

ATTACHMENT 2A: MODERATOR'S GUIDES

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Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 90 minutes per response, including the time to review instructions and respond to questions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA 0920-0840.

A 90-Minute Focus Group With Representatives of Education Agencies

MODERATOR'S GUIDE

Spring 2019

BACKGROUND [5 minutes]

Moderator:

- Welcome / thank you for your participation
- My name / not an employee of the Centers for Disease Control and Prevention (CDC) or the federal government / independent researcher
- My role (facilitate discussion and end on time at **x:xx** a.m./p.m.)

- *The purpose of today's discussion is to:*
 1. Discuss the sexual health education landscape of the school/school system where you work.
 2. Discuss your thoughts and feelings about high-risk substance use; mental health; sexual behavior or health; and violence victimization, as they pertain to adolescents (middle and high school students).
 3. Get your feedback on information that the Centers for Disease Control and Prevention (or, the "CDC") developed for health stakeholder groups like yours.
 4. Hear your suggestions for how CDC could best reach you and organizations like yours with important health information.

- *Some guidance for our conversation:*
 - Please talk one at a time.
 - Please talk in a voice at least as loud as mine.
 - I need to hear all of your opinions—i.e., everyone should have more or less equal "air time."
 - There are no right or wrong answers—that said, if someone disagrees with what someone else says, please speak up (we are respectful of all opinions).
 - This discussion is private—first names only / no names will be used in the summary report.
 - Your participation is voluntary (free to decline to answer a question / free to leave the room at any time).
 - I did not have anything to do with the development of the material we are going to review—if you have constructive criticism, I will not be offended or penalized.

- Please be honest.
- Our time together is limited—please don’t be offended if I have to interrupt you to turn to the next question; there is simply a lot to cover, and we have to finish on time.
- If you need to leave the room, please do so one at a time.
- Please turn your cell phones off or place them on silent.
- We would like to audio-record this discussion so that when it comes time to write the summary report, we will have the “raw” data to turn to, as needed. Does anyone object to our audio-recording this focus group discussion? [*Dismiss participant(s) if so.*]
- We will also be live video streaming this discussion so that project staff who couldn’t be here in person can view today’s discussion. The video streaming is not being recorded; thus, there will be no video record or archive of this discussion. Does anyone object to our live video streaming of this focus group discussion? [*Dismiss participant(s) if so.*]
- Project staff are sitting behind the one-way mirror viewing the discussion.

PARTICIPANT INTRODUCTIONS [5 minutes]

Moderator:

- All of you here are professionals who work for a state or large municipal education agency.

Participants:

- Go around the table and have participants introduce themselves:
 - Your first name only (no last name)
 - Your professional title/role
 - One thing you find rewarding about your job

FAMILIARITY WITH CDC DASH AND SEXUAL HEALTH EDUCATION LANDSCAPE IN SCHOOL/SCHOOL SYSTEM [5 minutes]

1. How many of you are familiar with the Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (or, “DASH”)?
 - a. For those of you familiar with CDC DASH, how/where did you first hear about this division?
 - i. What do you know about CDC DASH?
2. In your school or school districts, what guidelines exist regarding sexual health education curricula?
3. What is one of the biggest challenges your school/school system faces in teaching sexual health education?

MESSAGE TESTING [50 minutes]

Participants will have message statements printed on paper and placed within a folder in front of them. The message statements will be labeled and placed in the order in which they will be discussed.

Moderator:

- In front of you, there is a folder that contains several statements. I am going to ask for your feedback and thoughts on these different statements. Our goal for this portion of today’s discussion is to hear your feedback on how a set of message statements can be made clearer and more effective in reaching

professionals like you. I will ask that a volunteer read a statement aloud, and that everyone else follow along as we go.

Standard Questions

- *Throughout the discussion, the moderator will probe for responses to the five questions below.*
- *The moderator will aim to ask as many of these standard questions per statement as possible but will prioritize as the discussion moves along—for example, if an issue was addressed during an earlier statement, the moderator will not review the same issue again with a new statement.*
- *Any “unique” questions to be asked of participants are presented under the appropriate message statements that follow.*
- *Specific terms to be probed for are also listed under each message statement (as applicable).*

1. Tell me in your own words what this statement is trying to tell you.

2. Is there anything in this statement that is confusing or unclear to you?

Are there any words or terms that you do not understand in this statement? [The moderator will probe on what different terms in a statement mean to the participants.]

3. Who do you think this statement is intended for?

4. Is there anything missing from this statement?

5. Is there anything else you would change about this statement to strengthen it and/or make it more believable?

Theme A: Co-occurrence of Risk/4 Focus Areas

[The moderator will test four of the six statements in this section—rotating statements across focus groups.]

Statement Qa: Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide, can occur together and contribute to increased risk for HIV, STDs and pregnancy among youth.

- Moderator to probe for:
 - Meaning of violence victimization
 - Alternate terms for violence victimization
 - Meaning of high-risk substance use
 - Other terms for mental health issues [*Listen for: mental health problems, mental health challenges.*]

Statement Qb: Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide, can occur together and contribute to increased risks for HIV, STDs

and pregnancy among youth. Efforts to prevent HIV, STDs, and pregnancy must consider all of the behaviors and experiences that heighten risk and how they fit together.

- Moderator to probe for:
 - Meaning of “Efforts to prevent HIV, STDs, and pregnancy must consider all of the behaviors and experiences that heighten risk and how they fit together.”
 - Impact of the second sentence on the overall “message.”

Statement Ba: Students who have multiple risk factors are more likely to increase their risk for negative health effects now and in the future. Students who are involved in multiple unhealthy behaviors and experiences (e.g., unprotected sex, violence) are at higher risk of experiencing negative health effects.

- Moderator to probe for:
 - Meaning of multiple risk factors
 - Meaning of negative health effects
 - Feelings toward examples offered (unprotected sex, violence) and whether they strengthen the message or add unnecessary text
 - Other examples?

Statement Bb: The more risk factors a high school student has, the higher the chance they will experience negative health consequences.

- Moderator to probe for:
 - Preference (ease of understanding and most effective):
 - Statement Ba
 - Statement Bb

Statement Za: Sexual behavior, high-risk substance use, violence victimization and mental health issues, including suicide can be addressed by school-based protective factors, such as positive school and peer connections and parent involvement.

- Moderator to probe for:
 - Meaning of school-based protective factors
 - Meaning of high-risk substance use
 - Mental health issues versus mental health issues, including suicide

Statement Zb: School-based protective factors—such as school and peer connections and parent involvement—can positively impact student health.

- Moderator to probe for:
 - Preference (ease of understanding and most effective):
 - Statement Za
 - Statement Zb

Theme B: Call to Action: How You Can Help

[The moderator will test two or three of the nine statements in this section—rotating statements across focus groups. (Four of the nine statements are 2-part questions.)]

