



Project Determination

EFFECTIVE RISK COMMUNICATION FOR WATER-RELATED EMERGENCIES AND DISEASE OUTBREAKS

Project ID: 0900f3eb81c2d7a0
Accession #: -NCEH-10/1/20-fae24
Project Contact: Brake_Heather (hbb9)
Organization: OS/OS/OSI
Status: Pending Regulatory Clearance
Intended Use: Project Determination
Estimated Start Date: 11/01/20
Estimated Completion Date: 10/01/21
CDC/ATSDR HRPO/IRB Protocol#:
OMB Control#:

Description

Priority

Standard

Date Needed

11/24/20

Determination Start Date

11/10/20

Description

This study is a series of 9 individual focus groups taking place across three cities. The focus groups will be discussing participant's experience with water-related emergencies and their preference for receiving public health information before, during, and after the incident.

IMS/CIO/Epi-Aid/Chemical Exposure Submission

Yes

IMS Activation Name

2019 Novel Coronavirus Response

CIO Emergency Response Name

Not selected

Epi-Aid Name

Not selected

Assessment of Chemical Exposure Name

Not selected

Goals/Purpose

The intent of this activity is to identify needs and develop best communication practices to individuals during water emergencies.

Objective

1. Identify and understand the experiences and communication needs of the general public who have received communications regarding water emergencies. Identify best methods/platforms for receiving these communications during public health emergencies such as flooding, hurricanes, and disease outbreaks. 2. Discuss determinants of health behaviors during water-related emergencies among adults who experienced them. 3. Discuss sources, tone, format, and placement of health communication materials during water-related emergencies. 4. Discuss ways to prepare the public for water-related emergencies. 5. Discuss communication strategies and materials for post-emergency recovery.

Activities or Tasks

New Collection of Information, Data, or Biospecimens

Target Population to be Included/Represented

General US Population

Tags/Keywords

Water Pollutants: Drinking Water: Floods

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

Method Categories

Focus Group

Methods

1. The contractor will recruit a sample of U.S. adults who have experienced a diverse range of water emergencies to participate in nine virtual focus groups of at least 10 individuals per group. Recruitment will occur in the following three communities: Wilmington, NC, Salem, OR, and Newark, NJ. There will be three focus groups in each city for a total of nine. The contractor will use screening and recruitment materials developed by CDC and follow CDC's guidance. 2. Recruitment will occur as follows: The contractor will post an advertisement in the local newspaper one week prior to the focus group study taking place. Participants can register to participate via website. Targeted social media will be used in each of the cities to recruit participants. When clicking on the tweet, participant will be

directed to a web page to find more information about the focus group and to sign up to be contacted for the phone screening survey. Name, phone number and email address will be collected for each individual. If the individual is eligible to participate, they will receive a confirmation email about their eligibility and the date and time of the focus group. An email will be sent out to each participant 3-days prior to the focus group and on the day of to remind participants of the event and provide the address for the focus group.

3. As participants arrive, the trained contractor will direct them to sign the consent form and provide additional instructions for participating. The contractor will explain to participants that the focus group is expected to take 90 minutes and that they will receive a gift card as a token of appreciation upon completion.

4. The contractor shall conduct the focus groups to examine determinants of health behaviors during water emergencies among U.S. adults who have experienced a diverse range of water emergencies, as well as test existing health materials (provided by CDC) used during these emergencies. Each focus group will last 90 minutes. Three focus groups will be conducted in each of the following three communities: Wilmington, NC, Salem, OR, and Newark, NJ.

5. The contractor will use a trained moderator to conduct the focus groups who uses best practices for focus group moderation such as using probes, encouraging participation, minimizing moderator bias, and managing group dynamics. The moderator will use a semi-structured focus group guide developed by CDC to guide the focus group discussion. Focus groups will be conducted in an environment conducive to discussion. This includes conducting the focus groups in an environment that is comfortable, quiet, nonthreatening, and free of distractions; and situating focus groups such that participants and the focus group moderator are seated around a circular or rectangular table.

6. The independent contractor will obtain informed consent from focus group participants based on protocols, and using materials, developed by CDC.

