

Generic Clearance for CDC/ATSDR
Formative Research and Tool Development
Title: Formative Research for CAN Prevention Message Development

Supporting Statement B

November 21, 2023

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1. Respondent Universe and Sampling Methods

For the survey: General consumers/trusted adults, and parents/caregivers will be recruited through the survey platform Optimal Workshop, which has extensive participant panels. The direct service providers audience - 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) - will be recruited through DVP contacts at organizations like Prevent Child Abuse America (PCAA) and Georgia Division of Family Child Welfare Services (DFCS).

For focus groups, general consumers/trusted adults and parents/caregivers will be recruited using a professional recruitment firm. The direct service providers audience will be recruited through DVP contacts at organizations like Prevent Child Abuse America (PCAA) and Georgia Division of Family Child Welfare Services (DFCS).

For interviews: NCIPC and DVP will work with the contractor to identify and then contact CDC Partners that are within DVP's and NCIPC's networks and partnerships.

All recruitment materials will be in English. They will include information on the purpose of the data collection, eligibility requirements, contact information for additional questions, and a link to a screening survey for individuals to express their interest in participating.

2. Procedures for the Collection of Information

Survey

A survey will be conducted via an online survey platform (Optimal Workshop). Recruitment of participants will be conducted through the survey platform, which has extensive participant panels (up to 239 million people). The platform allows for national recruitment which reaches a wider, more diverse target audience. Recruited survey participants will be provided with informed consent at the beginning of the survey. If they consent to participate in the survey, they will be asked to proceed to fill out the survey. At most a total of 100 participants will participate in the survey. The survey should take no longer than 15 minutes to complete.

Quantitative survey data will be analyzed using the survey platform's built-in analytics, as well as by exporting data into Excel, where descriptive statistical and comparative analyses will be performed. Qualitative survey data will be exported into Excel and analyzed using grounded theory and narrative analysis strategies. Survey findings will be used to answer the research questions and develop recommendations to inform communication strategies.

Focus Groups and Interviews

Focus groups will include at most 24 participants.

Focus group recruitment materials will be sent out via the previously described methods and will contain a screening survey that will gather preliminary information on general consumers/trusted adults, parents/caregivers, and direct service providers, in addition to demographic characteristics that will help segment individuals into an appropriate focus group.

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Interview recruitment will take place by email, via the previously described methods.

Each focus group or interview will last no longer than 60 minutes and will be conducted virtually via Zoom, an online video conferencing platform. For convenience to participants, focus groups and interviews will be conducted virtually. Each focus group or interview will be audio-recorded and the data will be transferred and stored on a shared information system with access restricted to authorized study personnel. Focus group and interview participants will be provided with a copy of the informed consent document for review before the focus group or interview. Once participants have joined the Zoom meeting, the facilitator will introduce themselves, describe the study, review the informed consent document, and answer any questions participants may have. After obtaining verbal consent from participants, the facilitator will follow a predetermined list of questions to guide the focus group or interview. Each focus group or interview will be transcribed and imported into qualitative data analysis software (e.g., Atlas.ti) for coding, with personally identifying information (PII) removed.

Analysis of focus group and interview data will utilize grounded theory and narrative analysis strategies to answer the research questions and identify translatable findings into communication strategies. A codebook will be developed consisting of deductive and inductive codes to identify and compare themes within and across focus groups. The same will be done to code interview data.

Findings from the survey, focus groups, and interviews will be compiled into a report that will highlight themes and recommendations for message and material development.

3. Methods to Maximize Response Rates and Deal with No Response

The survey platform that will be used (Optimal Workshop) will help maximize response rate, because of its extensive participant panels and ability to responsively recruit participants throughout the survey period, based on participation metrics.

Each focus group participant will receive 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).

4. Tests of Procedures or Methods to be Undertaken

To inform the data collection instruments (survey tool, focus group guide, interview guide), the following activities were conducted: listening sessions with DVP and NCIPC staff to identify priority audiences for CAN messages, empathy mapping sessions with DVP and NCIPC staff to determine communication priorities for each priority audience, and a desk review of DVP and NCIPC materials containing CAN-related messages.

For this study, the survey, focus group, and interview questions were reviewed by multiple staff within the consulting agency and by multiple staff within NCIPC and DVP.

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Survey

The questions within the survey intend to:

- Uncover variations in audience knowledge, opinions, and perceptions of CAN and its prevention.
- Compare variations of similar CAN prevention messages to ascertain which resonates with the audience and produces the intended response.
- Determine audience response to CAN prevention messages in terms of understanding, agreement, believability, appeal, memorability, and importance.
- Assess audience reactions to example images and/or graphics that accompany specific CAN prevention messages.

Focus Groups

The questions in the focus group guides intend to:

- Gain a greater understanding in and facilitate discussion of audience knowledge, opinions, and perceptions of CAN prevention across audience subsets.
- Gain a greater understanding of audiences' reactions to and opinions on CAN prevention messages through open ended questions and moderator-led discussion.

Interviews

The questions in the interview guide intend to:

- Gain a greater understanding in and facilitate discussion of CDC partner opinions, and perceptions of CAN prevention across their organization, networks, and audiences.
- Gain a greater understanding of CDC partners' reactions to and opinions on CAN prevention messages through open ended questions and interviewer-led discussion.

5. Individuals Consulted on Statistical Aspects/Individuals Collecting and/or Analyzing Data

This information collection request does not employ advanced statistical methods. CDC staff consulted are in the National Center for Injury Prevention and Control (NCIPC) and the Division of Violence Prevention (DVP), including: Tessa Burton, Brooke Apinwall, Sarah Roby, Amanda Baynes, Alberto Sanata. These staff were consulted about the methodological design of the study. Their recommendations were incorporated into the study design and instruments on an ongoing basis. The health communications consultancy will be responsible for overseeing and executing the data collection and analysis.

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>