Statement Ta: Requiring school-based sexual health education programs, promoting youth-friendly health services, and encouraging safe and supportive environments in schools protect student health and improves academic performance.

- Moderator to probe for:
 - Meaning of youth-friendly health services
 - Meaning of safe and supportive environments in schools

Statement Tb: To improve student health and academic performance, education agencies can:

1. **Require school-based sex education programs**
2. **Support youth-friendly health services**
3. **Promote safe and supportive school environments.**

[Moderator: Let's look at how a second statement compares to the one we just reviewed.]

- Moderator to probe for:
 - Meaning of education agencies
 - Preference (ease of understanding and most effective):
 - Statement Ta
 - Statement Tb

Statement Ra: Foster conversations with students and encourage them to engage in behaviors that prevent or reduce sexually transmitted diseases (STDs), including HIV infection.

Statement Rb: School staff and families can work together to support youth and help them avoid behaviors and experiences that place them at risk for negative health and educational outcomes.

Moderator to probe for:

- Students versus youth versus adolescent versus teens
 - Preference in terms
- Meaning of negative health and educational outcomes
 - Alternative term for outcomes
- Preference (ease of understanding and most effective):
 - Statement Ra
 - Statement Rb

Statement Ma: School connectedness is a starting point for addressing important health and safety concerns for sexual minority students.

Statement Mb: Schools can help address important health and safety concerns for sexual minority students by promoting school involvement and connectedness (e.g., safe spaces, clubs, service learning opportunities).

- Moderator to probe for:
 - Meaning of school involvement and connectedness
 - Meaning of sexual minority students
 - Preference (ease of understanding and most effective):
 - Statement Ma
 - Statement Mb

Statement Oa: Positive school and family connections during adolescence can reduce multiple health risks now and into adulthood.

- Moderator to probe for:
 - Meaning of multiple health risks

Statement Ob: School staff and families play a significant role in protecting student health. Positive connections in adolescence can improve students' health for years to come.

- Moderator to probe for:
 - Meaning of positive connectedness in adolescence
 - Preference (ease of understanding and most effective):
 - Statement Oa
 - Statement Ob

Statement X: Adolescents who feel connected to their schools and families experience better health for years to come.

Theme C: CDC: We Know What Works

[The moderator will test five to six of the eleven statements in this section—rotating statements across focus groups. (Four of the eleven statements are 2-part questions.)]

Statement Da: Implementation of CDC-recommended school-based strategies leads to improvements in behaviors and experiences that put youth at risk for HIV and STDs.

- Moderator to probe for:
 - Impact of CDC-recommended term at beginning of the message

Statement Db: You can help improve students' health behaviors and reduce the risk of HIV, STDs, and pregnancy by implementing CDC-recommended school-based strategies.

- Moderator to probe for:
 - Preference (ease of understanding and most effective):
 - Statement Da
 - Statement Db
 - How would participants translate this action in your day-to-day work reality?

Statement H: Schools that have a student referral system in place for accessing youth-friendly health services can protect student health.

- Moderator to probe for:
 - Meaning of student referral system in the context of school health
 - Meaning of youth-friendly health services

Statement Na: Schools that adopt and implement an evidence-based sexual health education curriculum help students make healthy decisions and avoid behaviors that put them at risk.

Statement Nb: An evidence-based sexual health education curriculum gives students the tools they need to make healthy decisions and avoid risk behaviors.

- Moderator to probe for:
 - Meaning of tools
- Preference (ease of understanding and most effective):
 - Statement Na
 - Statement Nb

Statement Q: Schools can help support healthy environments by implementing bullying and sexual harassment policies that protect the health and safety of all students and staff.

- Moderator to probe for:
 - Meaning of bullying
 - Meaning of sexual harassment policies

Statement U: School connectedness and parent engagement can help reduce negative student behaviors and experiences, including sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide.

- Moderator to probe for:
 - Meaning of school connectedness
 - Meaning of parent engagement
 - Meaning of sexual risk behavior

Statement C: Making sure school staff understand state and local policies and how to support students is an important strategy to reduce behaviors that put students at risk for HIV and STDs.

Statement F: Schools that engage students, families, and communities create safer and more supportive environments for students and improve academic performance.

- Moderator to probe for:
 - Meaning of academic performance

Statement Y: CDC's partnerships with education agencies help to prevent multiple health risk behaviors including those that lead to HIV, STDs and pregnancy among youth.

- Moderator to probe for:
 - Meaning of partnerships

Statement I: School-based health programs can help reduce student risk behaviors and positively impact academic performance.

- Moderator to probe for:
 - Meaning of school-based health programs

TAGLINE AND MATERIAL TESTING [15 minutes]

Tagline

Of the six taglines that you see in front of you, please rank them so that #1 is your favorite and #6 is your least favorite. *[The moderator will rotate the order of taglines across the focus groups.]*

- “Healthy Teens. Successful Futures.”
- “Healthy Youth. Successful Futures.”
- “Healthy Students. Successful Futures.”
- “Committed to Improving the Health of Teens.”
- “Committed to Improving the Health of Youth.”
- “Committed to Improving the Health of Students.”

The moderator will tally the results and briefly gauge why the winning tagline rose to the top.

The final tagline could include the word “adolescent(s)” or “teen(s)” or “teenager(s)” or “youth” or “student(s)” or something else. What do you recommend that we advise DASH to include and why?

Material

Now I would like to ask you about [a resource](#) CDC has developed for education agencies. Please take a few moments to review the resource.

1. What do you especially like about this material?
2. What don’t you like about this material?
3. What do you think of the format of this material? *[Listen for/probe as necessary: Colors, layout, font type and size, length.]*
4. What is the take-away message from this material? OR What did you learn about CDC’s DASH by reading this material?

PREFERRED COMMUNICATION CHANNELS [5 minutes]

1. How familiar would you say education agencies are with CDC’s recommendations for decreasing behaviors that put youth at risk for HIV, STDs, and pregnancy? *[If needed, on a scale from 1 to 10, with 1 being “Not at All Familiar” and 10 being “Extremely Familiar.”] [Strategies include: sexual health services, safe and supportive environments, and sexual health education.]*
2. When you need to seek information about adolescent health, to what sources do you turn and why?
3. What is the best way for CDC to reach you with information on preventing HIV, STDs, and pregnancy targeting adolescents? *[Ask for detailed information sources: emails, professional conferences, webinars, continuing education activities, social media, professional journals, in-person gatherings, etc.]*
4. What are your top 3 preferred formats for information on preventing HIV, STDs, and pregnancy among adolescents? *[Listen for/probe as necessary: brochure/fact sheet/infographic; book; app; FAQ document; podcast; wallet card; blog; e-newsletter; information on CDC’s website.]*

CLOSE [<5 minutes]

What I'd like to do next is ask the observers if they have any additional questions or need clarification on any of the issues we've discussed. *[Ask any questions from observers.]*

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**A 90-Minute Focus Group With
Professionals Working at External Health Organizations**

MODERATOR'S GUIDE

Spring 2019

BACKGROUND [5 minutes]

Moderator:

- Welcome / thank you for your participation
- My name / not an employee of the Centers for Disease Control and Prevention (CDC) or the federal government / independent researcher
- My role (facilitate discussion and end on time at x:xx a.m./p.m.)

