

Information Collection Request

New

National Tobacco Education Campaign

Rough Cut Testing of Television Advertisements

(OMB No. 0920-0910)

Supporting Statement: Part A

Program Official/Contact

Michelle O'Hegarty, PhD

Office on Smoking and Health

National Center for Chronic Disease Prevention and Health Promotion

Centers for Disease Control and Prevention

4770 Buford Highway, NE MS F-79

Atlanta, Georgia 30341

770-488-5582

FAX: 770-488-5939

Email: mohegarty@cdc.gov

October 9, 2018

TABLE OF CONTENTS

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or Other Small Entities
6. Consequences of Collecting the Information Less Frequently
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
8. Comments in Response to the Federal Register Notice & Efforts to Consult Outside Agency
9. Explanation of Any Payment or Gift to Respondents
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents
11. Institutional Review Board (IRB) and Justification for Sensitive Questions
12. Estimates of Annualized Burden Hours and Costs
13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers
14. Annualized Cost to the Federal Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulation and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate
18. Exceptions to Certification for Paperwork Reduction Act Submissions

LIST OF ATTACHMENTS

Attachment 1: Online Questionnaire Email Invitation to Potential Respondents

Attachment 2: Online Questionnaire Recruitment Screener

Attachment 3: Online Questionnaire

Attachment 4: Online Questionnaire Main Screenshots

Attachment 5: Toluna Terms and Conditions

Attachment 6: Battelle Institutional Review Board Approval

Attachment 7: Toluna Privacy Policy

Notes on Excluded Attachments. In this information collection request (ICR), CDC outlines a plan to test rough cut advertisements (ads) with content that may be considered sensitive. The draft materials are not included because the near-final, “rough cut” advertisements have not been approved for public distribution by HHS/Assistant Secretary for Public Affairs (ASPA). To support adequate review of this Gen IC by OMB, the Centers for Disease Control and Prevention request permission to provide OMB with a secure link to the draft materials.

Supporting Statement: Summary

- **Goal of the Proposed Project:** The goal of this proposed project is to test reactions to 13 rough cut advertisements (ads) that illustrate the harmful effects that smoking-related diseases, such as cancer and chronic obstructive pulmonary disease, have on the former smoker as well as the family. Rough cut advertisements are near-final versions of advertisements with unedited photos, placeholder voiceovers, etc. The resulting information will be used to refine the rough cut ads to develop into final ads for the 2019 *Tips From Former Smokers*® (*Tips*®) campaign.
- **Intended use of the resulting data:** Once collected data is analyzed, the results will yield information to produce clear, credible, believable, and effective ads to motivate smokers to quit smoking conventional cigarettes completely.
- **Methods to be used to collect data:** Quantitative methods will be used to collect data on 13 rough cut ads. Quantitative data will be collected through 15-minute online surveys (which include a screener and a questionnaire) of 23,468 respondents, 18,666 of which are expected to view ads and complete the questionnaire. The survey will collect information about the participants' reactions to the rough cut ads as well as basic demographic and cigarette use information to understand whether and how these factors may influence individuals' responses to these messages.
- **Populations to be studied:** The population will be adult cigarette smokers and nonsmokers 18-54 years old.
- **How data will be analyzed:** The resulting data will be analyzed using statistical techniques for quantitative data. Data will be analyzed using aggregate measures such as percentages and means. Analyses will focus on whether participants' evaluations of ad clarity, credibility, believability, and effectiveness differ across ads. Additionally, data from open-ended questions (e.g., about the main message of the ad) will be analyzed qualitatively using thematic analysis.

Part A. Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary

While significant improvements have been made in reducing the smoking rate in the United States since the first Surgeon General's Report came out more than 50 years ago, cigarette smoking is still the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or one of every five deaths (U.S. Department of Health and Human Services (HHS), 2014). In addition, more than 16 million Americans live with a smoking-related disease (HHS, 2014). In 2016, the prevalence of cigarette smoking among adults was 15.5% (Jamal, Phillips, Gentzke et al., 2018). In March 2012, the Centers for Disease Control and Prevention (CDC) launched the first-ever paid national tobacco education campaign—*Tips From Former Smokers*® (*Tips*®). The *Tips* campaign profiles real people who are living with serious long-term health effects from smoking and secondhand smoke exposure. The primary audience is smokers ages 18 through 54. Secondary audiences include family members, health care providers, and faith communities. The goals of the *Tips* campaign are to:

- Build public awareness of the immediate health damage caused by smoking and exposure to secondhand smoke;
- Encourage smokers to quit, and let them know that free help is available, and;
- Encourage smokers not to smoke around others and encourage nonsmokers to protect themselves and their families from exposure to secondhand smoke.

