



Project Determination

ACEs and CAN Prevention Message Development

Project ID:	0900f3eb8212260c
Accession #:	NCIPC-OC-4/11/23-2260c
Project Contact:	Brooke Aspinwall
Organization:	NCIPC/OD/OC
Status:	Project In Progress
Intended Use:	Project Determination
Estimated Start Date:	08/01/23
Estimated Completion Date:	10/01/23
CDC/ATSDR HRPO/IRB Protocol#:	
OMB Control#:	0920-1154

Description

Priority

Standard

Determination Start Date

04/11/23

Description

The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) and the Center's Division of Violence Prevention (DVP) have created a number of messages on adverse childhood experiences (ACEs) and child abuse and neglect (CAN). To expand and improve the existing messages, CDC proposes to conduct formative research focused on ACEs and CAN primary prevention messages. This research will inform the development of prevention messaging on ACEs and CAN. These messages will ultimately be added to (or may replace) the existing ACEs and CAN content on the DVP website to be shared with the public. CDC will work with contracted staff to assess what messages currently exist for priority audiences and identify gaps in messaging. Based on this gap assessment, contractors will revise existing messages or

create new messages, as necessary, to meet the needs of priority audiences. Contractors will then conduct a survey and focus group discussions with four priority audiences: consumers, parents/caregivers, trusted adults, and direct service providers who interact with children in a formal capacity (e.g., child care center staff, after-school program staff, mental health providers). Contractors will also conduct interviews with a fifth priority audience: government partner agencies and organizations. The intent of the survey, focus groups, and interviews is to explore priority audience comprehension, motivation, engagement, and trusted messengers to propose communication and dissemination strategies for those messages. Using information from the survey, focus groups, and interviews, contractors will finalize the messages and develop a document describing potential communications assets (means of communication and dissemination). Survey, focus group, and interview data will also help CDC assess if the Agency is providing appropriate information to the intended audiences. Information gathered will be used only internally for general service improvement and is not intended for release outside of the agency. Information gathered will not be used for the purpose of substantially informing influential policy decisions. Without these types of feedback, the Agency will not have timely information to adjust its services to meet the needs of the priority audiences.

IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission

No

IMS Activation Name

Not selected

Select the primary priority of the project

Not selected

Select the secondary priority(s) of the project

Not selected

Select the task force associated with the response

Not selected

CIO Emergency Response Name

Not selected

Epi-Aid Name

Not selected

Lab-Aid Name

Not selected

Assessment of Chemical Exposure Name

Not selected

Goals/Purpose

This proposal seeks to conduct formative research to inform the development of prevention messaging about ACEs and CAN and related communications and dissemination

strategies.

Objective

We will use the information gathered from the survey and focus groups to: assess perceptions and understanding of the messages, as well as alternate phrasing; explore contexts in which messages are shared to help prevent or respond to ACEs and CAN; discuss dissemination and communication strategies associated with the messages; assess messages' potential ability to influence behavior change amongst priority audiences. We will use the triangulated information from the survey and focus group to refine or revise the messages, propose related communication assets, and plan communication and dissemination strategies.

Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

No

Does your project investigate underlying contributors to health inequities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages?

No

Does your project propose, implement, or evaluate an action to move towards eliminating health inequities?

Yes

Activities or Tasks

New Collection of Information, Data, or Biospecimens

Target Population to be Included/Represented

General US Population; Other-parents/caregivers, trusted adults, direct service providers, partner organizations

Tags/Keywords

adverse childhood experiences; Child Abuse; child neglect; ACEs; CAN; child abuse and neglect

CDC's Role

Activity originated and designed by CDC staff, or conducted at the specific request of CDC, or CDC staff will approve study design and data collection as a condition of any funding provided; CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens; CDC employees will provide substantial technical assistance or oversight

Method Categories

Focus Group; Individual Interviews (Qualitative); Survey

Methods

CDC has contracted with Banyan Communications. Banyan will conduct listening sessions with CDC to understand the current messages that exist for ACEs and CAN prevention. Banyan will use these findings to identify gaps in our understanding of the types of messages and trusted messengers for our priority audiences. Banyan will propose questions