- *The purpose of today's discussion is to:*
 1. Discuss your thoughts and feelings about high-risk substance use; mental health; sexual behavior or health; and violence victimization, as they pertain to adolescents (middle and high school students).
 2. Get your feedback on information that the Centers for Disease Control and Prevention (or, the "CDC") developed for health stakeholder groups like yours.
 3. Hear your suggestions for how CDC could best reach you and organizations like yours with important health information.

- *Some guidance for our conversation:*
 - Please talk one at a time.
 - Please talk in a voice at least as loud as mine.
 - I need to hear all of your opinions—i.e., everyone should have more or less equal "air time."

- o There are no right or wrong answers—that said, if someone disagrees with what someone else says, please speak up (we are respectful of all opinions).
- o This discussion is private—first names only / no names will be used in the summary report.
- o Your participation is voluntary (free to decline to answer a question / free to leave the room at any time).
- o I did not have anything to do with the development of the material we are going to review—if you have constructive criticism, I will not be offended or penalized.
 - Please be honest.
- o Our time together is limited—please don’t be offended if I have to interrupt you to turn to the next question; there is simply a lot to cover, and we have to finish on time.
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- o We would like to audio-record this discussion so that when it comes time to write the summary report, we will have the “raw” data to turn to, as needed. Does anyone object to our audio-recording this focus group discussion? *[Dismiss participant(s) if so.]*
- o We will also be live video streaming this discussion so that project staff who couldn’t be here in person can view today’s discussion. The video streaming is not being recorded; thus, there will be no video record or archive of this discussion. Does anyone object to our live video streaming of this focus group discussion? *[Dismiss participant(s) if so.]*
- o Project staff are sitting behind the one-way mirror viewing the discussion.

PARTICIPANT INTRODUCTIONS [5 minutes]

Moderator:

- Everyone here is a professional whose work touches on adolescent health.

Participants:

- Go around the table and have participants introduce themselves:
 - o Your first name only (no last names)
 - o Briefly (in one sentence), the mission of your organization
 - o In a few words, let us know one exciting trend you are seeing in your field

MESSAGE TESTING [50 minutes]

Participants will have message statements printed on paper and placed within a folder in front of them. The message statements will be labeled and placed in the order in which they will be discussed.

Moderator:

- In front of you, there is a folder that contains several statements. I am going to ask for your feedback and thoughts on these different statements. Our goal for this portion of today’s discussion is to hear your feedback on how a set of message statements can be made clearer and more effective in reaching professionals like you. I will ask that a volunteer read a statement aloud, and that everyone else follow along as we go.

Standard Questions

- *Throughout the discussion, the moderator will probe for responses to the five questions below.*

- The moderator will aim to ask as many of these standard questions per statement as possible but will prioritize as the discussion moves along—for example, if an issue was addressed during an earlier statement, the moderator will not review the same issue again with a new statement.
- Any “unique” questions to be asked of participants are presented under the appropriate message statements that follow.
- Specific terms to be probed for are also listed under each message statement (as applicable).

6. Tell me in your own words what this statement is trying to tell you.

7. Is there anything in this statement that is confusing or unclear to you?

Are there any words or terms that you do not understand in this statement? [The moderator will probe on what different terms in a statement mean to the participants.]

8. Who do you think this statement is intended for?

9. Is there anything missing from this statement?

10. Is there anything else you would change about this statement to strengthen it and/or make it more believable?

Theme A: Co-occurrence of Risk/4 Focus Areas

[The moderator will test two of the four statements in Theme A, rotating them across focus groups.]

Statement J: Risks related to sexual activity, high-risk substance use, violence victimization, and mental health issues including suicide, contribute to increased health risks for adolescents, including HIV and STDs.

- Moderator to probe for:
 - Meaning of violence victimization
 - Alternate terms for violence victimization
 - Meaning of high-risk substance use

Statement N: The co-occurrence of risk across sexual behavior, high-risk substance use, violence victimization, mental health and suicide, has serious implications for adolescents’ well-being during their high school years and into adulthood.

- Moderator to probe for:
 - Meaning of co-occurrence of risk
 - Compare two statements for preference/ease of understanding/most effective:
 - The first statement says that the risks “contribute to increased health risks for adolescents, including HIV and STDs.”
 - This second statement says that risks have “serious implications for adolescents’ well-being during their high school years and into adulthood.”

Statement V: Students with multiple risk factors are more likely to engage in unhealthy behaviors directly linked to increased morbidity and mortality.

- Moderator to probe for:
 - Meaning of multiple risk factors
 - Alternate words for multiple risk factors
 - Meaning of unhealthy behaviors
 - Alternate words/phrases to explain increased morbidity and mortality (plain language?)

Statement Z: Sexual minority youth are at higher risk for negative health behaviors, experiences, and outcomes, including HIV and STDs.

- Moderator to probe for:
 - Meaning of sexual minority youth
 - Frequency of seeing this term in participants' work
 - Alternate terms: sexual and gender minority youth; lesbian, gay or bisexual (LGB) youth; gender expansive youth
 - Meaning of higher risks

Theme B: Call to Action: How You Can Help

Statement C: Making STD and HIV testing a routine part of health care for adolescents is an important strategy for reducing the spread of infections. CDC recommends all adolescents get tested for HIV at least once as part of routine medical care.

- Moderator to probe for:
 - Acronym STD versus sexually transmitted disease spelled out (which is clearer?)
 - Whether the first sentence persuades participants that the second sentence is a *strong* recommendation by the CDC?
 - Would the entire statement be as effective *without* the second sentence?
 - How could these two statements, taken together, be made even more impactful?

Statement Ma: Recommending school-based sex education programs, promoting youth-friendly health services, and creating safe and supportive environments in schools for all youth protects student health and academic performance.

Statement Mb: To improve student health and academic performance, health organizations can:

- 1. Recommend school-based sex education programs**
- 2. Promote youth-friendly health services**
- 3. Create safe and supportive school environments.**

- Moderator to probe for:
 - Preference (ease of understanding/effectiveness):
 - Statement Ma
 - Statement Mb
 - Meaning of promoting “youth-friendly” health services
 - Creating safe and supportive environments in schools

Statement I: Educating youth about sexual development, what puts teens at risk, and how to prevent HIV, STDs and pregnancy protects adolescent health.