To date, the *Tips* campaign has had a significant impact on cessation behaviors among U.S. adult smokers over time because of the continued use of graphic, hard-hitting, emotional ads (Davis, Patel, Shafer et al., 2017). During 2012–2015, the campaign was associated with over half a million sustained quits among U.S. adult smokers, and over 9 million quit attempts (Murphy-Hoefer, Davis, Beistle et al., 2018). The *Tips* campaign has also been associated with increased knowledge of tobacco-related health risks (Huang, Thrasher, Abad et al., 2015.) In addition, during the first year of the campaign, an estimated 6 million nonsmokers talked with friends and family about the dangers of smoking. More information about the impact of the campaign can be found at cdc.gov/tobacco/campaign/tips/index.html.

Given that more than 480,000 Americans still die every year, it is important to continue a national tobacco education campaign that motivates smokers to try and quit and lets them know that free resources are available to help them if needed. Standard accepted advertising practices include developing new advertisements in order to continue to motivate the audience to change their behavior. Some of the ads have been used every year since the 2012 launch. CDC's Office on Smoking and Health (OSH), in collaboration with their contractor, The Plowshare Group, and subcontractors, Qualtrics and Battelle, will test a set of rough cut ads that will be aired as part of the 2019 media buy.

Rough cut testing is a standard advertising research activity used in the development of communication campaigns and is the step that immediately precedes the development of final ads. Rough cut testing is crucial to ensuring that the ad informs the target audience of the health consequences caused by smoking cigarettes and motivates them to take action (e.g., quit smoking cigarettes or talk to a loved one about the dangers of smoking cigarettes). Additionally, rough cut testing is a way to measure any unanticipated confusion, ambiguity, or lack of understanding of the advertisement's message.

The objective of the proposed project is to test thirteen rough cut ads among adult smokers and nonsmokers ages 18-54. The 13 ads focus on seven stories or concepts (*Beatrice*, *Christine A*, *Christine B*, *Terrie*, *Dana*, *Leonard Nimoy*, and *Wilma*). The first six of these have both :15s and :30s versions. The *Wilma* concept only has a :15s version. Ad reactions will be analyzed with the full sample, as well as between and within several subpopulations defined by smoking status, socioeconomic status, and age:

- Young adult smokers (18-26 years of age)
- Young adult nonsmokers (18-26 years of age)
- Older adult smokers (27-54 years of age)
- Older adult nonsmokers (27-54 years of age)
- Low-socioeconomic status smokers (18-54 years of age)
- Non-low-SES smokers (18-54 years of age)

In order to assess how the rough cut ads are perceived across a number of measures, including perceived effectiveness (PE) (Davis, Duke, Shafer et al., 2017), believability, comprehension, and emotional reactions, approximately 18,666 respondents will view and react to rough cut advertisements that focus on the harmful effects that smoking-related diseases, such as cancer and chronic obstructive pulmonary disease have on the former smoker as well as the family.¹ Of these, a minimum of 2,364 respondents will view each :30s ad and the :15s *Wilma* ad, with at least 394 of these respondents from each subpopulation named above. An additional 353 low-SES smokers will view each of the other six :15s ads. The rationale for only testing these with low-SES smokers is that this is the primary target audience of the *Tips* campaign, and the same concept will already be tested in the longer format, so there is not a strong need to test the shorter version more broadly.

Table A.1 below shows the ads to be tested, the media format and length of the ad, the number of ads, and the number of respondents associated with each ad to be tested. **Section A.12** and **Part B** include additional information on sample size calculations.

¹ To achieve this minimum final sample size, it is anticipated that the total number of respondents who need to initiate the screener is 23,468, accounting for attrition. More detail on how this number was calculated this is included in **Section A.12**.