for the survey, focus groups, and interviews about how audiences (consumers, parents/caregivers, trusted adults, direct service providers, CDC partner agencies and organizations) interpret these messages; how, when, and where they would share these messages; what materials could support sharing of those messages; and how, when and where they should be disseminated. Banyan will survey up to 100 individuals, recruited using Optimal Workshop, a professional survey platform. Banyan will also convene focus groups with a maximum of 48 participants. Banyan will recruit focus group participants through a recruitment firm as well as NIPC and DVP's network of organizations and partners working in ACEs and CAN prevention. Banyan will recruit up to 10 participants per focus group to account for attrition. Participants will be screened based on inclusion/exclusion criteria set by CDC and asked to provide informed consent prior to participating in focus groups. Consent forms will include instructions for only using first names during focus groups to protect confidentiality and privacy. Focus groups will be approximately 60 minutes in length. They will be conducted via Zoom at times convenient for participants and scheduled to allow participation from multiple time zones to ensure regional variation within the groups. The focus groups will be conducted by a skilled facilitator supported by a note-taker and focus group coordinator responsible for taking observational notes, managing the chat function on Zoom, and troubleshooting the technology. The note-taker will use a note-taking template based on the semi-structured discussion guide. The focus groups will also be audio-recorded. Banyan will also conduct 15 to 20 interviews with CDC partner agencies and organizations, recruited through NIPC and DVP's network of organizations and partners working in ACEs and CAN prevention. Interviews will be approximately 60 minutes in length. They will be conducted via Zoom at times convenient for participants. The interviews will be conducted by a skilled facilitator supported by a note-taker. The interviews will be audio-recorded.

Collection of Info, Data, or Bio specimens

This project will utilize the OADC Formative Research Generic OMB package mechanism. Banyan will administer the online survey using the survey platform Optimal Workshop. Survey data will then be exported and de-identified before analysis. Banyan will analyze the survey data in Excel. Focus group discussions and interviews will be conducted and audio-recorded, then transcribed for analysis. The focus group and interview transcripts will not include personally identifiable information (PII), but instead use labels (e.g., participant A and participant B for focus groups; partner A and partner B for interviews). Analysis for themes will be conducted using the qualitative data analysis software Atlas.ti. A sub-contractor will be responsible for transcribing focus group discussions and interviews, and de-identified transcripts will be delivered to CDC staff.

Expected Use of Findings/Results and their impact

We will use the information gathered to explore communication strategies, understand communication preferences, and hone communication messages about ACEs and CAN prevention to be incorporated into existing CDC resources.

Could Individuals potentially be identified based on Information Collected?

No

Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award	Budget Amount
CDC Contract	Veto Violence Website, Social Media, and Communications Support	75D30122F13833	2022	3	
CDC Contract	NCIPC Digital Strategy and Communication Support for Priority Topic Areas	0HCUH1C4-2022-68403	2022	3	0.00

HSC Review

HSC Attributes

Program Evaluation

Yes

Other - Message testing and needs assessment for communications. No PII received by CDC.

Yes

Regulation and Policy

Do you anticipate this project will need IRB review by the CDC IRB, NIOSH IRB, or through reliance on an external IRB?

No

Institutions

Institution	FWA #	FWA Exp. Date	IRB Title	IRB Exp. Date	Funding #
Banyan Communications	FWA00029147	01/07/25	Sterling Institutional Review Board IRB #1 - IRBs 3-7	08/10/24	

Staff

Staff Member	SIQT Exp. Date	Citi Biomedical Exp. Date	Citi Social and Behavioral Exp. Date	Citi Good Clinical Exp. Date	Staff Role	Email	Phone #	Organization/ Institution
BrookeAspinwall	04/06/2026				Project Coordinator	ogj5@cdc.gov	404-718-5914	OFFICE OF COMMUNICATION
SarahRoby	07/13/2023				Contract Officer Representative	mkq4@cdc.gov	404-498-1375	DIVISION OF VIOLENCE PREVENTION
TessaBurton	04/10/2026		08/01/2014		Contract Officer Representative	hrq6@cdc.gov	770-488-4298	OFFICE OF COMMUNICATION

DMP

Proposed Data Collection Start Date	08/01/23
Proposed Data Collection End Date	10/01/23
Proposed Public Access Level	Non-Public
Reason for not Releasing the Data	Other- Too few respondents will participate in information gathering; the data are being used to test messages and inform further refinement of messages, and therefore would not be useful to the public.
Public Access justification	Data will be used to inform communications materials. Information will be limited to survey, focus group, and interview respondents and will be de-identified. Communications materials will be developed following data analysis.
How Access Will Be Provided for Data	Data will not be released to the public.
Plans for archival and long-term preservation of the data	For the survey, de-identified exported Excel data will be saved and stored on the CDC share drive after data collection. For the focus group discussions and interviews, de-identified exported data (from Atlas.ti) will be saved and stored on the CDC share drive after data collection. No PII will be included, and the data will be used for the development of communication materials only.

Spatiality (Geographic Location)

Country

State/Province

County/Region

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other <i>45 CFR 46.102(l)</i> Program Evaluation Other - Message testing and needs assessment for communications. No PII received by CDC.	04/26/23	Duncan_Elizabeth (slz5) CIO HSC
PRA: PRA Applies		04/26/23	Angel_Karen C. (idy6) OMB / PRA
ICRO: PRA Applies	OMB Approval date: 03/03/23 OMB Expiration date: 03/31/26	04/26/23	Zirger_Jeffrey (wtj5) ICRO Reviewer