

MODERATOR GUIDE CONSUMER SEPSIS FOCUS GROUPS

Consistent with the CDC-approved formative research plan (FRP), the Persuasive Health Message Framework (PHM) serves as the theoretical framework guiding formative research to generate an effective campaign to raise knowledge and awareness of sepsis. This moderator guide has been developed to gather information to answer the overarching research questions *and* provide data for PHM constructs to create viable campaign messages for consumer audiences

INTRODUCTION TO GROUP PROCESSES AND PROCEDURES (5 MINUTES)

Thank you for taking the time to join us for this *online focus group discussion*. We will have three participants total online today for our discussion. My name is [INSERT NAME] and I work for ICF, a research and consulting firm in Atlanta, Georgia. First, I want to take a few minutes to tell you what to expect from our conversation. After that, I'm going to give each of you a chance to introduce yourself and then we'll begin our discussion.

As you may recall from when you were recruited, we are conducting this study on behalf of the Centers for Disease Control and Prevention (CDC), to understand adults' thoughts about sepsis, infections, and your response to some campaign messages. We want to learn what you think about sepsis and infections, if you think you or your family is at risk for sepsis, who you talk to about these health issues and your feedback on some messages that I will show you. This information will help CDC develop a communication campaign to raise knowledge and awareness about sepsis in the US.

My role is to simply facilitate the discussion, make sure we stay on topic, and keep us within our [State Time Limit - 90 minutes for consumers]. I am not here to push any particular agenda or point of view, but rather to hear your frank and honest opinions. There are no right or wrong answers, and nothing to be ashamed of. We all have our own likes and dislikes, our own thoughts and feelings.

I'm going to ask a series of questions, but mainly I want to hear from you today. As I mentioned, my role is just to guide the discussion. Sometimes we may really get going on one question, and I'll have to move you on to the next question so that we may cover everything. Please don't take it personally! We just need to hear from everyone about several topics.

Our discussion here is private. We will not report your comments by name, and we ask that you respect one another's privacy in the same way. We don't expect you to tell us anything that you would be uncomfortable sharing with the group. But we do hope that you will be honest with your

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responses to the questions I ask.

Now we are going to review the informed consent form. (Moderator will read the form) I want to make sure that you understand that your participation in this study is voluntary and you can leave at any time. If you are uncomfortable with a question, or if you simply don't have a response, it is fine to pass. We don't need everyone to answer every question, but we are interested in all of your perspectives and really value what you have to say. You will still be paid for your time even if you do not answer every question. .

Also, during this discussion, a lot of questions might come up that you would like me to answer. Since we are mainly interested in hearing your thoughts and opinions, I may not be able to answer all the questions. But please keep track of your questions. If you like, you can send them to me using the chat feature. After we finish with our discussion, I will share the CDC Website with you so you can visit it to get additional information about sepsis and infection if you want it.

There are also a few ground rules that I would like us to adopt for our discussion:

- You have been asked here to offer your views and opinions.
- Everyone's input is important. We will encourage everyone to participate.
- Respect the privacy of your fellow group members.
- Avoid side conversations.
- Let one person speak at a time.
- I may need to cut a discussion short to get through the whole discussion.
- Please turn off all cell phones!
- There are no right or wrong answers.
- All answers will be maintained in a secure manner, so feel free to speak your mind.
- Respect one another at all times.
- It's okay to disagree.
- Most importantly, please try to speak up, speak clearly, and one at a time. We are audiotaping the discussion so that we can have an accurate record of the discussion.

We have observers from CDC and ICF on in our online space, and on the phone line listening and taking notes during our discussion today. In addition, we have an ICF technology support person to assist with any with any of our technical needs during our discussion. All observers have signed a confidentiality form in which they agree to the following:

- Observe only and not to take part in the discussion process.
- Not discuss who participated in the discussion. Observers will not discuss what was said by individual participants with others who were not also observers.
- After the virtual discussion group has ended, observers should only have discussions about the session that are general in nature and not specific about any individual participant.

Do you have any questions before we get started?

PARTICIPANT INTRODUCTIONS AND WARM-UP EXERCISE (5 MINUTES)

Moderator: So we can get to know each other a little, let's go around the room and introduce ourselves. Please tell me your first name, your hometown and one way that you like to spend your free time. Thank you. Now, let's get started with our discussion.

DISCUSSION QUESTIONS

SECTION 1. GENERAL ATTITUDES, AWARENESS, KNOWLEDGE (15 MINUTES) (RQ1, 2)

Moderator: Let's discuss your awareness of and thoughts about infections and sepsis.

1. How would you describe the symptoms of an infection?
2. Are you concerned about the dangers of infection? Why or why not?

[Moderator: Present definition of infection and state "Good. To make sure we are all on same page moving forward: An INFECTION occurs when germs enter a person's body and multiply, causing illness, organ and tissue damage, or disease.]

3. What do you think of when you hear the term "sepsis"
 - a. What do you know about sepsis? Say what you know (including symptoms) and where you heard about it.
 - b. Are you concerned about sepsis? Why or why not?
 - c. Do you think infections (just discussed) are related to sepsis? Why or why not?
 - d. What would you like to know about sepsis in general?

[Moderator: Present definition of sepsis in the online meeting space and state "Good. To make sure we are all on the same page moving forward: SEPSIS is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.]