Ad	Media Format	Number of Ads	30 Second Version¹	15 Second Version	Total respondents
<i>Beatrice</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Christine A</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Christine B</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Terrie</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Dana</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Leonard Nimoy</i>	TV (:30s :15s)	2	2,364	353	2,717
<i>Wilma</i> ²	TV (:15s)	1	n/a	2,364	2,364
	Total	13			18,666

¹For ads with both :15s and :30s versions, respondents from all subpopulations (defined by smoking status, age, and SES) will see the :30s versions. Only low-SES smokers will see the 15s versions of these ads.

²There is no :30s version of the *Wilma* ad. Therefore, respondents from all subpopulations will see the :15s version of this ad.

A.2 Purpose and Use of Information Collection

This proposed project is part of a collection of ICRs submitted under a dedicated generic clearance to develop campaign advertisements. Previous ICRs approved under this generic clearance to assist with ad development include message platform testing, creative concept testing, and rough-cut testing. For example, the program received OMB approval to test 2018 rough cut advertisements on October 26, 2017 (OMB No. 0920-0910). The ads tested in 2017 aired as part of the 2018 *Tips* campaign. The rough cut ads that test well with the target audience in the proposed project will air as part of the 2019 *Tips* campaign. If this information collection is not performed, CDC will not know whether these rough cut ads communicate credibly and effectively with the target audience. This could result in the production of ads that are not effective in encouraging smokers to quit.

Potential participants will be recruited from an existing, online, convenience panel managed by Toluna (see <http://www.toluna-group.com//choose-the-people#global-reach> for more detail on this panel). The panel provider maintains demographic information about panelists in its proprietary database, which is not released (see Toluna Privacy Policy, Attachment 7), and this information will be used to ensure that the invitation to participate in this project (Attachment 1) will target only individuals who are likely to be eligible. An online, project-specific screener (Attachment 2) will be used to confirm respondents' age, state of residency, level of education, income, employment status and tobacco use behavior.

Following the screening process, eligible respondents will complete the online questionnaire (Attachment 3). The purpose of the online questionnaire is to show participants the rough cut ads and measure demographic characteristics, tobacco use behaviors and perceptions, and reactions to the ads (e.g., PE, confusion, believability, emotional response, effect on motivation to quit smoking, etc.). Participants will be randomized to one of the thirteen rough cut ads being tested (meaning, each participant will see only one ad). Randomization of participants to

view the different ads being tested ensures that there is a similar distribution of individuals with different measured and unmeasured characteristics across ads. Overall, this is designed to have high internal validity even though external validity (i.e., generalizability) is low because of the volunteer sample. The project design is summarized in **Figure A.1** and key variables are summarized in **Table A.2**.

Figure A.1. Diagram of Proposed Project Design, Enrollment, Allocation, and Analyses

