

## Attachment 7: ACEs Partner Interview Guide

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The public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. 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: PRA (0920-1154).

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### Introduction [3 mins]

My name is [FACILITATOR NAME]. I work at [CONSULTANCY NAME]. I am here with my colleague [insert notetaker name], who will be taking notes today. We will also have a couple CDC observers who will be listening in.

Today, our discussion will focus on the perspectives that partner organizations like yours have about adverse childhood experiences (or ACEs), as well as how we can prevent them. The information you share with us will help us create future messages and content to help people recognize and prevent ACEs. We will ask about your organization's role in preventing ACEs and how you communicate with your audiences about ACEs. We will also present various messages about ACEs and then ask you questions about your reactions and responses to these messages. The interview will be largely conversational, so please feel free to raise any additional points or share your own unique insights on our messages. Our discussion should last around 60 minutes.

Before we start, I'd like to remind you that your involvement is voluntary, and you may end your participation at any time. Your feedback is valuable to us and the success of our messages on this topic. To make sure we don't miss anything, this session will be recorded. However, we will only use these recordings to inform a written recommendations report. The recordings will be stored on a secure computer folder. Your responses are confidential, and our report will not identify you or any other participant. If you are still willing to participate in this interview, please say, "Yes." [If someone no longer wants to participate, thank the person and dismiss them.]

Do you have any questions for me before we get started?

### General Questions [10 mins]

1. What is your/your organization's role in addressing or preventing ACEs?
2. How does your organization talk about ACEs?
  - a. Probe: What language or terminology is used?
  - b. Probe: What language or terminology is not used/is avoided/is stigmatizing?
  - c. Probe: What terms resonate most with your audiences?

3. What is CDC's role in communicating about ACEs?
  - a. Probe: In what ways should CDC's role be different?
4. Would you prefer CDC communicate about ACEs differently?
  - a. Probe: If so, what language or terminology should CDC use?
  - b. Probe: If so, what language or terminology should CDC not use/avoid?
5. Do your audiences or the people you serve generally believe they have a role in preventing ACEs?

### Messages Testing [40 mins]

I'd like to get your feedback on some new messaging that's being developed in relation to ACEs. You can imagine the main message as a headline that might appear at the top of a poster or on a website, and the supporting message as information that might go underneath that headline.

[Display slide with adverse childhood messages on screen, reading each message aloud]

I'm going to ask you some questions about this messaging. Feel free to talk about whatever stands out to you. If you have something to say about a specific part of the messaging, please be specific and identify which piece you are talking about.

[Ask the following questions for each message set displayed. Starting with messages that are of highest priority, present and ask related questions for as many message sets as is feasible within the 40 minutes allotted for this section. Test one message set per Construct, completing as many of the five constructs (listed below) as time permits. See **Att 8. ACEs Messages For Testing** for the full list of message sets.]

Construct 1: Adversity is harmful, but we can prevent and mitigate it.

[Sample Message Set for Construct 1, for Partners audience:]

[Main message] *When adversity happens, it can derail children's healthy development. As a society, we can steer most harm away from kids. To keep kids on track, we need to prevent harm when we can, and respond quickly when we can't.*

[Supporting message] *Research shows that when families and communities are under severe stress, it can overload their abilities to provide safe and nurturing environments. Policies that reduce financial stress can increase the capacity to meet children's needs.*

[Supporting message] *Adversity can weigh on a child's wellbeing, but it doesn't have to. Positive environments and caring relationships can counter-balance heavy life experiences.*

[Supporting message] *Because childhood experiences build our brains and bodies, early adversity can have long-term effects on health and wellbeing. One of the most powerful strategies for promoting public health is guiding and supporting children through adversity.*

Construct 2: We can prevent adversity from harming children.

Construct 3: Safe, stable, and nurturing relationships and environments

Construct 4: Prevention Strategies

Construct 5: Positive childhood experiences

6. How would you sum up in just a few words your first impression of this messaging?
  - a. *Probe: What do you think of this idea?*
  - b. *Probe: How clear/easy is it to understand?*
  - c. *Probe: Anything you like or dislike?*
  - d. *Probe: Does your organization agree or disagree with any specific parts of this messaging?*
7. Which message do you prefer and why?
  - a. *Probe: Which one was easier to understand? Which makes more sense to you?*
  - b. *Probe: Which one do you find more engaging?*
  - c. *Probe: Which one is more motivating? [if applicable]*
  - d. *Probe: Which one do you think would resonate most with your audiences?*
8. How relevant is this information for your organization?
  - a. *Probe: Does this information already exist on your website or other organization repository?*
  - b. *Probe: Who would you share this information with?*
  - c. *Probe: When would you share this information? What events/circumstances might prompt you to share it?*
  - d. *Probe: Where would you share this information (e.g., setting, platform)?*
9. How could it be improved?
  - a. *Probe: Is there anything you want to know that this messaging does not tell you?*
  - b. *Probe: Is there a way to say this differently that would make it clearer/less confusing?*
  - c. *Probe: Are there any words or phrases that bother you or that you think should be said differently?*
  - d. *Probe: Is there a way that this message could be changed to better support your work?*

### **Trusted Messengers and Communication Channels [5 mins]**

10. Do your audiences or the people you serve generally trust your organization when it comes to topics and communication about ACEs?

11. What is your audience's preferred communication method (in-person, phone call, email, etc.)? How does that method differ when it comes to sensitive topics like ACEs?
12. Is there anything that would make your audience or the people you serve more motivated to engage with ACEs prevention messaging?
  - a. Probe: What kinds of messaging or PSAs do your audiences generally engage with?

**Conclusion [2 mins]**

13. Is there any additional information you think we should know?
14. Are there any other types of messaging disseminated by CDC that would support your work to prevent ACEs?

If there are no additional items to add or questions, I would like to thank you for your time and for sharing your experiences with me today.