Generic Clearance for CDC/ATSDR

Formative Research and Tool Development

Title: Child Abuse and Neglect Prevention Message Development

Supporting Statement A

November 29, 2023

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List of Attachments

Goal of the study: For this project we will conduct formative research to collect information on the audiences' understanding and perceptions about messages and concepts related to child abuse and neglect (CAN) and its prevention, messaging preferences, and trusted messengers and dissemination channels. This project seeks to enhance CDC's ability to communicate messages about CAN and its prevention with consumers/trusted adults, parents/caregivers, direct service providers and CDC partners.

Intended use of the resulting data: We will use the data collected to inform the development of messaging about CAN and its prevention with general consumers/trusted adults, parents/caregivers, direct service providers, and CDC partners.

Methods to be used to collect: Data collection will include a survey of 100 participants, virtual focus groups and interviews.

The subpopulation to be studied: One group will consist of general consumers and trusted adults, defined as people who interact with children and youth informally (e.g., such as youth sports coaches, mentors, neighbors, family); one group will consist of parents and caregivers; one group will consist of direct service providers, defined as people who work with children in a formal way (e.g., child care providers, teachers, housing organizations, child welfare, substance abuse and mental health providers); and one group will consist of CDC partners (e.g., federal agencies like the Department of Education, state health departments, policy organizations, advocacy organizations).

How data will be analyzed: Quantitative data will be analyzed using descriptive statistics and comparative analyses. Qualitative data will be analyzed using grounded theory and narrative analysis strategies to answer the research questions and identify translatable findings into communication strategies. For both focus group data analysis and interview data analysis, a codebook will be developed consisting of deductive and inductive codes to identify and compare themes within and across focus groups, as well as within and across interviews.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests OMB approval of a new generic information collection (GenIC) under the generic information collection entitled *Generic Clearance for CDC/ATSDR Formative Research and Tool Development* for a period of 12-months.

Child abuse and neglect (CAN) is a type of adverse childhood experience and is a public health problem that can be prevented through evidence-based strategies and approaches. Both NCIPC and DVP have prioritized preventing CAN throughout the United States.

The CDC mission outlines key activities to prevent violence and its consequences, including surveillance, research and development, capacity building, communication, and leadership. To successfully carry out these activities, both CDC and its partners must understand the fundamental building blocks of violence prevention, including concepts of primary prevention, the social-ecological model, and the public health approach. To build upon these fundamentals, CDC must reach key audiences with deeper, actionable information related to high-priority topics like CAN. To achieve violence prevention objectives and reach priority populations, CDC must test and tailor the messages, language, imagery, and assets it uses according to the best available evidence. Clear, actionable messages in plain language for consumer audiences is also a key component of CDC's larger Moving Forward and Clean Slate initiatives. The findings from this formative research and resulting messages will be disseminated in various communication products (like CDC's revamped webpages), technical assistance materials, tools, and trainings.

2. Purpose and Use of Information Collection

When properly designed and implemented, communication messages and materials can increase awareness, knowledge, self-efficacy and motivation of key audiences to engage in violence prevention. However, communication materials and messages must be designed effectively to ensure they are generating these desired outcomes. By conducting research that collects information on key audiences' awareness and understanding of CAN, knowledge and perceptions of CAN prevention strategies, perceived role in CAN prevention, preferred communication channels and trusted messengers, CDC can understand key audiences' knowledge and barriers to receiving information about CAN prevention. Thus, this information collection will allow CDC to develop messages and materials that increase awareness and understanding of CAN prevention, as well as support the health and well-being of children and families.

A survey will be conducted online via the online survey platform Optimal Workshop. This approach allows for recruitment through existing participant panels of the survey platform. This approach also allows for national recruitment which reaches a wider, more diverse target audience, including those in rural areas. The survey platform has built-in analytics, which will allow the research team to quickly analyze data.