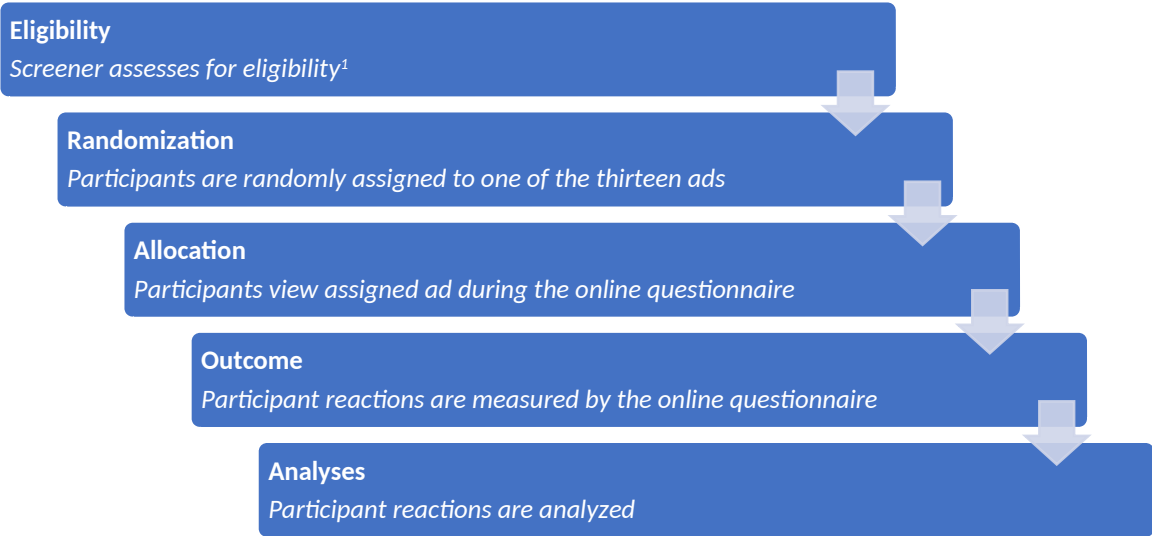


Table A.2. Key Variables

Screener	Inclusion Criteria	
	Age	DAGE2
	State of Residency	DEMO2
	SES (Education; Income; Employment)	SES1; SES2; SES3
Questionnaire	Tobacco Use Status	TS1; TS2; TS3
	Demographic and Psychographic Variables	
	Demographics (Gender; Race/Ethnicity)	DEMO1; DEMO3; DEMO4;
	Awareness of tobacco advertising campaigns	P8; P9; P10; P11
	Tobacco Variables	
	Tobacco Use Status/Behaviors	TS1a; TS1b; TS2
	Quit Attempts	QA1; QA2; QA30 QA4; QA5; QA100; QA102
	Tobacco Attitudes and Beliefs	P5a; P5b; P5c; P5d; P6; D210; D211
	Outcome Variables	
	Ad Reactions	M1; M2; LN1; LNY2; LNN1; LNN2; RC5a; M3; M4; M5a; M5b; M6a; M6b; M7a; M7b; M8a; M8b; M600; RC14; RC15; RC16; RC17; RC14b; RC31

A.3 Use of Improved Information Technology and Burden Reduction

During data collection, all information (from the screener and the questionnaire) will be collected electronically utilizing an integrated Web-based software platform (see Attachment 4 for main screenshots). Web-based surveys are an especially convenient option for eliciting feedback on visual and textual stimuli such as the rough cut ads to be tested. The use of a web-based platform also offers a number of benefits for managing the quantitative data collection:

- First, use of an existing online panel will allow CDC to obtain information quickly so that needed adjustments to health messaging can be made expeditiously and campaign development can progress rapidly from planning to implementation. The panel used for this testing is very large (more than 1.7 million people in the U.S.), allowing quick selection of participants from extremely small subgroups of the population. Samples from this panel are not designed to generate nationally representative samples or precise population parameters but rather are used as a highly efficient, low cost, and low burden method of data collection for formative rough cut testing.
- Second, when a respondent enters the screener for this project, the link to his or her identifiable information is severed (i.e., the link to the identifiable information maintained by the panel provider). None of the information collected through screening or the online questionnaire is identifiable, providing a secure environment for participants.

- Third, this technology permits participants to complete the instruments in private. Providing the participant with a methodology that improves privacy makes reporting of potentially embarrassing or stigmatizing behaviors (e.g., tobacco use) less threatening and enhances response validity and response rates.
- Finally, the web-based software system includes embedded logic that will route respondents efficiently through the screener and onto the online questionnaire (or a “thank you” screen, if the respondent is found to be ineligible). This approach can increase participation rates (which decreases time and costs related to information collection procedures) by reducing the number of respondents needed to complete the screener in order to achieve the desired enrolled sample size (i.e., by reducing drop off between the screener and questionnaire).

Overall, the software supports an efficient assignment and routing process, as well as a smooth user experience that would be difficult to attain in other modes of data collection.

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

The U.S. Department of Health and Human Service’s Office of the Assistant Secretary for Planning and Evaluation (ASPE) has reviewed this proposed collection of information, and has determined that it does not duplicate other collections. To prepare for data collection, CDC reviewed existing published literature, and unpublished qualitative pretesting reports (e.g., the findings from previous formative testing) when they were available.

OSH collaborates with other federal government agencies that sponsor or endorse health communication projects, such as FDA’s Center for Tobacco Products (CTP). Staff members in OSH’s Health Communications Branch work closely with staff in CTP’s Office of Health Communication and Education. Regularly scheduled conference calls are held to review plans and share research findings of mutual interest. These collaborations serve as information channels, help prevent redundancy, and promote use of consistent measures of effectiveness. Coordination activities include the review of data collection instruments and other support materials for testing purposes.