- Moderator to probe for:
 - Meaning of what puts teens at risk
 - Students versus youth versus adolescent versus teens/teenagers
 - Age range differences
 - Preference in terms

Moderator: Looking at all three statements together, please rank them from most persuasive (#1) to least persuasive (#3).

Statement C: Making STD and HIV testing a routine part of health care for adolescents is an important strategy for reducing the spread of infections. CDC recommends all adolescents get tested for HIV at least once as part of routine medical care.

Statement Ma: Recommending school-based sex education programs, promoting youth-friendly health services, and creating safe and supportive environments in schools for all youth protects student health and academic performance.

Statement I: Educating youth about sexual development, what puts teens at risk, and how to prevent HIV, STDs and pregnancy protects adolescent health.

Theme C: CDC: We Know What Works

[The moderator will test two or three of the five statements in Theme C, rotating them across focus groups.]

Statement Xa: For CDC, health impact is achieved by helping youth reduce the effects of stressful life events and avoid multiple behaviors that place them at risk for poor health and educational outcomes.

- Moderator to probe for:
 - Meaning of effects of stressful life events
 - How CDC at the beginning of this statement affects the overall statement

Statement Xb: We achieve positive health and educational outcomes when we help reduce the effects of stressful life events for youth.

- Moderator to probe for:
 - Which statement is clearer:
 - Statement Xa
 - Statement Xb

Statement R: CDC's school-based research, tools and partnerships help to prevent sexual risk behaviors, high-risk substance use, violence victimization and mental health issues, including suicide.

- Moderator to probe for:
 - Alternative words for mental health issues [*Listen for: mental health problems, mental health challenges, mental health disorders, mental health conditions.*]
- Mental health issues versus mental health issues, including suicide

Statement L: Implementing CDC-recommended school-based strategies can help decrease behaviors and experiences that put youth at risk for HIV and STDs.

- Moderator to probe for:
 - How this statement could be explained to a non-health professional
 - Meaning of “behaviors and experiences that put youth at risk for HIV and STDs”
 - Meaning of school-based strategies

Statement S: Having onsite school-based health centers or a system for referrals increases student access to sexual health services and can help prevent HIV, STDs, and pregnancy.

- Moderator to probe for:
 - Meaning of a system of referrals

TAGLINE AND MATERIAL TESTING [15 minutes]

Tagline

Of the six taglines that you see in front of you, please rank them so that #1 is your favorite and #6 is your least favorite. [*The moderator will rotate the order of taglines across the focus groups.*]

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Material

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1. What do you especially like about this material?
2. What don’t you like about this material?
3. What do you think of the format of this material? [*Listen for/probe as necessary: Colors, layout, font type and size, length.*]

4. What is the take-away message from this material? OR What did you learn about CDC's DASH by reading this material?

PREFERRED COMMUNICATION CHANNELS [5-10 minutes]

5. CDC has developed specific school-based strategies to reduce student risk for HIV/STDs/pregnancy. How familiar are organizations like yours with these CDC strategies *[If needed, on a scale from 1 to 10, with 1 being "Not at All Familiar" and 10 being "Extremely Familiar."]* *[Strategies include: sexual health services, safe and supportive environments, and sexual health education.]*
6. When you need to seek information about adolescent health, to what sources do you turn and why?
7. What is the best way for CDC to reach you with information on preventing HIV, STDs, and pregnancy targeting adolescents? *[Ask for detailed information sources: emails, professional conferences, webinars, continuing education activities, social media, professional journals, in-person gatherings, etc.]*
8. What is your top preferred format for information on preventing HIV, STDs, and pregnancy among adolescents? *[Listen for/probe as necessary: brochure/fact sheet/infographic; book; app; FAQ document; podcast; wallet card; blog; e-newsletter; information on CDC's website.]*

CLOSE [<5 minutes]

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With Parents and Caregivers**

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Spring 2019

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 3. Hear your suggestions for how CDC could best reach you with important health information.

- *Some guidance for our conversation:*
 - Please talk one at a time.

- o Please talk in a voice at least as loud as mine.
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- o Project staff are sitting behind the one-way mirror viewing the discussion.

PARTICIPANT INTRODUCTIONS [5 minutes]

Moderator:

- All of us here are parents or caregivers of teenagers (or middle or high school students).

Participants:

- Go around the table and have participants introduce themselves:
 - o What name you’d like me to use when addressing you (remember, first names only—no last names).
 - o Age(s) and gender(s) of your teenage child(ren).
 - o One thing you enjoy doing with your teenage child(ren).

GENERAL ATTITUDES TOWARD ADOLESCENT HEALTH AND EXPERIENCES WITH SEXUAL HEALTH EDUCATION [10 minutes]

4. Very briefly (top-of-mind, in just one or two words), what are the top one or two concerns that you have about your teenage child(ren) today, generally speaking?
5. What concerns you most about your teenager when it comes to their health and safety, and why? *[Listen for: sexual behaviors, substance use, pregnancy, violence, mental health.]*

MESSAGE TESTING [50 minutes]

Participants will have message statements printed on paper and placed within a folder in front of them. The message statements will be labeled and placed in the order in which they will be discussed.

Moderator:

- In front of you, there is a folder that contains several statements. I am going to ask for your feedback and thoughts on these different statements. I will ask that a volunteer read a statement aloud and that everyone else follow along as we go.

Standard Questions

- *Throughout the discussion, the moderator will probe for responses to the five questions below.*
- *The moderator will aim to ask as many of these standard questions per statement as possible but will prioritize as the discussion moves along—for example, if an issue was addressed during an earlier statement testing, the moderator will not review the same issue again with a new statement.*
- *Any “unique” questions to be asked of participants are presented under the appropriate message statements that follow.*
- *Specific terms to be probed for are also listed under each message statement (as applicable).*

1. Tell me in your own words what this statement is trying to tell you.

2. Is there anything in this statement that is confusing or unclear to you?

Are there any words or terms that you do not understand in this statement? [The moderator will probe on what different terms in a statement mean to the participants.]

3. Who do you think this statement is intended for?

4. Is there anything missing from this statement?

5. Is there anything else you would change about this statement to strengthen it and/or make it more believable?

Theme B: Call to Action: How You Can Help

Statement N: Parents and families can connect and communicate with teens to help them make healthy decisions and avoid risky behaviors.

- Moderator to probe for:
 - Meaning and alternate terms for healthy decisions
 - Meaning of risky behaviors
 - If participants are told that the authors were interested in preventing HIV, STDs, and pregnancy among teenagers, is there another phrase you would use in place of “risky”?

Statement E: Parents and school staff can work together to help support and improve the learning, development, and health of adolescents.