Focus groups and interviews will be conducted online via the online video-conferencing platform Zoom. For focus groups, this approach allows for national recruitment, which reaches a wider, more diverse target audience, including those in rural areas. For both focus groups and interviews this approach provides flexibility for participants who would not be able to attend in-person focus groups or interviews. Each focus group or interview will be audio-recorded and data will be transferred and stored

on a shared information system with access restricted to authorized study personnel. Each focus group or interview will be transcribed and imported into Atlas.ti 23 for coding. The use of a transcription service allows the research team to process and analyze the data quickly and monitor for data saturation.

Specifics on what will be measured through the survey, focus groups, and interviews are described in Supporting Statement B.

3. Use of Information Technology and Burden Reduction

In order to minimize respondent burden and to permit the electronic submission of survey responses and data collection forms, the surveys will be web-based and deployed using a well-designed, low burden, and respondent-friendly survey administration process and instruments. 100% of the data will be collected electronically. In order to minimize respondent burden and reduce potential participation barriers (e.g., travel time or cost for in-person data collection activities), focus groups and interviews will be conducted virtually.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other known federal generic collections that duplicate the project included in this request. CDC is the lead federal agency working across sectors on comprehensive approaches for preventing ACEs and the primary prevention of CAN. Health messages developed by CDC are unique in their mix of the intended audience, health behavior, concept, and execution. Therefore, in most cases, there are no similar data available. We have reviewed existing materials for this topic (a 2023 desk review of CAN prevention messaging), and reviewed existing published data (a 2022 literature review on parenting teens; a 2023 environmental scan of resources for parents and literature review on parenting young children) to identify information that could facilitate message development prior to conducting any data collection.

5. Impact on Small Businesses or Other Small Entities

This data collection will not involve small businesses.

6. Consequences of Collecting the Information Less Frequently

This request is for a one-time data collection.

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

This request fully complies with the regulation 5 CFR 1320.5

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

A.8.a) Federal Register Notice

A 60-day Federal Register Notice has already been published for the Generic Clearance. No Federal Register Notice is required for this GenIC submission.

A.8.b) Efforts to Consult Outside the Agency

CDC consulted with several CDC and outside experts to provide input as listed below.

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Sarah Roby	CDC	mkq4@cdc.gov	404-498-1375
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9. Explanation of Any Payment or Gift to Respondents

Incentives will not be offered directly to survey participants.

Each focus group participant will receive $40 in the form of a gift card as a token of appreciation and reimbursement for opportunity costs and expenses incurred due to participation. Providing incentives to respondents is necessary to successfully recruit individuals. Incentives can increase the likelihood of obtaining a diverse sample of participants, which would include individuals in hard-to-reach and minority populations who encounter complex social problems that place limitations on their desire and time to volunteer for research studies (Ellard-Gray et al. 2015; Knoll et al. 2012).

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

This submission has been reviewed by the NCIPC's Information Systems Security Officer, who has determined that the Privacy Act does not apply (Att.8). The proposed study does not involve the collection of personally identifiable information (PII) or sensitive data. No questions will be asked that are of a personal or sensitive nature. At no time will CDC have access or receive potentially identifiable information. For the survey, participants will be assigned a participant ID number and will not disclose any personally identifiable information (PII) to the study team through their responses. For the focus groups, participants will be asked to provide a "nickname" (or their first name only), rather than their full name, so as to avoid collecting PII; they will only be asked to provide an email address that contracting study personnel may use to contact them. All procedures have been developed, in accordance with federal, state, and local guidelines.

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

IRB Approval

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that IRB approval is not needed for this non-research activity (Att. 9).

Sensitive Questions

This data collection does not require participants to answer questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Recruitment for the survey, for the general consumers/trusted adults and parents/caregivers audiences, will be conducted through the survey platform (Optimal Workshop). The direct service providers audience will be recruited for the survey through CDC contacts at organizations like Prevent Child Abuse America (PCAA) and Georgia Division of Family Child Welfare Services (DFCS). The survey is estimated to take about 15 minutes per individual to complete.