FDA CTP is investing in a number of public education campaigns aimed at youth and young adults, such as *The Real Cost*, *Fresh Empire*, and *This Free Life* to educate them about the dangers of regulated tobacco products. Additionally, FDA launched a campaign in December 2017 focused at the point of purchase which aims to prevent a relapse or get smokers who may have slipped to try to quit again. FDA’s media placement is exclusively in and around convenience stores and targets smokers ages 25-54.

CDC continues to share findings from its information collection efforts with CTP to ensure that message and campaign development is complementary and not duplicative.

Points of contact for this coordination are:

- CDC: Brian Armour, Associate Director for Science, Office of the Associate Director for Science, telephone (404) 498-3014, email bka9@cdc.gov
- CDC: Israel Agaku, Senior Service Fellow, Office of the Associate Director for Science, telephone (770) 488-5138, email wgn9@cdc.gov
- CDC: Elizabeth Courtney-Long, Health Scientist, Office of the Associate Director for Science, telephone (404-498-0264), email gmr9@cdc.gov
- CDC: Diane Beistle, Chief, Health Communications Branch, telephone (770) 488-5066, email zgv1@cdc.gov
- CDC: Lindsey McCarter, Team Lead, Campaign Development, Health Communications Branch, telephone (770) 488-4239, email lpq4@cdc.gov
- CDC: Michelle O’Hegarty, Health Communications Specialist, Campaign Development, Health Communications Branch, telephone (770) 488-5582, email mohegarty@cdc.gov
- FDA: Matthew Walker, Lead Health Scientist, Office of Health Communication and Education, telephone (240) 402-3824, email matthew.walker@fda.hhs.gov

A.5 Impact on Small Business or Other Small Entities

This data collection will not involve small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

This is a one-time information collection request.

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

There are no special circumstances that require data collection to be conducted in a manner inconsistent with 5 CFR 1320.5 (d) (2). The information collection fully complies with the guidelines in 5 CFR 1320.5.

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

A.8.a Federal Register Announcement

A Notice was published in the Federal Register on December 13, 2017, volume 82, number 238, pp. 58609-58611. No public comments about this data collection were received by CDC.

A.8.b Consultations

The *Tips* campaign has been funded primarily with funds from the Affordable Care Act/Public Health Fund designated for smoking education since 2010. CDC did not consult outside of the agency on the rough cut ads.

A.9 Explanation of Any Payments or Gift to Respondents

Participants will be drawn from the established Toluna panel system, which provides points to panelists to encourage participation (see Attachment 5: Toluna’s Terms and Conditions). Immediately upon completion of the survey, each respondent will be provided with points equivalent to \$0.50. These points are accrued with other points when the panelist takes part in other surveys. At any time, the panelist can redeem their points for different products, such as

gift cards. Studies have indicated that a monetary gift can increase response rates (Church, 1993; Greenbaum, 2000; Haveman, 2010).

A.10 Protection of the Privacy and Confidentiality of Information Provided by Respondents

This submission has been reviewed by staff in CDC's National Center for Chronic Disease Prevention and Health Promotion, who determined that the Privacy Act does not apply. This determination is based on the fact no personal identifiers will be collected in this proposed project to reduce the likelihood of identification or re-identification. CDC has contracted with The PlowShare Group for this information collection and The PlowShare Group's data collection and formative research subcontractors are Qualtrics and Battelle. All data collected and delivered to CDC from The PlowShare Group's data collection and formative research subcontractors will be in aggregate form only. Further, the information that will be reported to and maintained by CDC is not considered a record as defined by the Privacy Act: it will not include individuals' education, financial transactions, medical history, and criminal or employment history and name, or the identifying number, symbol, or other identifier assigned to any individual, such as a finger or voice print or a photograph. Staff from CDC, Qualtrics, and Battelle participated in planning the information collection; staff from each will interpret data but will not receive any Personally Identifiable Information (PII) on the respondents. Battelle's Institutional Review Board (IRB) reviewed and approved this project (Attachment 6). The IRB's primary concern is protecting respondents' rights, one of which is maintaining the privacy of participant information to the fullest extent of the law.

