

Information Collection #15:

National Tobacco Prevention and Control Public Education Campaign: Rough Cut Testing of Television, Radio, Print, and Digital Advertisements for the 2016 Tips Campaign

Submitted for approval under CDC generic approval #0920-0910
Message Testing for Tobacco Communication Activities

**Submission of this GenIC has been approved by
HHS/Assistant Secretary for Planning and Evaluation (ASPE)**

May 12, 2015

Supporting Statement: Part A

- The goal of this project is to collect information needed to test 23 near final advertisements in television, radio, print, or digital media formats for the Tips from Former Smokers (Tips) campaign in order to confirm they are clear, credible, believable and persuasive.
- Information will be collected in monadic form using an online modality from 12,000 respondents with a 20-minute questionnaire. This length includes the viewing or listening of the advertisement under test.
- The subpopulations to be studied are smokers and nonsmokers ages 18-54. For some of the advertisements additional subpopulations of interest will be studied, including smokers of low socio-economic status (SES); smokers who use electronic vapor products; African Americans; smokers who speak Chinese; Hispanic smokers; and those with anxiety and depression.
- The resulting data will be analyzed using conventional tabulation techniques. The study questions collect information about respondents' reactions to the draft advertisements, and also include basic demographic and tobacco use information in order to understand whether and how these factors may influence individuals' responses to these messages.

Data Collection Instruments

- Attachment 1a. Screener Questionnaire in English
- Attachment 1b. Main Questionnaire in English
- Attachment 1c. Screener Questionnaire in Chinese
- Attachment 1d. Main Questionnaire in Chinese

Other Attachments

- Attachment 2. Email to Potential Respondents (Initial Email Invitation)
- Attachment 3. Terms and Conditions
- Attachment 4. Screen Shots in English (annotated)
- Attachment 5. Screen Shots in Chinese (annotated)

Notes on Excluded Attachments

In this GenIC, CDC outlines a plan to test 23 draft advertisements in television, radio, print and digital form with content that may be considered sensitive. The draft materials are not included in the attachments for this GenIC because:

- The advertisements have not been approved for public distribution by HHS/Assistant Secretary for Public Affairs (ASPA).
- The untested advertisements could be perceived by the public as ineffective or offensive (testing is designed to identify potential problems).
- Release of the advertisements must be coordinated with the launch of a comprehensive HHS/CDC campaign. Unauthorized release could jeopardize the evaluation strategy for the campaign.

To support adequate review of this GenIC by OMB, CDC requests permission to provide OMB with a secure link to the draft materials.

Section A: Justification for Information Collection

A.1 Circumstances Making the Collection of Information Necessary:

In March 2012, The US Centers for Disease Control and Prevention (CDC) launched the first national tobacco education campaign called *Tips From Former Smokers (Tips)*. The goals of the *Tips* campaign are to:

- Raise awareness of the negative health effects caused by smoking and/or secondhand smoke;
- To encourage smokers to quit; and
- To let people know free help is available by calling 1-800-QUIT-NOW.

The *Tips* campaign, which continued in 2013, 2014, and 2015, features hard-hitting advertisements that show people living with the negative health effects of smoking or exposure to secondhand smoke. Since its launch, the *Tips* campaign has won numerous awards, including two Effie Awards and an Obie Award. These prestigious marketing and communications awards honor excellence in advertising campaigns that demonstrate effectiveness. More importantly, in the first year of the campaign, a peer-reviewed evaluation estimated that more than one million smokers made a quit attempt, and more than 100,000 smokers quit smoking for good (McAfee 2013).

CDC's Office on Smoking and Health (OSH) has lead responsibility for developing, implementing and evaluating the *Tips* campaign. To accomplish this task, OSH develops advertisements, which are disseminated through a variety of communication channels, including television, radio, print, and on-line (digital). The 2016 *Tips* advertisements are currently in development and will feature health conditions caused by smoking cigarettes, such as COPD, heart attacks, and cancer. Additionally, advertisements that address the concurrent or dual use of tobacco products are under development. This includes the use of electronic vapor products (such as electronic cigarettes, or e-cigarettes) along with smoking regular cigarettes.

