Project Determination

# **ACEs Prevention Message Development**

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| **Project ID:** | 0900f3eb8237e67a |
| **Accession #:** | NCIPC-OC-4/29/24-7e67a |
| **Project Contact:** | Brooke Aspinwall |
| **Organization:** | NCIPC/OD/OS |
| **Status:** | Pending Clearance |
| **Intended Use:** | Project Determination |
| **Estimated Start Date:** | 07/01/24 |
| **Estimated Completion Date:** | 11/01/24 |
| **CDC/ATSDR HRPO/IRB Protocol#:** |  |
| **OMB Control#:** |  |
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| --- |
| Description |
| Priority |
| Standard |
| Determination Start Date |
| 04/30/24 |
| Description |
| The Centers for Disease Control and Prevention’s (CDC) National Center for Injury Prevention and Control (NCIPC) and the Centers Division of Violence Prevention (DVP) have created a number of messages on adverse childhood experiences (ACEs). To expand and improve the existing messages, CDC proposes to conduct formative research focused on ACEs primary prevention messages. This research will inform the development of prevention messaging on ACEs. These messages will ultimately be added to (or may replace) the existing ACEs content on NCIPC webpages to be shared with the public. CDC will work with contracted staff to identify existing messages, intended for priority audiences, for testing. Contractors will then conduct a survey and focus group discussions with three priority audiences: consumers &amp; trusted adults, parents/caregivers, and direct service providers who interact with children in a formal capacity (e.g., child care center staff, after-school program staff, mental health providers). Contractors will also conduct interviews with a fourth priority audience: government partner agencies and organizations that are working to prevent ACEs. The intent of the survey, focus groups, and interviews is to explore priority audience comprehension, motivation, engagement, and trusted messengers to propose communication and dissemination strategies for those messages. Using information from the survey, focus groups, and interviews, contractors will finalize the messages and develop a document describing potential communications assets (means of communication and dissemination). Survey, focus group, and interview data will also help CDC assess if the Agency is providing appropriate information to the intended audiences. Information gathered will be used only internally for general service improvement and is not intended for release outside of the agency. Information gathered will not be used for the purpose of substantially informing influential policy decisions. Without these types of feedback, the Agency will not have timely information to adjust its services to meet the needs of the priority audiences. |
| IMS/CIO/Epi-Aid/Lab-Aid/Chemical Exposure Submission |
| No |
| IMS Activation Name |
| Not selected |
| Select the primary priority of the project |
| Not selected |
| Select the secondary priority(s) of the project |
| Not selected |
| Select the task force associated with the response |
| Not selected |
| CIO Emergency Response Name |
| Not selected |
| Epi-Aid Name |
| Not selected |
| Lab-Aid Name |
| Not selected |
| Assessment of Chemical Exposure Name |
| Not selected |
| Goals/Purpose |
| This proposal seeks to conduct formative research to inform the development of prevention messaging about ACEs and related communications and dissemination strategies. |
| Objective |
| We will use the information gathered from the survey and focus groups to: assess perceptions and understanding of the messages, as well as alternate phrasing; explore contexts in which messages are shared to help prevent or respond to ACEs; discuss dissemination and communication strategies associated with the messages; assess messages’ potential ability to influence behavior change amongst priority audiences. We will use the triangulated information from the survey and focus group to refine or revise the messages, propose related communication assets, and plan communication and dissemination strategies. |
| Does your project measure health disparities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages? |
| No |
| Does your project investigate underlying contributors to health inequities among populations/groups experiencing social, economic, geographic, and/or environmental disadvantages? |
| No |
| Does your project propose, implement, or evaluate an action to move towards eliminating health inequities? |
| Yes |
| Activities or Tasks |
| New Collection of Information, Data, or Biospecimens |
| Target Population to be Included/Represented |
| General US Population; Other-parents/caregivers, trusted adults, direct service providers, partner organizations |
| Tags/Keywords |
| ACEs; adverse childhood experiences |
| CDC's Role |
| CDC employees will provide substantial technical assistance or oversight |
| Method Categories |
| Focus Group; Individual Interviews (Qualitative); Survey |
| Methods |
| CDC has contracted with Banyan Communications. Banyan will conduct listening sessions with CDC to understand the current messages that exist for ACEs prevention. Banyan will use these findings to identify gaps in our understanding of the types of messages and trusted messengers for our priority audiences. Banyan will propose questions for the survey, focus groups, and interviews about how audiences (consumers and trusted adults, parents/caregivers, direct service providers, and CDC partner agencies and organizations) interpret these messages; how, when, and where they would share these messages; what materials could support sharing of those messages; and how, when and where they should be disseminated. Banyan will survey up to 100 individuals, recruited through SurveyMonkey, a professional survey platform. Banyan will also convene focus groups (6-8 participants each) with a maximum of 24 participants. Banyan will recruit focus group participants through a recruitment firm as well as NCIPC’s network of organizations and partners working in ACEs prevention. Participants will be screened based on inclusion/exclusion criteria set by CDC and asked to provide informed consent prior to participating in focus groups. Consent forms will include instructions for only using first names during focus groups to protect confidentiality and privacy. Focus groups will be approximately 60 minutes in length. They will be conducted via Zoom at times convenient for participants and scheduled to allow participation from multiple time zones to ensure regional variation within the groups. The focus groups will be conducted by a skilled facilitator supported by a note-taker responsible for taking observational notes, managing the chat function on Zoom, and troubleshooting the technology. The note-taker will use a note-taking template based on the semi-structured discussion guide. The focus groups will also be audio-recorded. Banyan will conduct up to 5 interviews with CDC partner agencies and organizations, recruited through NCIPC’s network of organizations and partners working in ACEs prevention. Interviews will be approximately 60 minutes in length. They will be conducted via Zoom at times convenient for participants. The interviews will be conducted by a skilled facilitator supported by a note-taker. The interviews will be audio-recorded. |
| Collection of Info, Data, or Bio specimens |
| This project will utilize the CDC/OC Formative Research Generic OMB package mechanism. Banyan will administer the online survey using the survey platform SurveyMonkey. Survey data will then be exported and de-identified before analysis. Banyan will analyze the survey data in Excel. Focus group discussions and interviews will be conducted and audio-recorded, then transcribed for analysis. The focus group and interview transcripts will not include personally identifiable information (PII), but instead use labels (e.g., participant A and participant B for focus groups; partner A and partner B for interviews). Analysis for themes will be conducted using the qualitative data analysis software Atlas.ti. A sub-contractor will be responsible for transcribing focus group discussions and interviews, and de-identified transcripts will be delivered to CDC staff. |
| Expected Use of Findings/Results and their impact |
| We will use the information gathered to explore communication strategies, understand communication preferences, and hone communication messages about ACEs prevention to be incorporated into existing CDC resources. |
| Could Individuals potentially be identified based on Information Collected? |
| No |