Privacy and Confidentiality of Online Questionnaire System

All information for the self-administered screening process and self-administered questionnaire will be collected electronically in a secure, web-based data collection system (as described in Section A2 and Part B). The identifiable information about Toluna panelists is maintained in a proprietary records system and is not released to CDC or other contractors/subcontractors (see Attachment 7: Toluna Privacy Policy). Although demographic information (e.g., age, state of residency, socioeconomic status) and tobacco use status will be confirmed through screening, no direct personal identifiers (e.g., date of birth [including day, month, year], name, phone number, address, email address, social security number, photograph, biometric information, or any other unique identifier that can be linked to an individual) will be collected or maintained as part of the Screener or Questionnaire (Attachments 2 and 3). A system of records notice (SORN) is not required because (1) the information collected is not considered a record as defined by the Privacy Act and (2) the records are not retrieved using a personal identifier.

When the respondent begins the questionnaire, all identifiable links to the existing system of records are severed. As such, because it does not exist, CDC will not have direct contact with or access to any PII about participants during this stage. Toluna does have access to the email address of panel subscribers, but no match back is possible with the survey response data. IP addresses will not be stored by the online questionnaire system, and no first- or third-party cookies will be stored during questionnaire completion. No link between the respondent's email and the specific survey is made after the potential respondent clicks on the link to start the

survey.

Data Security

All findings will be reported in aggregate form only. All information will be stored on password-protected databases to which only Qualtrics employees working on this project have access. Qualtrics will keep the quantitative data in non-aggregate form for six months after information collection has been completed, and then the respondent-level data will be deleted from the password-protected databases. Qualtrics will provide CDC and Battelle with the de-identified data, to be used for analyses. Only CDC, Qualtrics, and Battelle employees involved in data analysis will have access to the data. CDC will handle the de-identified data in accordance with the record control schedule (maintained at least six years, but no longer than ten years). No desktop or laptop computer will contain any PII. To prevent unauthorized access to their data servers (such as “hacking”), Qualtrics is currently certified and has achieved the distinguished ISO 27001 accreditation. With this achievement, Qualtrics’ data systems have assurance that all data will be managed in a secure environment. This means that Qualtrics has been formally audited and has been certified compliant with the standard ISO 27001 accreditation. CDC will retain and destroy records in accordance with the applicable CDC Records Control Schedule (Table A.3.).

Table A.3. Access Controls

Technical Controls	Physical Controls	Administrative Controls
<ul style="list-style-type: none"> • User identification • Passwords • Firewall • Virtual Private Network (VPN) 	<ul style="list-style-type: none"> • Guards/ Security Officers • 24-hour maintenance of Video/Audio of all data centers and all offices • Identification badges • Key Cards 	<ol style="list-style-type: none"> 1. The system security plan for the information collection is that survey data and all identifying information about respondents will be handled in ways that prevent unauthorized access at any point during the proposed project. 2. The contingency plan for this information collection is that the screeners will be kept only on password-protected computer files stored on a Qualtrics server. No directly identifying information will be transmitted to CDC/OSH (thus, the Privacy Act does not apply). 3. Backup file storage: Qualtrics has a redundancy system stored on a FedRAMP-certified server farm for data security and quality. Reports will not include any identifiable information. 4. There will not be user manuals for this information collection effort. 5. Personnel who use the system will be trained to protect the information being collected and maintained by adhering to a procedure that removes identifiers from response data. 6. Contractors who are operating/using the system will include clauses in the contracts that adhere to privacy provisions and practices. 7. Methods will be in place to ensure least privilege. Data and all identifying information about respondents will be handled in ways that prevent unauthorized access at any point during the proposed project. 8. There are policies/guidelines in place regarding the retention and destruction of PII: PII will not be transmitted to CDC, and PII will not be linked to response data.

A.11 Institutional Review Board (IRB) and Justification for Sensitive Questions.

IRB Approval

All procedures have been developed in accordance with federal, state, and local guidelines to ensure that the rights and privacy of participants are protected and maintained. Battelle’s IRB have reviewed and approved this proposed project (Attachment 6).

Sensitive Questions

The majority of questions asked in the Online Questionnaire Recruitment Screener (Attachment 2) and Online Questionnaire (Attachment 3) will not be of a sensitive nature. There will be no requests for a respondent's Social Security Number (SSN). Questions asked during the screening about tobacco use and some demographic information (e.g., age) could be considered sensitive, although these items would not generally be considered highly sensitive. It will also be necessary to ask some questions considered to be sensitive in order to assess individuals' attitudes and behaviors about tobacco products and to test ads about the specific health behavior of cigarette smoking. These items are not generally considered highly sensitive either. Participants will be informed of the applicable privacy safeguards. Sensitive information will only be requested when necessary to describe sample characteristics (e.g., age). Such questions will include a "prefer not to answer" option. This proposed project also includes a number of procedures and methodological characteristics that will minimize potential negative reactions to potentially sensitive questions, including the following:

- The online questionnaire is entirely self-administered and maximizes participant privacy by being conducted online, without the need to verbalize responses.
- Participants will be provided with a phone number and email for the principal investigator and for the IRB, should they have any questions or concerns about the proposed project or their rights as a participant.