The *Tips* campaign has primarily developed ads that focus on the negative health consequences of smoking to motivate smokers to stop smoking cigarettes. For the 2016 campaign, OSH is testing ads that include a message about the positive benefits or gains a person receives as a result of quitting smoking. Note that the goal of testing is to optimize the credibility and persuasiveness of the ads, no matter the framing effect used within the advertisements. The objective is not to measure likeability of the advertisements. Likeability, per se, does not necessarily lead directly to changes in target audience behavior. Three questions have been added to the questionnaire to measure the possible impact that a positive frame may have in motivating smokers to quit smoking. These questions will be asked of all the ads, in order to gauge the impact of the "gain frame" ads against our standards negative health consequence ads.

Rough cut testing is a method to test near final advertisements in order to confirm they are clear, credible, believable and persuasive. Rough cut testing is a standard advertising research activity used in the development of health communication campaigns. Rough cut testing is crucial in informing the development of the final advertisements to ensure they will optimally resonate with the identified target audiences. Previous rough cut testing has led to changes that have optimized *Tips* advertisements for clarity, credibility and persuasiveness.

The identified primary target audiences for the 2016 *Tips* campaign ads are smokers and nonsmokers ages 18-54. OSH will test some or all of these advertisements with additional subpopulations of interest, including smokers of low socio-economic status (SES); smokers who use electronic vapor products; African Americans; smokers who speak Chinese; Hispanic smokers; and those with anxiety and depression. The target number of respondents for this collection is 12,000. In this GenIC, CDC requests OMB approval to collect information for rough cut testing of the 22 English-language draft advertisements and 1 Chinese-language draft advertisement briefly described above. These ads are defined in detail in the table below.

To test the draft advertisements, individuals are asked about their opinions of the messages. Smokers and nonsmokers may have different beliefs and behaviors related to tobacco use and secondhand smoke exposure, and thus may respond differently to certain types of messages. Therefore, the target audiences are segmented by smoking status. In addition to collecting information about respondents' reactions to the draft advertisements, basic demographic and tobacco use information is requested in order to understand whether and how these factors may influence individuals' responses to these messages. Questions on smoking behavior and use of electronic vapor products are included in the screener, as well as ethnicity, language preference, and age. This will ensure the respondents are 18 years of age or older and will direct them to the correct main survey based on their language preference (English or Chinese). Although low (SES) is not specifically screened, this specific subpopulation is monitored, as many of the respondents who are smokers will be of low SES. Individuals of low SES experience higher rates of smoking and smoking-related diseases than the general population. Approximately 29% of smokers in the U.S. today are of low SES, compared to 21% of the general population. Similarly, smokers with anxiety or depression smoke at a rate of 36.1%, approximately 15 percentage points higher than the average prevalence of smoking in the United States.

On average, approximately 520 respondents will view each advertisement. This allows the advertisement's persuasiveness to be assessed with smokers and nonsmokers who vary in terms of demographic characteristics such as education, income, gender, age group, and region of the United States, amongst others. The table below shows the ad package, the specific advertisement execution by media format, the number of advertisements per media format, and the number of respondents associated with each advertisement to be tested.

<u>Ad Package</u>	<u>Media Format</u>	<u>Number of Ads</u>	<i>Total respondents</i>
1. Becky, COPD	TV (:30)	1	545
	Radio (:60)	1	545
	Print	1	545
	Digital	1	500
2. Brian, Heart Attack	TV (:30) (v.1 & v.2)	2	1,100
	Radio (:60)	1	545
	Print	1	545
	Digital	1	500
3. Kristy, Dual-Use Warning	TV (:30)	1	545
	Radio (:30, :60)	2	1,100
	Print	1	545
	Digital	1	500
4. Rebecca, Depression	*TV (:30)	1	545
	*Radio (:30, :60)	2	1,100
	*Print	1	545
	*Digital	1	545
5. Rico, Cancer	*Print (1 English, 1 Chinese)	2	650
	Digital	1	500
6. Mark and Julia's Tip, Cancer	TV (:30)	1	600
	total:	23	12,000

* Gain-framed ads, as described on page 3

The main questionnaire will ask respondents to provide opinions about each advertisement's main message, impact, clarity, believability, memorability, persuasiveness, and anticipated effects on respondent behavior. Respondents will report on their reactions to the advertisements. Topics include the following:

- Is the advertisement convincing and comprehensible;
- Would the advertisement generate conversation with friends and family; and
- Does the advertisement provide trustworthy and credible information.

These measures are crucial for message testing, as they are shown to be strong predictors of message effectiveness. Respondents are also asked if the advertisements would affect their behavioral intentions regarding tobacco use. For example, does the advertisement make those who are smokers want to quit smoking. Some of the questions and item choices have slight wording changes depending on the medium - television, radio, print or digital advertisement.