Recruitment for focus groups, for the general consumers/trusted adults and parents/caregivers audiences, will be conducted by a recruitment firm. The direct service providers audience will be recruited for focus groups through CDC contacts at organizations like Prevent Child Abuse America (PCAA) and Georgia Division of Family Child Welfare Services (DFCS). The screening form is estimated to take about 2 minutes per individual to complete. Each focus group will take approximately 60 minutes to conduct.

Recruitment for the interviews with CDC partners (up to 5 participants) will occur via CDC's existing networks. Each interview will take approximately 60 minutes to conduct.

There is no cost to survey, focus group, or interview participants beyond the participation burden time.

The table below provides the burden estimates for this study.

Table 1. Estimated Annualized Burden Hours

Types of Respondents	Form Name	No. of Respondents	Average Burden per Response (in hours)	Total Burden (in hours)
General Consumers/Trusted Adults, Parents/Caregivers, Direct Service Providers, and CDC Partners	Survey and Consent (Att. 1 and 2)	100	15/60	25
	Focus Group Participant Screener (Att. 3)	60	2/60	2
	Focus Group Guide and Consent _Consumers (Att. 4)	8	1	8
	Focus Group Guide and Consent_Parents (Att. 5)	8	1	8
	Focus Group Guide and Consent_DirectServiceProviders (Att. 6)	8	1	8
	Partner Interview Guide and Consent (Att. 7)	5	1	5
Total				**56**

12b. The estimates of the annualized cost to respondents for the burden hours for the collection of information is derived from the 2022 mean hourly wage of $29.76 across all occupations, per the U.S. Department of Labor (DOL) December 2022 (the most up-to-date non-provisional data) National Occupational Employment and Wage Estimates.

Table 2. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
General Consumers/Trusted Adults, Parents/Caregivers, Direct Service Providers, and CDC Partners	Survey and Consent	25	$29.76	$744.00
	Focus Group Participant Screener	2	$29.76	$59.52
	Focus Group Guide and Consent _Consumers	8	$29.76	$238.08
	Focus Group Guide and Consent_Parents	8	$29.76	$238.08
	Focus Group Guide and Consent_DirectService Providers	8	$29.76	$238.08
	Partner Interview Guide and Consent	5	$29.76	$148.80
Total				**$1,666.56**

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

This data collection does not involve other annual cost burdens to respondents or record keepers.

14. Annualized Cost to the Government

The contractor's costs are based on estimates provided by the contractor, who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government is estimated to be $44,520.00 (**Table 3**). This is the cost estimated by the contractor and includes the estimated cost of coordination with CDC, data collection, analysis, and reporting.

Table 3. Annualized Costs to the Government

Description of Services	Estimated Annualized Cost
Contractor costs for labor, data collection, and other overhead costs, per contract year	$44,520.00
Total Annual Cost	$44,520.00

15. Explanation for Program Changes or Adjustments

No change in burden is requested, as this is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

All activities for the project are expected to be completed within 12 months. One year of clearance is being requested for research activities. Table 4 outlines the project schedule.

Table 4. Project Timeline

Project Time Schedule	
Activity	**Time Schedule**
Conduct survey	Immediately upon OMB approval
Focus Group Recruitment	Within 4 months of OMB approval
Conduct focus groups	Within 4 months of OMB approval
Coding and thematic analysis	Within 6 months of OMB approval
Reporting and synthesis for the next phase of the study	Within 6 months of OMB approval

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

None; The display of the OMB expiration date is not inappropriate.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

None; There are no exceptions to the certification.

References

Ellard-Gray, A., Jeffrey, N. K., Choubak, M., & Crann, S. E. (2015). Finding the Hidden Participant: Solutions for Recruiting Hidden, Hard-to-Reach, and Vulnerable Populations. International Journal of Qualitative Methods, 14(5), 1609406915621420. https://doi.org/10.1177/1609406915621420

Knoll, M., Soller, L., Ben-Shoshan, M. et al. The use of incentives in vulnerable populations for a telephone survey: a randomized controlled trial. BMC Res Notes 5, 572 (2012). https://doi.org/10.1186/1756-0500-5-572