized hard-to-reach and minority populations, the past lack of representation in research studies, and the sensitive nature of some of the survey questions, the minimum amount the survey vendor has stated that they would need to offer the online panel tokens is one credit per one minute of survey.

A.10 Assurance of Confidentiality Provided to Respondents

A.10.1 Privacy Impact Assessment

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

extent allowable by law, as detailed in the survey consent form (**Attachment 4**).

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

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

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

RTI maintains restricted access to all data preparation areas (i.e., receipt and coding). All data files on multi-user systems will be under the control of a database manager, with access limited to project staff on a “need-to-know” basis only. Any online survey panel firm contracted by RTI will take the following security measures to ensure separation between participants’ identity and their survey data. First, no participant name, address, e-mail address, telephone number, or any other kind of IIF appears on the survey. The only way a survey is identified is with a digital identification number. Second, the responses from the survey are not linked to the IIF. Third, screener data will be considered part of the survey data. The online survey panel firm will provide the results of the screener questions for all participants, regardless of whether they qualify for the study. However, the firm will not retain responses to screening questions for those who are deemed ineligible for any other purpose outside the scope of this project. Fourth, the firm will retain study records for the

duration of the study. Upon final delivery of data files to RTI and completion of the project, the firm will destroy all study records, including data files, upon request. Once this information is destroyed, the firm will be unable to supply or access it for any reason, even at the request of RTI. Finally, data coming directly from the survey engine are stored in a proprietary database. Although these data are not encrypted, once inside the firewall, they are stored in a relational database protected by several layers of intrusion detection and access control. Data files delivered to RTI by the firm will be sent via encrypted files.

Information will be collected electronically. CDC will not receive any personally identifiable information (IIF). All IIF collected by the survey panel firm will be unlinked or stripped from data delivered to RTI and CDC. For example, the survey vendor will use panel members' e-mail addresses to remind non-responders to complete the study (**Attachment 5**). This information will not be shared with CDC. The survey will be delivered via the Internet and will be accessible only to participants in the survey. Web site content will not be directed to children younger than age 13. All participants will be 18 years of age or older. All electronic files will be password controlled, accessible only to fully authorized personnel, and maintained and protected to the extent allowable by law.

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

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

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

A.11 Justification for Sensitive Questions

The study asks questions of a sensitive nature including questions related to HIV serostatus. This measurement of sensitive HIV-related questions is necessary to adequately assess the topic area. Further, the questions in this data collection are necessary to assess the messages in order to identify message content and delivery regarding key HIV concepts and strategies. The social marketing campaign under development is a direct response to the need to promote HIV testing among individuals in the Unites States to reduce incidence. As such, our study entails the measurement of sensitive sexual health–related questions.

To identify the intended audience and to oversample minority women and gay/bisexual men, the screening instrument (**Attachment 3**) will include some sensitive questions, including race/ethnicity and sexual orientation. Since the messages are targeted to individuals who are HIV-negative or do not know their HIV status, the screening instrument also asks about HIV testing history and HIV serostatus.

The survey also includes sensitive questions necessary to inform the development and evaluation of the messages (**Attachment 2**). The survey includes questions about exposure to other HIV testing campaigns, HIV testing, communication with others about HIV testing, 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 871 hours. **Exhibit A.1** provides details about how this estimate was calculated. The screening instrument for the Web-based survey (n = 2,144) is expected to take about 2 minutes to complete (**attachment 3**). The Web-based survey (n = 1,600) is expected to take 30 minutes (**attachment 2**). We expect to screen a total of 2,144 individuals to complete 1,600 Web-based surveys.

Exhibit A.1 Annualized Burden Hours

Type of Respon-dent	Form Name	No. of Respon-dents	No. of Responses per Respon-dent	Average Burden Per Response (in Hours)	Total Response Burden Hours
General public	Screener	2,144	1	2/60	71
	Web Based Survey	1,600	1	30/60	800
Total					**871**

A.12.2 Estimated Annualized Burden Costs

We do not know what the wage rate category will be for the selected participants (or even whether they will be employed). We used the figure of $22.33 per hour as an estimate of mean hourly wage across the country for the general public (Bureau of Labor Statistics, 2013). The estimated annual cost to participants for the collection of information will be $19,449.43.

Exhibit A.2 Annualized Cost to Respondents

Activity	Total Burden Hours	Hourly Wage Rate	Total Respondent Cost
Screener	71	$22.33	$1,585.43
Web Based Survey	800	$22.33	$17,864.00
Total	**871**		**$19,449.43**

A.13 <u>Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers</u>

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 <u>Annualized Costs to the Federal Government</u>

One CDC Contracting Officers' Representative COR will be responsible for obtaining CDC approvals, providing project oversight, and participating in analysis and dissemination of the results. The contractor's costs are based on estimates provided by the contractor who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $347,767

(**Exhibit A.3**). This is the cost estimated by the contractor, RTI, and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting.

Exhibit A.3 Estimates of Annualized Cost to the Government

Expense Type	Expense Explanation	Annual Costs
CDC oversight of contractor and project	20% of FTE: GS-13 Health Communication Specialist	$17,100
Recruitment, data collection, analysis, and reporting (contractor)	Labor hours and ODCs	$330,667
Total		$347,767

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

A.15 Explanation for Program Changes or Adjustments

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

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

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

Exhibit A.4 Project Time Schedule

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

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

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

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