- Moderator to probe for:
 - Alternate terms for adolescents (youth in grades 6 through 12) [*Listen for: teens, students, youth, young people.*]
 - Meaning of school staff can improve the development and health of adolescents

Statement Ha: Supporting school-based health education, connecting to health services and creating safe and supportive school environments to prevent HIV and STDs among youth can save lives.

- Moderator to probe for:
 - Meaning and clarity of STDs
 - Taking the three statements in this section together, what do you think they are asking you to do?
 - How likely are you to take these action(s)?
 - Is there anything that is not needed from the statements in this section? In other words, words that can be deleted without sacrificing the importance behind the overall “message”?

Now let’s compare the above message with the following:

- **Statement Hb: Supporting school-based programs to prevent HIV and STDs among youth can save lives.**
 - Which is clearer, Statement Ha or Statement Hb?

Theme A: Co-occurrence of Risk/4 Focus Areas

Statement Y: Sexual risk behavior, high-risk substance use, violence victimization, and mental health issues can all contribute to risks for HIV, STDs and pregnancy.

- Moderator to probe for:
 - Meaning of violence victimization
 - Alternate terms for violence victimization
 - Meaning of high-risk substance use
 - Meaning of mental health issues, including suicide
 - Meaning of HIV

Statement P: Sexual risk behavior, high-risk substance use, violence victimization and mental health issues, including suicide, can be addressed by school-based protective factors, such as positive school and peer connections and parent involvement.

- Moderator to probe for:
 - Meaning of protective factors
 - Would this message be clearer if the term protective factors was removed?
 - Meaning of positive school and peer connections
 - Other terms for mental health issues [*Listen for: mental health problems, mental health challenges.*]
 - Mental health issues versus mental health issues, including suicide
 - Additions to this statement to make it more apparent to people that parent involvement or engagement is very important?

Theme C: CDC: We Know What Works

Statement B: Young people who feel connected to their school are less likely to engage in risky sexual behaviors, substance use, and violence and experience mental health issues.

- Moderator to probe for:
 - Alternate words/phrases for risky sexual behaviors
 - Examples of ways young people can feel connected to their school

Statement G: Schools that adopt and implement an evidence-based sexual health education curriculum help students make healthy decisions and avoid risk behaviors.

- Moderator to probe for:
 - Meaning of evidence-based
 - Meaning of evidence-based sexual health curriculum
 - Alternative words for evidence-based (e.g., medically accurate)

Statement A: Connecting students to youth-friendly health services can help prevent HIV, STDs, and pregnancy.

- Moderator to probe for:
 - Meaning of “youth-friendly” health services
 - Of the three statements in this section, which is the most effective/strongest/more attention-getting? Which is the least effective/weakest/least attention-getting?
 - What could change in the least effective/weakest statement to make it more attention-grabbing?

TAGLINE AND MATERIAL TESTING [5 minutes]

Of the six taglines that you see in front of you, please rank them so that #1 is your favorite and #6 is your least favorite. *[The moderator will rotate the order of taglines across the focus groups.]*

- “Healthy Teens. Successful Futures.”
- “Healthy Youth. Successful Futures.”
- “Healthy Students. Successful Futures.”
- “Committed to Improving the Health of Teens.”
- “Committed to Improving the Health of Youth.”
- “Committed to Improving the Health of Students.”

The moderator will tally the results and briefly gauge why the winning tagline rose to the top.

The final tagline could include the word “adolescent(s)” or “teen(s)” or “teenager(s)” or “youth” or “student(s)” or something else. What do you recommend that we advise DASH to include and why?

TRUSTED INFORMATION SOURCES/PREFERRED COMMUNICATION CHANNELS

[10 minutes]

The moderator will ask as many of the following questions as possible as time allows.

- Very briefly, where have you seen information about teen health in general terms? *[Emphasize that we're looking for information about teen health broadly, not just information about preventing HIV, STDs, and pregnancy.] [Listen for/probe as necessary: Pediatrician's office, dentist's office, pharmacy, school health office, sports team meetings, community/recreational center/gym, church/synagogue, etc.]*
 - Where have you seen information specifically about preventing HIV, STDs, and pregnancy among teenagers?
 - Do you ever *go out of your way* to look for information about preventing HIV, STDs, and pregnancy related to your teen child(ren)?
 - Where do you go?
 - What sources of information do you trust most? What makes you trust a specific source of information?
 - If you're not looking for information, what would make you pay attention to information about your teen's health?
- What is the best way for CDC to reach you with information on preventing HIV, STDs, and pregnancy among teenagers? *[Ask for details about the information sources/communication channels that parents share: television (what shows/channels?), radio, magazines (which ones?), newspapers, experts/providers, social media (what platforms? what influencers?), in-person gatherings, through children's school (information sent via backpack?, talks by invited speakers?), through one's faith-based organization, through community-based locations like the community recreational center or public library, at shopping centers, website (which ones?), etc.]*
- What is the best way for schools to reach you with information on preventing HIV, STDs, and pregnancy among teenagers?
- What is your top preferred format for receiving information on preventing HIV, STDs, and pregnancy among teenagers? *[Probe: hard-copy/printed brochure/fact sheet/infographic/FAQ document; book; website; app; podcast; wallet card; blog; e-newsletter/email; website (which ones?).]*
- If you saw information on preventing HIV, STDs, and pregnancy among teenagers and you wanted your family members, friends, colleagues, and/or neighbors to see it too, how would you *share* this information?

CLOSE [**<5 minutes**]

What I'd like to do next is ask the observers if they have any additional questions or need clarification on any of the issues we've discussed. *[Ask any questions from observers.]*

OMB No. 0920-0840

Exp. Date

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 90 minutes per response, including the time to review instructions and respond to questions. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA 0920-0840.

**A 90-Minute Focus Group With
Professionals Working at Policymaking Organizations**

MODERATOR'S GUIDE

Spring 2019

BACKGROUND [5 minutes]

Moderator:

- Welcome / thank you for your participation
- My name / not an employee of the Centers for Disease Control and Prevention (CDC) or the federal government / independent researcher
- My role (facilitate discussion and end on time at x:xx a.m./p.m.)

- *The purpose of today's discussion is to:*
 1. Get your thoughts on phrases/statements that CDC developed for policymakers and policymaking organizations like yours.
 2. Discuss your thoughts and feelings about high-risk substance use; mental health; sexual behavior or health; and violence victimization, as they pertain to adolescents (middle and high school students).