A.2 Purpose and Use of Information Collection

The information collected allows CDC/OSH to assess whether the creative materials under test are likely to be perceived as credible, comprehensible, and persuasive by target audience members. Many, but not all, of the 2016 advertisements intend to elicit negative emotions. This is considered an important factor in overall impact of tobacco control messages (Davis 2012, Durkin 2012, Emery 2012, NCI 2008, Wakefield 2011). The information will also allow CDC/OSH to determine whether respondents think the creative materials would motivate them to take certain actions, such as calling for assistance in quitting smoking; visiting an informational government Website; speaking to their doctor, or taking other similar actions. If this data collection is not performed, CDC/OSH will not know whether these advertisements communicate intended messages credibly and effectively across audience segments and whether they will motivate the audiences to take health-promoting actions based on the messages. Additionally, rough cut testing is a way to measure any unanticipated confusion, clarity, or lack of understanding of the advertisements.

The creative materials under test will be finalized for production after the results from the copy testing are analyzed. CDC/OSH will use the information to inform decisions about whether the creative materials under development should be revised in order to be more effective; or whether to omit one or more advertisements from airing in 2016.

A.3 Use of Improved Information Technology and Burden Reduction

Information will be collected electronically through an online, Web-based panel system. Respondents have the option of completing the survey in one session.

A Web-based panel approach uses online technology to collect information from individuals who participate in an ongoing panel. Convenience panels managed by Qualtrics will be used for all subpopulations under test. The panel used for this testing is very large, allowing quick selection from the overall pool and rapid identification of several potential respondents 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 copy testing. Web-based surveys are an especially convenient option for eliciting feedback on visual stimuli.

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

This ICR is targeted to test 23 new, draft advertisements in television, radio, print and digital formats. HHS'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. Prior to conducting any data collection, CDC reviews existing published literature and unpublished qualitative pretesting reports when they are available. Additionally CDC consults with outside experts to identify information that could facilitate message development. Health messages developed by OSH/HCB are unique in their mix of intended audience, health behavior, concept, and execution. Therefore, there are no similar data available.

The CDC/OSH collaborates with other federal government agencies that sponsor or endorse health communication projects, such as the Food and Drug Administration (FDA)'s Center for Tobacco Products (CTP), the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Institutes of Health

- National Cancer Institute (NIH/NCI). These affiliations serve as information channels, help prevent redundancy, and promote use of consistent measures of effectiveness. Coordination activities include:

- Review of proposed messages for advertisements;
- Review of questionnaires for testing purposes;
- Sharing data; and
- Standardizing survey tools where at all possible.

CDC will share the findings from this collection of information with these agencies.

CDC and FDA are developing complementary but distinct communication campaigns to educate the public about the harmful effects of tobacco products. Staff members in OSH's Health Communications Branch work closely with staff in FDA's Health Communication and Education unit. Regularly scheduled conference calls are held to review plans, discuss campaign coordination and share research findings of mutual interest. Staff members in OSH's Health Communications Branch are thus working closely with staff in FDA's Health Communication and Education unit, ASPA, ASPE, and other HHS OPDIVS as appropriate. It was determined that message testing proposed in this GenIC does not duplicate FDA efforts.

Points of contact for this coordination are:

CDC: Diane Beistle, Chief, Health Communication Branch, telephone (770) 488-5066, email zgv1@cdc.gov

CDC: Crystal Bruce, Health Communications Specialist, Campaign Development, Health Communication Branch, telephone (770) 488-5651, email cbruce2@cdc.gov

FDA: Tesfa Alexander, Health Communication Specialist, Office of Health Communication and Education, telephone (301) 796-9335, email Tesfa.Alexander@fda.hhs.gov

FDA: Erica Schlosser, Health Communication Specialist, Office of Health Communication and Education, telephone (301) 796-9352, email Erica.Schlosser@fda.hhs.gov

NCI: Yvonne Hunt, PhD, MPH, Program Director, Tobacco Control Research Branch, telephone (240) 276-6975, email: huntym@mail.nih.gov

A.5 Impact on Small Business or Other Small Entities

There will be no impact on small businesses or other small entities.