A.12 Estimates of Annualized Burden Hours and Costs

The data collection includes a 15-minute (combined) screener and online questionnaire. The 13 rough cut ads will be tested with approximately 18,666 respondents. As described in **Section A.1**, seven of the thirteen rough cut ads will be tested with a minimum of 2,364 respondents for each ad (i.e., using screening criteria a minimum of 394 respondents from each of the six subpopulations defined previously, will be identified for each ad). Demographic screening criteria for participant inclusion will not be mutually exclusive, which will allow us to ensure a minimum of 394 respondents per category. The remaining six rough cut ads will be tested with a minimum of 353 low-SES smoker respondents for each ad. These sample sizes were obtained by running power calculations to determine sample sizes needed to be able to detect statistically significant differences in ad reactions among the total sample and, for the :30s ads and *Wilma*, between and within subpopulations defined by age, SES, and smoking status. Additional information on these calculations and on the sample sizes (including how many respondents from the total sample and from each subpopulation will view each ad) can be found in **Part B**.

To obtain this sample size, approximately 23,468 respondents are anticipated to initiate the online screener (Attachment 2); this estimate is based on two factors from prior experiences in the field. First, it is anticipated that roughly 18 percent of screener respondents (n=4,225) will be deemed ineligible for the proposed project because of not meeting inclusion criteria. Second, of those deemed eligible (n=19,244), an estimated three percent (n=578) will start but not complete the questionnaire.² Thus, 23,468 respondents are needed to obtain the sample size of 18,666.

² These numbers (19,244 and 4,225) do not sum to 23,468 due to rounding error.

The burden per respondent for completing the screener is two minutes. The total estimated burden for respondents who complete the screener (N=23,468) is 783 hours. The burden per respondent for completing the online questionnaire is 13 minutes. The total estimated burden for those who complete the questionnaire (n=18,666) is 4,045 hours. Those who start but do not complete the questionnaire are estimated to spend about one-half of that time (7 minutes) on the questionnaire. Thus, the total estimated burden for those who start but do not complete the online questionnaire (n=578) is 68 hours. As outlined in **Table A.4.**, the total estimated burden for the entire project is 4,896 hours.

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Adult cigarette smokers and nonsmokers who are ages 18-54	Online Questionnaire Recruitment Screener (Attachment 2)	23,468	1	2/60	783
	Online Questionnaire (Attachment 3)	18,666	1	13/60	4,045
		578	1	7/60	68
Total					4,896

The estimated cost of the time devoted to this information collection by respondents is \$119,168.64 as summarized in **Table A.5.** To calculate this cost, we used the mean hourly wage of \$24.34, which represents the Department of Labor estimated mean for state, local, and private industry earnings (Bureau of Labor Statistics, 2017). There are no direct costs to respondents associated with participation in this information collection.

Table A.5 Estimated Annualized Cost to Respondents

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)	Hour Wage Rate	Total Cost
Adult cigarette smokers and nonsmokers who are ages 18-54	Online Questionnaire Recruitment Screener (Attachment 2)	23,468	1	2/60	783	\$24.34	\$19,058.22
	Online Questionnaire (Attachment 3)	18,866	1	13/60	4,045	\$24.34	\$98,455.30
		578	1	7/60	68	\$24.34	\$1,655.12
Total							\$119,168.64

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

There will be no respondent capital and maintenance costs.

A.14 Annualized Cost to the Government

Approximately 6.25% of one full-time equivalent (FTE) and 1.9% of one senior manager will be required to oversee the information collection activities for one month. Responsibilities will include internal coordination and review of materials and reports and maintaining proper accounting of burden hours. The agency estimates that it will take a GS-13, at a wage rate of \$55.61/hour, approximately 10 hours to manage the project, totaling about \$556.00. It is estimated to take a GS-15, at a wage rate of \$65.72/hour, approximately three hours to oversee the total project, totaling \$197.00. The total average annualized cost to the government for CDC oversight is \$753.