3. Hear your suggestions for how CDC could best reach you with important adolescent health information.
- *Some guidance for our conversation:*
 - Please talk one at a time.
 - Please talk in a voice at least as loud as mine.
 - I need to hear all of your opinions—i.e., everyone should have more or less equal “air time.”
 - There are no right or wrong answers—that said, if someone disagrees with what someone else says, please speak up (we are respectful of all opinions).
 - This discussion is private—first names only / no names will be used in the summary report.
 - Your participation is voluntary (free to decline to answer a question / free to leave the room at any time).
 - I did not have anything to do with the development of the material we are going to review—if you have constructive criticism, I will not be offended or penalized.
 - Please be honest.
 - Our time together is limited—please don’t be offended if I have to interrupt you to turn to the next question; there is simply a lot to cover, and we have to finish on time.
 - If you need to leave the room, please do so one at a time.
 - Please turn your cell phones off or place them on silent.
 - We would like to audio-record this discussion so that when it comes time to write the summary report, we will have the “raw” data to turn to, as needed. Does anyone object to our audio-recording this focus group discussion? *[Dismiss participant(s) if so.]*
 - We will also be live video streaming this discussion so that project staff who couldn’t be here in person can view today’s discussion. The video streaming is not being recorded; thus, there will be no video record or archive of this discussion. Does anyone object to our live video streaming of this focus group discussion? *[Dismiss participant(s) if so.]*
 - Project staff are sitting behind the one-way mirror viewing the discussion.

PARTICIPANT INTRODUCTIONS [5 minutes]

Moderator:

- All of you here are professionals who regularly engage policymakers.

Participants:

- Go around the table and have participants introduce themselves:
 - Your first name only (no last names).
 - Briefly (in one sentence), describe the mission of your organization.
 - In a few words, let us know one exciting trend you are seeing in your field.

ORGANIZATIONAL EXPERIENCE WITH AND PERSPECTIVES ON ADOLESCENT SEXUAL HEALTH EDUCATION [5 minutes]

1. How many of you are familiar with the Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (or, “DASH”)?
 - a. For those of you familiar with CDC DASH, how/where did you first hear about this division?
 - i. What do you know about CDC DASH?
2. What is the biggest challenge you face in addressing adolescent health at your job?

MESSAGE TESTING [50 minutes]

Participants will have message statements printed on paper and placed within a folder in front of them. The message statements will be labeled and placed in the order in which they will be discussed.

Moderator:

- In front of you, there is a folder that contains several statements. I am going to ask for your feedback and thoughts on these different statements. I will ask that a volunteer read a statement aloud, and that everyone else follow along as we go.

Standard Questions

- *Throughout the discussion, the moderator will probe for responses to the five questions below.*
- *The moderator will aim to ask as many of these standard questions per statement as possible but will prioritize as the discussion moves along—for example, if an issue was addressed during an earlier statement testing, the moderator will not review the same issue again with a new statement.*
- *Any “unique” questions to be asked of participants are presented under the appropriate message statements that follow.*
- *Specific terms to be probed for are also listed under each message statement (as applicable).*

1. Tell me in your own words what this statement is trying to tell you.

2. Is there anything in this statement that is confusing or unclear to you?

Are there any words or terms that you do not understand in this statement? *[The moderator will probe on what different terms in a statement mean to the participants.]*

3. Who do you think this statement is intended for?

4. Is there anything missing from this statement?

5. Is there anything else you would change about this statement to strengthen it and/or make it more believable?

Theme A: Co-occurrence of Risk/4 Focus Areas

Statement D: Efforts to prevent HIV, STDs, and pregnancy among youth must consider the array of risk factors and how they fit together. Sexual risk behaviors, high-risk substance use, violence victimization and mental health problems can all contribute to risks for HIV, STDs and unintended pregnancy.

- Moderator to probe for:
 - Meaning of violence victimization
 - Alternate terms for violence victimization

- o Meaning of high-risk substance use
- o Meaning of risk factors
- o Other terms for mental health problems [*Listen for: mental health issues, mental health challenges, mental health conditions.*]
- o STD acronym versus sexually transmitted diseases spelled out

Statement X: Addressed separately, these four focus areas are of concern to public health. However, data also indicate that risk behaviors often occur together and that students experience multiple risks across these areas.

- Moderator to probe for:
 - o Meaning of risk behaviors
 - o Clearer meaning if examples of risk behaviors were given (e.g., unprotected sex, four or more partners)
 - o Term students versus youth versus adolescents versus teens/teenagers
 - Age ranges for these terms
 - Preference in terms

Statement Z: To support high-risk students, we must look beyond a single focus on sexual activity to understand the prevention needs of specific adolescent populations.

- Moderator to probe for:
 - o Meaning of prevention needs
 - o Meaning and alternate words for high risk students [*Listen for: vulnerable populations, special populations, underserved students, not-yet-served populations.*]
 - o Meaning of specific adolescent populations

Theme B: Call to Action: How You Can Help

Statement K: All youth deserve safe and supportive schools with access to quality health education and connection to mental and sexual health services to help them reach adulthood in the healthiest way possible.

- Moderator to probe for:
 - o Hesitations in sharing statement with other policymakers and why

Statement Ra: Supporting school-based sex education programs, promoting youth-friendly health services, and promoting safe environments in schools for all youth improves student health and academic performance.

- Moderator to probe for:
 - o Meaning of promoting youth-friendly health services
 - o Meaning of safe environments in schools

Statement Rb: To improve student health and academic performance, policymakers can support:

1. **Supporting high-quality school-based sexual health education programs**
2. **Promoting youth-friendly health services,**
3. **Promoting a safe and supportive school environment.**

- Moderator to probe for:
 - o Preference (ease of understanding and most effective/impactful):

- Statement Ra
- Statement Rb
- Both statements describe improvements in health and academic performance/achievement. Would the statement be more impactful if it focused on just one of those outcomes? If so, which one, and why?

Statement K: All youth deserve safe and supportive schools with access to quality health education and connection to mental and sexual health services to help them reach adulthood in the healthiest way possible.

Statement Rb: Supporting school-based sexual health education programs, promoting youth-friendly health services, and promoting safe environments in schools for all youth improves student health and academic performance.

- Moderator to probe for:
 - Preference in sharing with a policymaker:
 - Statement K
 - Statement Rb

Theme C: CDC: We Know What Works

Statement T: Schools that create safe school environments, provide sexual health education, and referrals to youth-friendly health services, help students make healthy decisions and avoid risk behaviors.

- Moderator to probe for:
 - Meaning of healthy decisions
 - Meaning of risk behaviors

Statement M: CDC invests in effective school-based strategies that protect students from overlapping public health risks such as sexual risk behaviors, high-risk substance use, violence victimization and mental health issues including suicide.

- Moderator to probe for:
 - Meaning of sexual risk behaviors
 - Mental health issues versus mental health issues, including suicide
 - Meaning of invest

Statement O: Implementing CDC-recommended school-based strategies leads to a reduction in behaviors and experiences that put youth at risk for HIV and STDs.