A.6 Consequences of Collecting the Information Less Frequently

Without the proposed information collection, CDC/OSH will have only limited and anecdotal information to guide advertisement development. Consequently, there is a risk of developing a campaign that will not be effective in achieving its goals of getting smokers to quit. Given the large investment of US government funds in the *Tips* campaign, an ineffective campaign would result in poor use of limited government resources. Finally, the *Tips* campaign is a critical prevention component of larger efforts of health reform for the nation under the Affordable Care Act.

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

The testing activities fully comply with the regulation and guidelines in 5 CFR 1320.5. There are no special circumstances.

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

Not applicable.

A.9 Explanation of Any Payments or Gift to Respondents

Health message development and testing occur in a highly dynamic, fast-paced environment. Utilization of an existing respondent panel allows CDC/OSHA to obtain information quickly so that adjustments can be made, as needed, and health messages and campaigns can progress rapidly from the planning stage to the implementation stage. Similar rapid turnaround techniques are used in the private sector.

The panel from which respondents will be drawn is from the established Toluna panel system that Qualtrics (the data collection provider) uses that provides points as a reward for participation. Toluna's role in the data collection is the provisioning of respondents to Qualtrics. All data collection activities listed in A.10.1 are performed by Qualtrics. Immediately upon completion of the survey, each respondent is provided with a certain number of points that are equivalent to \$.50. Those points are accrued with other points when the panelist takes part in other surveys. At any time, the panelist is able to redeem their points for different products, such as gift cards. Qualtrics works with its panel provider who manages the rewards programs for its panel and follows a strict privacy policy and safeguards the privacy of panel members at all times. For Toluna's Terms and Conditions, which are applicable to Qualtrics' information collection activities, please see Attachment 3.

A.10.1 Privacy Impact Assessment Information

Overview of the data collection system

All Information will be collected electronically through a self-administered survey instrument hosted in a secure, online, web-based data collection system. The web-based system is ideal because of the ease of presenting visual stimuli (the advertisements) to respondents and recording their feedback. Respondents will be recruited through an existing web-based panel system, and screened for eligibility and interest prior to administration of the main information collection instrument. All respondents will be 18 years of age or older, except in Nebraska and Alabama, where the minimum age will be 19 years of age. Each of the eligible individuals will then be assigned to view one of the advertisements under test, complete the online survey and then submit the data electronically through a secure Internet environment. The respondent will participate at the time of his or her choosing. There is no Website content directed at children younger than 13 years of age. The CDC will not have direct contact with participants nor will CDC have access to any personal identifying information about the panelists.

Overview of how information will be shared and for what purpose

CDC contracts with The Plowshare Group for information collection. Information will be collected by The Plowshare Group's data collection and formative research contractor, Qualtrics, which will also be involved in the analysis, interpretation, and implementation of the results from the data. Qualtrics, in collaboration with CDC, will analyze overall levels of effectiveness, respondent motivation, and assess believability of the tested advertisements, controlling for potential confounders including demographic characteristics, state of residence, and smoking status.

Overview of the impact the proposed collection will have on the respondent's privacy

No individually identifiable information or personal identifying information (PII) is being collected. Qualtrics will recruit from the Toluna Panel. Although demographic information (e.g., gender, age, and race) will be gathered, no direct personal identifiers (e.g., full name, phone number, social security number, etc.) will be collected or maintained as part of the Screener (see Attachment 1a), or Main Questionnaire (see Attachment 1b). As such, because it does not exist, no directly identifying information will be transmitted to CDC/OSH, and thus, the Privacy Act does not apply. While Toluna has access to the email address of panel subscribers, no match back is possible between the survey data and Toluna nor is this information available to Qualtrics. When the respondent begins the survey, all identifiable links to the existing system of records are severed. No link between the respondent email and the specific survey is made after the potential respondent clicks on the link to view the consent and potentially starts the survey. No information is collected that will tie the respondent back to the email or any other personal identifying information. In addition, the information at the observation level is identified through use only of sample unit identifiers. Neither Qualtrics nor CDC employees working on the project will have access to any identifying information.

Overview of voluntary participation

During email invitation, potential respondents will be advised of the nature of the activity, the length of time it will require, and that participation is voluntary. The appropriate advisements on voluntary participation are included in the Screener as well as the initial page of the Main Questionnaire. Respondents will be assured that they will incur no penalties if they wish not to respond to the information collection as a whole or to any specific questions. These procedures conform to ethical practices for collecting information from human participants.