| ****Funding**** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funding Type | Funding Title | Funding # | Original Fiscal Year | # of Years of Award | Budget Amount |
| CDC Contract | NCIPC Digital Strategy and Communication Support for Priority Topic Areas | 0HCUH1C4-2022-68403 | 2022 | 3 |  |

| ****HSC Review**** |
| --- |
| HSC Attributes |
| Other - PH Message development and testing |
| Yes |

| ****Regulation and Policy**** |
| --- |
| Do you anticipate this project will need IRB review by the CDC IRB, NIOSH IRB, or through reliance on an external IRB? |
| No |

| Will you be working with an outside Organization or Institution? Yes |
| --- |

| ****Institutions**** |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institution | FWA # | FWA Exp. Date | Funding | Funding Restriction Amount |
| Banyan Communications | FWA00029147 | 01/07/25 | NCIPC Digital Strategy and Communication Support for Priority Topic Areas - 0HCUH1C4-2022-68403 |  |

| Institution | Funding Restriction Percentage | Funding Restriction Reason | Funding Restriction has been lifted |
| --- | --- | --- | --- |
| Banyan Communications |  |  |  |

| Institution | Institution Role(s) | Institution Project Title | Institution Project Tracking # | Prime Institution |
| --- | --- | --- | --- | --- |
| Banyan Communications | Obtaining Consent; Receiving Direct HHS Support (Prime Awardee); Intervening or Interacting with Human Subjects; Enrolling Subjects; Designing or Developing Project and/or Data Collection Instrument(s); Providing Technical Assistance; Monitoring Data or Safety; Obtaining, Storing or Transferring Identifiable Private Information or Identifiable Biospecimens ; Obtaining, Storing or Transferring Non-Identifiable Private Information or Non-Identifiable Biospecimens; Recruiting Subjects; Implementing the Project; Studying, Interpreting, or Analyzing Non-identifiable Private Data or Non-identifiable Biospecimens |  |  |  |

| Institution | Regulatory Coverage | IRB Review Status |
| --- | --- | --- |
| Banyan Communications | IRB Review is Not Required |  |

| Institution | Registered IRB | IRB Registration Exp. Date | IRB Approval Status |
| --- | --- | --- | --- |
| Banyan Communications |  |  |  |

| Institution | IRB Approval Date | IRB Approval Exp. Date | Relying Institution IRB |
| --- | --- | --- | --- |
| Banyan Communications |  |  |  |

| ****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 |
| BrookeAspinwall | 04/06/2026 |  |  |  | Project Coordinator | ogj5@cdc.gov | 404-718-5914 | OFFICE OF COMMUNICATION |
| TessaBurton | 04/10/2026 |  | 08/01/2014 |  | Contract Officer Representative | hrg6@cdc.gov | 770-488-4298 | OFFICE OF COMMUNICATION |

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| ****DMP**** |  |
| ****Proposed Data Collection Start Date**** | **07/01/24** |
| ****Proposed Data Collection End Date**** | **11/01/24** |
| ****Proposed Public Access Level**** | **Non-Public** |
| ****Reason for not Releasing the Data**** | **Other- Too few respondents will participate in information gathering; the data are being used to test messages and inform further refinement of messages, and therefore would not be useful to the public.** |
| ****Public Access justification**** | **Data will be used to inform communications materials. Information will be limited to survey, focus group, and interview respondents and will be de-identified. Communications materials will be developed following data analysis.** |
| ****How Access Will Be Provided for Data**** | **Data will not be released to the public.** |
| ****Plans for archival and long-term preservation of the data**** | **For the survey, de-identified exported Excel data will be saved and stored on the CDC share drive after data collection. For the focus group discussions and interviews, de-identified exported data (from Atlas.ti) will be saved and stored on the CDC share drive after data collection. No PII will be included, and the data will be used for the development of communication materials only.** |

| ****Spatiality (Geographic Location)**** |  |  |
| --- | --- | --- |
| Country | State/Province | County/Region |

| ****Determinations**** | | | |
| --- | --- | --- | --- |
| Determination | Justification | Completed | Entered By & Role |
| HSC:  Does NOT Require HRPO Review | Not Research / Other  *45 CFR 46.102(l)*  Other - PH Message development and testing | 05/03/24 | Angel\_Karen C. (idy6) CIO HSC |