- Moderator to probe for:
 - Whether the statement would be more impactful if it described reduction in HIV and STDs, rather than a reduction in behaviors that put youth at risk for HIV and STDs

TAGLINE AND MATERIAL TESTING [15 minutes]

Tagline

Of the six taglines that you see in front of you, please rank them so that #1 is your favorite and #6 is your least favorite. *[The moderator will rotate the order of taglines across the focus groups.]*

- “Healthy Teens. Successful Futures.”
- “Healthy Students. Successful Futures.”
- “Healthy Youth. Successful Futures.”
- “Committed to Improving the Health of Teens.”
- “Committed to Improving the Health of Youth.”
- “Committed to Improving the Health of Students.”

The moderator will tally the results and briefly gauge why the winning tagline rose to the top.

The final tagline could include the word “adolescent(s)” or “teen(s)” or “teenager(s)” or “youth” or “student(s)” or something else. What do you recommend that we advise DASH to include and why?

Material

Now I would like to ask you about [a resource](#) CDC has developed for education agencies. Please take a few moments to review the resource.

1. What do you especially like about this material?
2. What don't you like about this material?
3. What do you think of the format of this material? *[Listen for/probe as necessary: Colors, layout, font type and size, length.]*
4. What is the take-away message from this material? OR What did you learn about CDC's DASH by reading this material?

PREFERRED COMMUNICATION CHANNELS [5 minutes]

9. How familiar would you say policymaking organizations like yours are with CDC's recommendations for decreasing behaviors that put youth at risk for HIV, STDs, and pregnancy? *[If needed, on a scale from 1 to 10, with 1 being “Not at All Familiar” and 10 being “Extremely Familiar.”]*
10. When you need to seek information about adolescent health, to what sources do you turn and why?
11. What is the best way for CDC to reach you with information on preventing HIV, STDs, and pregnancy targeting adolescents? *[Ask for detailed information sources: emails, professional conferences, webinars, continuing education activities, social media, professional journals, in-person gatherings, etc.]*
12. What is your preferred format for information on preventing HIV, STDs, and pregnancy among adolescents? *[Listen for/probe as necessary: brochure/fact sheet/infographic; book; app; FAQ document; podcast; wallet card; blog; e-newsletter; information on CDC's website.]*

CLOSE [<5 minutes]

What I'd like to do next is ask the observers if they have any additional questions or need clarification on any of the issues we've discussed. *[Ask any questions from observers.]*

OMB No. 0920-0840

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**A 90-Minute Focus Group With
Professionals Working for Youth-Serving Organizations**

MODERATOR'S GUIDE

Spring 2019

BACKGROUND [5 minutes]

Moderator:

- Welcome / thank you for your participation
- My name / not an employee of the Centers for Disease Control and Prevention (CDC) or the federal government / independent researcher
- My role (facilitate discussion and end on time at **x:xx** a.m./p.m.)

- *The purpose of today's discussion is to:*

1. Discuss your thoughts and feelings about high-risk substance use; mental health; sexual behaviors; and violence victimization, as they pertain to adolescents (middle and high school students).
 2. Get your feedback on information that the Centers for Disease Control and Prevention (or, the “CDC”) developed for youth-serving stakeholder groups like yours.
 3. Hear your suggestions for how CDC could best reach you and organizations like yours with important adolescent health information.
- *Some guidance for our conversation:*
 - Please talk one at a time.
 - Please talk in a voice at least as loud as mine.
 - I need to hear all of your opinions—i.e., everyone should have more or less equal “air time.”
 - There are no right or wrong answers—that said, if someone disagrees with what someone else says, please speak up (we are respectful of all opinions).
 - This discussion is private—first names only / no names will be used in the summary report.
 - Your participation is voluntary (free to decline to answer a question / free to leave the room at any time).
 - I did not have anything to do with the development of the material we are going to review—if you have constructive criticism, I will not be offended or penalized.
 - Please be honest.
 - Our time together is limited—please don’t be offended if I have to interrupt you to turn to the next question; there is simply a lot to cover, and we have to finish on time.
 - If you need to leave the room, please do so one at a time.
 - Please turn your cell phones off or place them on silent.
 - We would like to audio-record this discussion so that when it comes time to write the summary report, we will have the “raw” data to turn to, as needed. Does anyone object to our audio-recording this focus group discussion? *[Dismiss participant(s) if so.]*
 - We will also be live video streaming this discussion so that project staff who couldn’t be here in person can view today’s discussion. The video streaming is not being recorded; thus, there will be no video record or archive of this discussion. Does anyone object to our live video streaming of this focus group discussion? *[Dismiss participant(s) if so.]*
 - Project staff are sitting behind the one-way mirror viewing the discussion.

PARTICIPANT INTRODUCTIONS [5 minutes]

Moderator:

- Everyone here is a professional working at organizations whose missions are to serve youth.

Participants:

- Go around the table and have participants introduce themselves:
 - Your first name only (no last names).
 - A brief description of your organization’s mission, without mentioning the name of your organization.
 - And, very briefly please, tell us the most exciting trend you’re seeing in your field.

FAMILIARITY WITH CDC DASH [5 minutes]

- How many of you have previously heard of the Centers for Disease Control and Prevention’s (CDC) Division of Adolescent and School Health (DASH)?
 - What do you know about CDC DASH’s work?
 - *[If appropriate]* How did you first learn about DASH?

MESSAGE TESTING [50 minutes]

Participants will have message statements printed on paper and placed within a folder in front of them. The message statements will be labeled and placed in the order in which they will be discussed.

Moderator:

- In front of you, there is a folder that contains several statements. I am going to ask for your feedback and thoughts on these different statements. Our goal for this portion of today’s discussion is to hear your feedback on how a set of message statements can be made clearer and more effective in reaching professionals like you. I will ask that a volunteer read a statement aloud, and that everyone else follow along as we go.

Standard Questions

- *Throughout the discussion, the moderator will probe for responses to the five questions below.*
- *The moderator will aim to ask as many of these standard questions per statement as possible but will prioritize as the discussion moves along—for example, if an issue was addressed during an earlier statement, the moderator will not review the same issue again with a new statement.*
- *Any “unique” questions to be asked of participants are presented under the appropriate message statements that follow.*
- *Specific terms to be probed for are also listed under each message statement (as applicable).*

6. Tell me in your own words what this statement is trying to tell you.

7. Is there anything in this statement that is confusing or unclear to you?

Are there any words or terms that you do not understand in this statement? [The moderator will probe on what different terms in a statement mean to the participants.]

8. Who do you think this statement is intended for?

9. Is there anything missing from this statement?

10. Is there anything else you would change about this statement to strengthen it and/or make it more believable?

Theme A: Co-occurrence of Risk/4 Focus Areas

[The moderator will test two or three of the five statements in Theme A, rotating them across focus groups.]

Statement Q: Health behaviors and experiences related to sexual activity, high-risk substance use, violence victimization and mental health issues can occur together and contribute to increased risk for HIV, STDs, and pregnancy among youth.