Overview of data security

All findings will be reported in the aggregate 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 data in non-aggregate form for six months after information collection has been completed, and then the observation-level data will be deleted from the password-protected databases. No desktop or laptop computer will contain any personal identifying information. To prevent unauthorized access to their data servers (such as that which would be done by "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.

Qualtrics is firmly committed to protecting the data security and privacy of its respondents. Qualtrics' information collection procedures conform to the Council of American Survey Research Organizations (CASRO)

Code of Standards and Ethics for Survey Research, the European Society of Opinion and Marketing Research (ESOMAR) Codes and Guidelines for Survey Research, the European Commission Directive on Data Protection, SNYTEC in France, the French law on "Informatique et Libertés," CNIL, the American Association for Public Opinion Research (AAPOR) Code of Professional Ethics and Practices, the Federal Trade Commission (FTC) Fair Information Practice Principles, the FTC's Children's Online Privacy Protection Act (COPPA) Final Rule, the Children's Advertising Review Unit (CARU) Guidelines for Advertising on the Internet and Online Services, and the Health Insurance Portability and Accountability Act (HIPAA).

A.11 Justification for Sensitive Questions

The majority of questions asked will not be of a sensitive nature. However, it will be necessary to ask some questions considered to be sensitive in order to assess individuals' attitudes and behaviors or to test messages about the specific health behavior of cigarette smoking. This will give insight to the respondent motivation toward behavior change. The framework used in the development of this campaign is the theory of reasoned action. This theory provides rationale for evidence-based messaging to change attitudes, beliefs, intentions and behavior at the target audience level. These items are not generally considered highly sensitive.

In addition, questions about emotional reactions to the advertisement are necessary to see if the advertisement is achieving intended objectives. Respondents will be informed of the applicable privacy safeguards. Sensitive information will only be requested when necessary among specific subpopulations of interest. For questions requesting such information, the question will include a "decline to answer" option.

A.12 Estimates of Annualized Burden Hours and Costs

Information collection will occur concurrently for all respondents segmented into smokers and nonsmokers. Approximately 13,650 potential respondents are anticipated to be screened in order to obtain completed questionnaires from 12,000 respondents in the target age range of 18-54 years along with other identifying characteristics. Note that the 23 advertisements being tested in this specific package, thus approximately, on average, 520 respondents will view each advertisement. Since this test is a monadic advertisement test - that is, each respondent views only one advertisement - then each advertisement will receive on average 520 views. In the copy test portion of the survey, some questions are five or seven-point Likert scales. Having an average of 520 responses per advertisement would allow for a cell size to detect differences between groups on questions that have no more than 4 categories.

Toluna has deep profiling and demographic information on their panel members. Screening will be conducted to confirm that Toluna's profiling information is correct and to assess whether any information has changed (i.e., educational status, state of residence). Toluna has profiled their panels in terms of smoking behavior and can target and identify respondents who are pre-identified smokers of legal age and younger than 55 to the survey. Other profiled characteristics of Toluna include demographics such as gender, ethnicity, and language preference (English or Chinese). Once respondents have been screened and qualified to participate, they immediately enter the online Main Questionnaire. Depending on the creative materials under test, each respondent is shown one advertisement. The advertisements will be randomized to the respondent. Respondents will be shown the advertisement and asked a series of questions specific to the advertisement regarding believability, engagement with the advertisement and potential impact on behavior specific to the

mode of advertisement under test (television, radio, print, and digital). It is anticipated that the likelihood of respondents who do not qualify will be in the 5-10% range. A small percentage (1-2%) is anticipated to decide to opt-out of the survey once started.

It is estimated that in total 1,650 respondents will discontinue their participation after completing the Screener (“Incompletes”). For these respondents, the estimated burden per response is 4 minutes (Attachment 1a). It is estimated that 12,000 respondents will complete the screening process and continue to the main questionnaire (“Completes”). For these respondents, the estimated burden is 20 minutes (4 minutes for the Screener [Attachment 1a] plus 16 minutes for the Main Questionnaire [Attachment 1b]). Screen shots of the Web-based screener and questionnaire are provided as Attachment 5. A few questions vary slightly, depending on whether the advertisement being tested is formatted for television, radio, print, or digital media channel. Attachment 5 is annotated with comments, which explain these minor variations. The total number of individuals involved in data collection is 13,650. The estimated burden per response varies from 4-20 minutes. The adjusted average burden per response is 14.10 minutes. The total estimated burden to respondents is 4,110 hours.