Contractors will conduct the majority of information collection and management activities on CDC’s behalf. The total cost of the data collection contractors is \$97,000 which includes consultation, instrument design and development, respondent incentives, data collection and analysis, and final report. Qualtrics will collect the information from the participants. Activities are coordinated through a contract with The PlowShare Group, a specialist in media campaigns. The grand total cost for the project, including government and contractor cost, is \$97,753.

Table A.6. Total Project Costs

Government Personnel	Percent Time Commitment	Hour Time Commitment	Hourly Basic Rate	Total
GS-13	6.25%	10	\$55.61	\$556
GS-15	1.9%	3	\$65.72	\$197
Subtotal, Government Personnel				\$753
Contract Costs				\$97,000
Total Costs				\$97,753

A.15 Explanation for Program Changes or Adjustments

This is a new data collection.

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

Data Tabulation Plans

The information will be used to inform the development of final advertisements for the 2019 *Tips* campaign. It is anticipated that information collection will begin December 4, 2018 so an OMB approval date of December 3, 2018 is requested. The resulting quantitative data will be analyzed using conventional tabulation techniques. These dates may be adjusted depending on the approval process of this package.

Publication and Dissemination Plans

These ads will be used as part of the 2019 media buy, which is anticipated to launch in the first quarter of 2019. The ads will be aired nationally on cable and network television. The launch date may be adjusted depending on the final clearance of ads.

Project Time Schedule

Table A.7 Project Time Schedule

Activity	Time Schedule
Email invitations sent to respondents for quantitative testing	1-30 days after OMB approval
Online data collection	1-30 days after OMB approval
Complete field work	30-45 days after OMB approval
Validation	45-55 days after OMB approval
Data analysis	55-65 days after OMB approval
Report writing	65-150 days after OMB approval

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

An exemption to this requirement is not being requested. The expiration date of OMB approval will be displayed on all information collection instruments.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

References

- Bureau of Labor Statistics. (2017). *May 2017 National Occupational Employment and Wage Estimates - United States*. Retrieved from http://www.bls.gov/oes/current/oes_nat.htm
- Church, A. H. (1993). Estimating the effect of incentives on mail survey response rates: A meta-analysis. *Public opinion quarterly*, 57(1), 62-79.
- Davis, K. C., Duke, J., Shafer, P., Patel, D., Rodes, R., & Beistle, D. (2017). Perceived effectiveness of antismoking ads and association with quit attempts among smokers: Evidence from the tips from former smokers campaign. *Health communication*, 32(8), 931-938.
- Davis, K.C., Patel, D., Shafer, P., Duke, J., Glover-Kudon, R., Ridgeway, W., & Cox, S. (2017). Association between media doses of the *Tips From Former Smokers* campaign and cessation behaviors and intentions to quit among cigarette smokers, 2012-2015. *Health Education & Behavior*, 1-9.
- Department of Health and Human Services (HHS). (2014). *The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- Greenbaum, R. T. (2000). *Selecting the right site: where do states locate place-based economic development programs?* Paper presented at the Proceedings. Annual Conference on Taxation and Minutes of the Annual Meeting of the National Tax Association.
- Jamal, A., Phillips E., Gentzke, A.S., Homa, D., Babb, S., King, B.A, & Neff, L.J. Current Cigarette Smoking Among Adults — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:53–59.
- Haveman, R. H. (2010). Principles to guide the development of population health incentives. *Prev Chronic Dis*, 7(5), A94.
- Huang, L.L., Thrasher, J.F., Abad, E.N., Cummings, K.M., Bansal-Travers, M. Brown, A., Nagelhout, G.E. (2015). The U.S. national Tips From Former Smokers antismoking campaign: Promoting awareness of smoking-related risks, cessation resources, and cessation behaviors. *Health Education & Behavior*, 42, 480-486.
- Murphy-Hoefer, R., Davis, K.C., Beistle, D., King, B.A., Duke, J., Rodes, R., & Graffunder, C. (2018). Impact of the Tips from former smokers campaign on population-level smoking cessation, 2012-2015. *Prev Chronic Dis*. DOI: <http://dx.doi.org/10.5888/pcd15.180051>.