Addressed separately, these four focus areas are of concern to public health. However, data also indicate that risk behaviors co-occur and that some students experience multiple risks across these areas.

- Moderator to probe for:
 - Alternate terms for violence victimization
 - Meaning of high-risk substance use
 - Meaning of risk behaviors co-occur
 - Whether the second and third sentences help participants better understand the first sentence

Statement Y: Adolescents who are bullied are more likely to have multiple sexual partners, have sex without a condom, use high-risk substances, and feel sad or hopeless.

- Moderator to probe for:
 - Adolescents versus youth versus students versus teens/teenagers versus students
 - Difference in age ranges
 - Preference in terms

Statement Z: High school students that have multiple adverse experiences and behavioral risk factors will likely have increased chances for negative health effects now and in the future.

- Moderator to probe for:
 - Meaning of multiple adverse experiences
 - Alternate terms for multiple adverse experiences
 - Meaning of behavioral risk factors
 - Alternate words for behavioral risk factors
- What are your suggestions for ways to modify this statement to reduce any unintended interpretations that this statement may sound like it is “blaming the victim”?

Statement Ta: Several subgroups of youth, including sexual minority youth, face unequal risk for HIV and STDs.

Statement Tb: Sexual minority youth are at disproportionate risk for HIV and STDs.

- Moderator to probe for:
 - Meaning of sexual minority youth [*Listen for: LGBT/LGBTQ.*]
 - Frequency of seeing this term in professional settings
 - STD acronym versus sexually transmitted diseases spelled out (which is clearer?)
 - Unequal risk (statement Ta) versus disproportionate risk (statement Tb) (which makes risk seem more important?)
 - Preference (ease of understanding and most effective):
 - Statement Ta
 - Statement Tb

Theme B: How You Can Help

Statement Ba: Educating youth about the importance of HIV and STD prevention can save lives.

Statement Bb: Talk to youth and educate them on how to engage in positive behaviors that can help prevent or reduce sexually transmitted diseases (STDs), including HIV.

- Moderator to probe for:
 - Preference (ease of understanding and most effective):
 - Statement Ba
 - Statement Bb

Statement Ra: Increased involvement and connectedness in schools are starting points for addressing significant health and safety concerns for sexual minority students.

Statement Rb: School connectedness and school involvement help prevent significant health and safety issues among sexual minority students.

- Moderator to probe for:
 - Meaning of school connectedness
 - Preference (ease of understanding and most effective):
 - Statement Ra
 - Statement Rb

Statement N: Working together, schools and families can have a positive impact on student health by supporting student's connection with their parents and peers.

Theme C: CDC: We Know What Works

[The moderator will test four of the seven statements in Theme C, rotating them across focus groups.]

Statement Ma: Young people who feel connected to their school are less likely to engage in sexual activity, substance use, and violence and experience mental health issues.

Statement Mb: Students who believe that adults and peers in their school care about them and their success are less likely to engage in health risk behaviors.

- Moderator to probe for:
 - Preference (ease of understanding and most effective):
 - Statement Ma
 - Statement Mb

Statement O: Schools can help support healthy environments by implementing bullying and sexual harassment policies that protect the health and safety of all students and staff.

- Moderator to probe for:
 - Meaning of healthy environments
 - Alternate terms for healthy environments

Statement Ja: Schools focused on engaging students, families, and communities contribute to safer and supportive environments for students and improve academic performance.

Statement Jb: When schools engage students, families, and communities, they create a safer and more supportive environment for students. School engagement can help improve students' academic performance.

- Moderator to probe for:
 - How to explain these statements to a parent (in plain language)
 - Preference in terms (impact/importance):
 - Healthy environments (from statement O)
 - Safer and supportive environments
 - Preference (ease of understanding and most effective):
 - Statement Ja
 - Statement Jb

Statement E: Youth-serving organizations can help young people adopt lifelong attitudes and behaviors that support their health and well-being—including behaviors that reduce their risk for HIV, STDs, and pregnancy.

- Moderator to probe for:
 - Meaning of lifelong attitudes and behaviors that support their health and well-being

Statement V: Creating safe and supportive environments through CDC-funded programs help reduce negative student health outcomes associated with sexual risk behavior, high-risk substance use, violence victimization, and mental health issues, including suicide.

- Moderator to probe for:
 - Impact of CDC name in the statement
 - Meaning of CDC-funded programs
 - Other terms for mental health issues [*Listen for: mental health problems, mental health challenges, mental health conditions.*]
 - Mental health issues versus mental health issues, including suicide
 - Meaning of negative student health outcomes

TAGLINE AND MATERIAL TESTING [15 minutes]

Tagline

Of the six taglines that you see in front of you, please rank them so that #1 is your favorite and #6 is your least favorite. [*The moderator will rotate the order of the taglines across the focus groups.*]

- “Healthy Teens. Successful Futures.”
- “Healthy Students. Successful Futures.”
- “Healthy Youth. Successful Futures.”
- “Committed to Improving the Health of Teens.”
- “Committed to Improving the Health of Youth.”
- “Committed to Improving the Health of Students.”

The moderator will tally the results and briefly gauge why the winning tagline rose to the top.

The final tagline could include the word “adolescent(s)” or “teen(s)” or “teenager(s)” or “youth” or “student(s)” or something else. What do you recommend that we advise DASH to include and why?

Material

Now I would like to ask you about [a resource](#) CDC has developed for education agencies. Please take a few moments to review the resource.

1. What do you especially like about this material?
2. What don't you like about this material?
3. What do you think of the format of this material? *[Listen for/probe as necessary: Colors, layout, font type and size, length.]*
4. What is the take-away message from this material? OR What did you learn about CDC's DASH by reading this material?

PREFERRED COMMUNICATION CHANNELS [5 minutes]

1. CDC has developed specific school-based strategies to reduce student risk for HIV/STDs/pregnancy. How familiar are organizations like yours with these CDC strategies? *[If needed, on a scale from 1 to 10, with 1 being “Not at All Familiar” and 10 being “Extremely Familiar.”] [Strategies include: sexual health services, safe and supportive environments, and sexual health education.]*
2. When you need to seek information about adolescent health, to what sources do you turn and why?
3. What is the best way for CDC to reach you with information on preventing HIV, STDs, and pregnancy targeting adolescents? *[Ask for detailed information sources: emails, professional conferences, webinars, continuing education activities, social media, professional journals, in-person gatherings, etc.]*
4. What are your top three preferred formats for information on preventing HIV, STDs, and pregnancy among adolescents? *[Listen for/probe as necessary: brochure/fact sheet/infographic; book; app; FAQ document; podcast; wallet card; blog; e-newsletter; information on CDC's website.]*

CLOSE [<5 minutes]

What I'd like to do next is ask the observers if they have any additional questions or need clarification on any of the issues we've discussed. *[Ask any questions from observers.]*