Collection of Info, Data, or Bio specimens

The independent contractor will audio record the focus groups using at least two digital audio recording devices at opposite parts of the room to ensure that all participants are heard. The independent contractor will use a non-participatory observer to take field notes during the virtual focus group. The observer should be in the videoconference and may take notes as an observed with their video camera on, but audio muted. Field notes should include key quotes or expressions, facial or body language, and attribution of comments when multiple people are talking at once. The independent contractor will share with CDC the field notes from the focus groups using a password protected, encrypted, FTP site supplied by CDC. The independent contractor will transcribe the focus group discussion audio recordings verbatim, which captures both the words spoken by the participants and the facilitator. The independent contractor will identify the speaker with appropriate titles (P1, P2, I, etc.), label transcripts with interviewer identifier, speaker identifier, participant's emotions in brackets, and features of natural speech and expression (um, oh). All transcripts should be anonymized to eliminate identifiers (e.g., real names of participants, institutions/locations that may identify an individual). The independent contractor will share with CDC the transcripts from the focus groups using a password protected, encrypted, FTP site supplied by CDC.

Expected Use of Findings/Results and their impact

The results of the focus group discussions will provide suggestions to standardize and ensure consistent delivery of risk communications messages, improve implementation of public health recommendations for mitigating risks, and help communities address environmental issues in the most impactful manner. In addition, the data will be used to show site differences in delivery of activities, respondent knowledge, perceptions, and community interactions. With input and oversight from a CDC health communications specialist, the independent contractor will develop a final creative concept, taking into account the feedback during the focus group discussions on messages, tone, pictures, font, colors, and organization of content. Upon approval from CDC, the final creative concept will be used to develop health promotion materials. These materials might include, but are not limited to: Print materials (e.g., brochure, reminder/tip sheet, fact sheets), videos and audio podcasts that can be posted on CDC and partner websites, public services announcements, digital media tailored content (e.g., apps, shareable images, quizzes or engagement resources), posters, banners, social media infographics.

Could Individuals potentially be identified based on Information Collected?

Yes

Will PII be captured (including coded data)?

Yes

Does CDC have access to the Identifiers (including coded data)?

Yes

Is an assurance of confidentiality in place or planned?

No

Is a certificate of confidentiality in place or planned?

No

Is there a formal written agreement prohibiting the release of identifiers?

No

Funding

Funding Type	Funding Title	Funding #	Original Fiscal Year	# of Years of Award
CDC Contract	Testing Effective Risk and Crisis Communication Messages for Water Emergencies \$350,000	2019-36009-02	2019	2

HSC Review

HSC Attributes

Program Evaluation

Yes

Quality Assurance / Improvement

Yes

Regulation and Policy

Do you anticipate this project will be submitted to the IRB office:

No

Institutions

Institution	FWA #	FWA Exp. Date	IRB Title	IRB Exp. Date	Funding #
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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
Heather Brake	11/13/2022				Co-Investigator	hhb9@cdc.gov	404-639-3323	NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

DMP

Proposed Data Collection Start Date	11/02/20
Proposed Data Collection End Date	06/30/21
Proposed Public Access Level	Public
Public Access justification	Once identifiers are removed, we will be able to publish the information collected about the public's learning styles and preferences for risk communications materials on water-related emergencies.
How Access Will Be Provided for Data	Data will not be shared in a raw form, but rather as an aggregate through peer reviewed publications.
Plans for archival and long-term preservation of the data	Screening forms, digital audio-recordings of focus group discussions, transcriptions, and any other electronic documents containing sensitive data will be stored only on password-protected computers located in locked offices. Physical documents, such as screeners, and informed consent documents will be stored securely in locked cabinets or offices.

Spatiality (Geographic Location)

Country	State/Province	County/Region
United States		

Determinations

Determination	Justification	Completed	Entered By & Role
HSC: Does NOT Require HRPO Review	Not Research / Other <i>45 CFR 46.102(I)</i> Program Evaluation Quality Assurance / Improvement	10/09/20	Abel_Jason A. (jza5) CIO HSC
PRA: PRA Applies		11/10/20	Abel_Jason A. (jza5) CIO OMB / PRA
ICRO: Returned with No Decision		11/10/20	Zirger_Jeffrey (wtj5) ICRO Reviewer