

## Attachment 5: ACEs Focus Group 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 [5min]

#### WELCOME

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.

The Centers for Disease Control and Prevention (CDC) is sponsoring this project. Today, our discussion will focus on the knowledge that adults like yourselves have about adverse childhood experiences (what we refer to as “ACEs”), as well as how we can prevent them. The information you share with us today will help us create future messages and content to help people recognize and prevent ACEs. We will present various messages about ACEs and then ask you questions about your reactions and responses to these messages. The focus group 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. If at any point you feel uncomfortable, you may take a break or end your participation. Your feedback is valuable to us and the success of our messages on this topic. You each can provide specific insight and opinions, so we do want to hear from each of you, but you are not required to answer all the questions. 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 focus group discussion, 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?

Ok, great. I will now go over the ground rules for today’s discussion.

#### GROUND RULES

[Display slide with ground rules on screen]

To help this session go smoothly, here are some ground rules for our discussion:

- Please speak one at a time – this will help us hear one another and enable us to take good notes.
- Please speak clearly and at least as loudly as I am.
- You can raise your hand to speak (physically or virtually) or speak up after another person has finished speaking.
- You do not have to speak in any particular order, and you may speak directly to each other. This is a group conversation and you do not have to address your comments to me.
- There are no right or wrong answers.
- You do not have to agree with the views of other people in the group. In fact, if you disagree, we hope you will share your perspective so we can understand the full range of views in the group.
- Respect others and their different viewpoints.
- Please maintain each other's privacy. What's said in the room stays in the room.
- We'd like to hear from everyone. Some of you may be more comfortable speaking than others, so at times I may ask more talkative people to let others share first or invite a quieter person to share their thoughts.
- Please put away or silence any distractions like phones, tablets, or TVs for our discussion, and mute yourself when you are not speaking.

Before we get started, let's all introduce ourselves. Please tell us a name that we can use to address you during the discussion.

### **Understanding of and Familiarity with ACEs [3min]**

1. What comes to mind when you hear the term “adverse childhood experiences”?
  - *Probe: How would you define it?*
  - *Probe: Do you think of specific images, people, places, settings, or events?*

Now I'm going to show and read you a definition of adverse childhood experiences. [show on slide]

“Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years), such as experiencing violence, abuse, or neglect, witnessing violence in the home or community, or having a family member attempt or die by suicide.

Other types of ACEs include aspects of the child's environment that can undermine their sense of safety and stability such as substance use problems, mental health problems, and instability due to parental separation or household members being in jail or prison."

[source: <https://www.cdc.gov/violenceprevention/aces/index.html>]

2. Is it possible to prevent or reduce the likelihood of adverse childhood experiences?
  - *Probe: Whose responsibility is it to prevent or address adverse childhood experiences?*
  - *Probe: At what level? (local, state, federal)*
  - *Probe: Which fields? (law enforcement, education, medical, public health, etc.)*
  - *Probe: How should public health (e.g. CDC, health depts) be involved in preventing adverse childhood experiences?*

### **Message Testing [40min]**

I'd like to get your feedback on some new messaging that's being developed about adverse childhood experiences. 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 ACEs 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 – the entire set of messaging, the main message, or any sub-messages. If you have something to say about a specific part of the messaging, please identify which piece you are talking about by using the number or letter provided.

[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 the Consumers audience:]

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

[Supporting message 1] *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 2] 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 3] 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

3. How would you sum up in just a few words your first impression of these messages?
  - *Probe: What do you think of this idea?*
  - *Probe: How clear/easy is it to understand?*
  - *Probe: Anything you like or dislike?*
4. *[For comparisons]* Which of the messages do you prefer and why?
  - *Probe: Which one was easier to understand? Which makes more sense to you?*
  - *Probe: Which one do you find more engaging?*
  - *Probe: Which one is more motivating? [if applicable]*
5. Do these messages feel relevant to your experience as [insert their role here]? Why or why not?
  - *Probe: With whom would you discuss these ideas?*
  - *Probe: Where or in what situation would you share these messages (e.g., setting, platform)?*
6. How could the messages be improved?
  - *Probe: Is there anything you want to know that this messaging does not tell you?*
  - *Probe: Is there a way to say this differently that would make it clearer/less confusing?*
  - *Probe: Are there any words or phrases that bother you or that you think should be said differently?*
  - *Probe: Is there a way to say this differently that would make you more likely to notice and think about the messaging?*
  - *[If participants indicate they don't believe the message] Probe: Would this message be more believable if it included data or a statistic?*

### **Trusted Messengers [5 mins]**

7. What organizations would you trust for information about preventing ACEs?
8. Would you trust messages about preventing ACEs if they came from the Centers for Disease Control and Prevention, or CDC? Why/why not?
9. What individuals or organizations would you look to for more information about ACEs?
  - [FOR PARTNERS] *Probe: What kinds of messaging or PSAs do your audiences generally engage with?*

### **Conclusion [2min]**

10. Is there any additional information you'd like to share with us today?
11. Does anyone have any questions about what was discussed today?

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.