

**Generic Clearance for CDC/ATSDR  
Formative Research and Tool Development**

OMB# 0920-1154

**Title: Caring Adults Perceptions on Teen Mental Health**

Supporting Statement B

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**Table of Contents**

1. Respondent Universe and Sampling Methods	3
2. Procedures for the Collection of Information	3
3. Methods to Maximize Response Rates and Deal with No Response	4
4. Tests of Procedures or Methods to be Undertaken	4
5. Individuals Consulted on Statistical Aspects/Individuals Collecting and/or Analyzing Data	4

## 1. Respondent Universe and Sampling Methods

We plan to recruit teachers, youth group leaders, and/or other adult mentors who work with girls and/or nonbinary adolescents in rural communities to participate in our project. We will recruit adults, all at least 18 years of age, that either work or volunteer for the partner organization or champion its mission. From that sample, we plan to host 10 interviews and 5 focus groups. CDC will conduct recruitment in partnership with national and local youth-serving and tribal organizations:

- YMCA (in NC, NM, and MT)
- North Carolina Native American Youth Organization
- Time Out Youth

The following inclusion criteria parameters will be used for adult recruitment:

- Be 18 years or older
- Work or volunteer with adolescents on a weekly basis

Recruitment materials 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

### *Format*

Data will be collected through a combination of virtual and in-person discussions. A 10 adult mentor interviews and 5 adult mentor focus groups will be conducted via an interactive in-person or virtual session between the participant(s) and the facilitator(s) using a communication interface consistent with Zoom Video Communications Inc. (Zoom) or at a community-based organization facility.

Before beginning the sessions, in-person participants will check-in at a check-in table where one of the project team members will mark them as present. The project team will ask all participants to use only first names or fake names in all group discussions and will ask everyone in the group to keep the discussion in the group confidential and respect each other's privacy. For virtual sessions, a member of the project team will join the Zoom meeting early and mark individuals as present as they enter the virtual waiting room. At the start of the sessions, participants will be renamed, provide verbal consent to be audio recorded and will be reminded they can leave at any time and will still receive compensation, what they share will not be shared outside of the group and will not be linked to their name (unless it indicates harm to self or others), and that they do not have to answer any question they do not want to answer.

The semi-structured discussions with participants will follow the discussion guides. The discussion guides include questions/topics that will elicit feedback from the participants about their experiences with mental health, with a focus on social support systems, coping skills, and mental health literacy. Semi-structured discussion questions will be presented verbally during the session and shared visually via virtual screen share or worksheets for in person sessions.

## Supporting Statement B

### *Roles*

The data collection team consists of experienced interviewers and facilitators skilled in data collection with youth and adults. The data collectors are also trained in Mental Health First Aid.<sup>1</sup> The session notetaker will manage the session recording and annotate important themes, insights, and feedback provided by the participants during each session based on the interview guide.

### *Data Storage*

All data files will be deidentified (will not include PII) and will be stored on a password-protected secure folder accessible to only the project team. Only the project team will have access to participant contact information collected in the screening survey, and their contact information will be deleted after incentives are provided.

The team will record only the audio of each session and store the recordings on a secure cloud-based Zoom Video Communications platform. The team will use the recording to make sure our notes are correct and to summarize what we hear across all groups. Only the team will have access to these recordings, and the recordings will be deleted once our team updates the session transcription and notes. The session transcription and notes will be destroyed 3 years after the completion of the project, per the code of federal regulations. The recording, written transcription, and session notes will not hold personally identifiable information of participants.

At the end of in-person sessions, worksheets will be collected from participants to serve as design artifacts; individual identifying information will not be retained on any of these artifacts. Following the in-person sessions, the worksheets will be scanned, digitized, uploaded to the password-protected network storage location accessible only to the research team. Paper copies will be destroyed upon upload.

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

The project team hopes to maximize response rates by taking a convenience sampling approach and working with existing community-based organizations for recruitment. Engaging individuals that regularly engage at their organization is more likely to yield responses than a random sampling approach. If at any point the screening survey is yielding low or no response rates from a community-based organization, we will check in to see if a note can be shared via email, in-person flier, or other alternative communication method to remind individuals about the opportunity to participate.

Krueger and Casey (2009) note that the gift helps emphasize to participants that the assessment is important, which in turn is intended to make them more inclined to make time to participate.<sup>2</sup> To encourage and improve response rates for this project, each session participant will be given \$50 per session in the form of a gift card for their time within 1-2 weeks of the session. This can help minimize bias in the perspectives, improve the validity and reliability of the data, and ensure equitable treatment of project participants, all of which are of utmost importance in this project. All selected participants can choose to stop the data collection conversation at any time.

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<sup>1</sup> <https://www.mentalhealthfirstaid.org/>

<sup>2</sup> Krueger, R. A., & Casey, M. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). San Francisco: Sage

#### **4. Tests of Procedures or Methods to be Undertaken**

To inform the interview and focus group session discussion guides, the following formative research activities were conducted: a review of the current insights around adolescent mental health at CDC, an environmental scan of best practices of human-centered design, and listening sessions with CDC staff and national community-based organizations impacted by adolescent mental health.

For this project, the questions were reviewed by multiple staff within the consulting agency and by multiple staff within OPP. Most questions were newly developed but feature interactive engagement tools (i.e., worksheets, sticky notes) to ensure responses across different ranges of participant engagement.

##### *Adult Mentor Interviews*

The questions intend to:

- Assess adult mentors':
  - Current perceptions of adolescent mental health
  - Knowledge of common themes or challenges related to adolescent mental health
  - Understanding of the relationship between the identity of the adolescents they mentor and adolescents' ability to access mental health care/resources
  - Knowledge of existing strategies adolescents in their community use to take care of their mental health
  - Perceptions of existing warning signs of mental health challenges in the adolescents they mentor

##### *Adult Mentor Focus Groups*

The questions intend to:

- Assess adult mentors':
  - Understanding of how adolescents talk about mental health
  - Knowledge of common themes or challenges related to adolescent mental health
  - Awareness of the mental health resources available to adolescents in their community
  - Understanding of the relationship between the identity of the adolescents they mentor and adolescents' ability to access mental health care/resources

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

Given this project uses a human-centered design approach and relies on the unique inputs of session participants, this information collection request does not employ advanced statistical methods. CDC staff consulted are in the Office of Policy and Partnership and include Abigail Ferrell, Rachel Ward, Hallie Carde, Bryn Higdon, Meghan Frey, and Melissa O'Grady. These staff were consulted about the methodological design and session planning for the project. Their recommendations were incorporated

## Supporting Statement B

into the project design and data collection instruments on an ongoing basis. The federal technology consultancy will be responsible for overseeing and executing the data collection, synthesis, and analysis.

## References

<https://www.mentalhealthfirstaid.org/>

Krueger, R. A., & Casey, M. A. (2009). Focus groups: A practical guide for applied research (4th ed.). San Francisco: Sage