Table A.12.A. Estimated Annualized Burden to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Toluna’s members (“Incompletes”)	Screener	1,650	1	4/60	110
18-54 year olds who are smokers and nonsmokers, including low SES smokers, smokers who also use electronic vapor products, smokers who are African Americans, and those who have anxiety and/or depression (“Completes”)	Screener and Main Questionnaire	12,000	1	20/60	4,000
Total		13,650			4,110

The estimated cost of the time devoted to this information collection by respondents is \$91,776, as summarized in Table A.12.B. To calculate this cost, the mean hourly wage of \$22.33 was used, which represents the Department of Labor estimated mean for state, local, and private industry earnings. There are no direct costs to respondents associated with participation in this information collection.

Table A.12.B Estimated Annualized Cost to Respondents

Type of Respondents	Form Name	Total Burden (in hours)	Average Hourly Wage	Total Cost
Panel members (“Incompletes”)	Screener	110	\$22.33	\$2,456
18-54 year olds who are smokers and nonsmokers, including low SES smokers, older smokers 30-54 years old, smokers who also use electronic vapor products, and smokers who are African Americans (“Completes”)	Screener and Main Questionnaire	4,000	\$22.33	\$89,320
			Total	\$91,776

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

None.

A.14 Annualized Cost to the Federal Government

Approximately 5% of one full-time equivalent and 1% 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-14, at a wage rate of \$48.41 an hour, approximately 10 hours to manage the project, totaling about \$484.00. It is estimated to take a GS-15, at a wage rate of \$64.54 an hour, approximately three hours to oversee the total project, totaling \$194.00. The total average annualized cost to the government for CDC/OSH oversight is \$678.

Government Personnel	Time Commitment	Hourly Basic Rate	Total
GS-14	5%	\$48.41	\$484
GS-15	1%	\$64.54	\$194
Subtotal, Government Personnel			\$678
Contract Costs			\$97,000
Total Costs			\$97,678

Contractors will conduct the majority of information collection and management activities on CDC/OSH’s behalf. The total cost of the data collection contractors is \$97,000 which includes consultation, instrument design and development, respondent incentive, data collection, and top line analyses. This cost does not include the actual cost of the recruitment of the respondents to answer the survey. Qualtrics will collect the information from the respondents. 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 \$97,678.

A.15 Explanation for Program Changes or Adjustments

This is a new information collection.

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

The information will be used to inform health communication strategies across OSH. The analysis will examine overall levels of perceived effectiveness of the creative materials under test, as measured by the frequency of respondents' reporting that the materials were believable, informative, understandable, attention-grabbing, credible, and motivational. All analyses will be estimated with sampling weights that adjust for non-response and sample design. Qualitative open-ended responses will also be analyzed in order to assess the respondents' perceptions of the 'main message' of the advertisement, concerns about the advertisement, as well as likes and dislikes. Qualtrics' statisticians will look for commonalities and differences in terms of message interpretation by different segments, and for common themes in terms of elements that resonate well or poorly with respondents. Qualtrics will examine overall levels of respondent motivation in response to the ads, as measured by the frequency of responses to whether they would talk to someone else about the ad or if the ad would make them take some other action (quit smoking, encourage someone to quit smoking, call the 1-800-Quitline, go online, etc.). Findings from these analyses will be immediately used to revise the ads and to help with decision making on which ads will be aired in the 2016 campaign.

The testing of the advertisements is anticipated to begin on the same day as OMB approval, with an estimated OMB approval date of May 27, 2015. A campaign launch date of first quarter, 2016 is anticipated for of one or more of these advertisements, and multiple steps are required between approval of this rough cut testing activity and the launch in order to meet that target date.

Table A.16.A. Estimated Timeline

<i>Task</i>	<i>Approximate Due Date</i>
CDC submits OMB Package to OMB for approval	5/15/2015
Milestone: OMB approves Request	5/27/2015
Rough Cut Testing Field Period begins	5/27/2015
Rough Cut Testing Field Period complete	7/10/2015
Begin modifying advertisements based on the results of message testing	6/10/2015

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

The expiration date of OMB approval will be displayed on all information collection instruments.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are requested.

References

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Durkin, S., E. Brennan, and M. Wakefield, *Mass media campaigns to promote smoking cessation among adults: an integrative review*. Tob Control, 2012. **21**(2): p. 127-38.

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