4. So, now that we all understand what is an infection and sepsis, what (if anything) would you like to know about *infections that lead to sepsis*? Why?
 - a. What messages about *infections that lead to sepsis* are important for you to know? Why?
 - b. What can you do to prevent *infections that lead to sepsis*? (e.g., skin care)
 - c. What can your doctor do to help you prevent *infections that lead to sepsis*? (e.g., skin care, glucose control, smoking cessation).

[Moderator: When using "you", you may add "or state the name of the target audience: mothers with infants ≤1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers]" throughout discussion].

Great, thank you. Let's move on to discuss risks for an infection and sepsis.

SECTION 2. PERCEPTIONS OF RISK (10 MINUTES) (RQ 3)

Moderator: Now, I would like to know if you think that you are at risk for infection and sepsis.

5. Are you at risk for the infections we discussed earlier? Why or why not?
 - a. Who (what people) do you think is most at risk for these types of infections? Why?
 - b. What kind of infections do you think that you¹ are at risk for? Please explain why.
6. Do you think that you are at risk for sepsis? Why or why not?
 - a. Who (what people) do you think are most at risk for sepsis? Why?
 - b. Do you think that chronic conditions place you at risk for sepsis? Why or why not?
7. Can knowing more *about infections that lead to sepsis* help you reduce your risk of experiencing sepsis?
 - a. What would help you learn more about infections? (facilitators)
 - b. What are barriers to you learning more about infections? (barriers)
8. Can knowing more *about sepsis, in general* help you reduce your risk of experiencing sepsis?
 - a. What would help you learn more about sepsis? (facilitators)
 - b. What are barriers to you learning more sepsis? (barriers)

SECTION 3. SELF AND RESPONSE EFFICACY (10 MINUTES) (RQ4)

Moderator: Let's talk about what you can do to protect yourself from infection and sepsis.

[Moderator: The following are actions that people may say that they can take to protect themselves from infections that lead to sepsis. Even if they do not state these, ask the following questions about actions to protect oneself from infections that lead to sepsis and sepsis.]

9. Are you confident in your ability to *talk with your doctor about infections leading to sepsis* (particularly if you have an illness that is not getting better)? Why or why not?
 - a. Do you know when/why to see a HCP if you have an infection not getting better? Why?
 - b. What would help you talk to HCPs about preventing infections that lead to sepsis?
10. Do you have ability to *prevent infections* to reduce chances of experiencing sepsis? Explain.
11. Are you confident that you can *manage your chronic conditions* (or help family members do this) to help prevent infections that lead to sepsis? Why? Why not?
 - a. Are you confident in your ability to manage your chronic conditions to avoid infections that lead to sepsis? Why? Why not?

Moderator: Let's discuss if you think that the above discussed actions (e.g., talking to your doctor about infection and sepsis, preventing infections, and managing chronic conditions) reduces your chance of experiencing sepsis.

12. Can *talking to your doctor about sepsis* (especially if an illness is not getting better) help avoid an infection that leads to sepsis (and having sepsis)? Why? Why not?

¹ For caregiver audiences say "or family members".

13. Do you think that *managing chronic conditions* will reduce the chance that you experience sepsis? Why? Why not.

SECTION 4. SALIENT REFERENTS (10 MINUTES) (RQ4)

Moderator: Now, I want to know who most influences your views about infections, talking to your doctor and managing chronic conditions. This could be friends and family, but also ads, web sites, magazines, television, etc.

14. Who are the people, groups or information resources that influence:
- Talking to your doctor about illness/infections? Why?
 - Efforts to try to prevent infections that lead to sepsis? Why?
 - Managing chronic conditions (or helping others do this)? Why?
15. Do the people or groups who influence your views or actions noted above (a, b, c) think that you are risk for infection that leads to sepsis? Why? Why not?
- What do they think happens to people who experience sepsis?
16. Do the people or groups who influence you think that the actions noted above (a, b, c) can help reduce the chance that you experience sepsis? Why or why not?
- Do they encourage you to do these things?
17. Do these people or groups do these things themselves? Why or why not?

SECTION 5. MESSAGE SET TESTING (20 MINUTES) (RQ 6)

Moderator: Earlier you told me some things that [moderator, state the name of the target audience: mothers with infants ≤ 1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers] need to know and what you want to know about sepsis (including what you want to know about managing chronic conditions, infections, and talking to the doctor.) [Moderator: State what you heard earlier].

Now I want to share some messages with you and get your feedback. While you assess the messages I will show you, keep in mind what you said that you and [moderator, state the name of the target audience: mothers with infants ≤ 1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers] want to know about sepsis. I will show you the messages one at a time. [Moderator: Show all message sets and read all to participants]

18. Please review this message about what we want [moderator, state the name of the target audience: mothers with infants ≤ 1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers] to KNOW²:

² For each consumer audience, we will present the KNOW statement targeted for that audience

Sandwich moms: Infections put your family at risk for a life-threatening condition called sepsis.
African American men with co-morbid conditions: Preventing infections while managing chronic conditions and diseases can protect you from a life threatening condition called sepsis.
Healthy adults and caregivers age 65+: Infections can put you and your family at risk for a life threatening condition called sepsis.

[Moderator: For each audience ask the following]

- a. How does this message make you feel? (e.g., empowered, educated, annoyed, etc.)
- b. Is there a message like this already reaching **[moderator, state the name of the target audience: mothers with infants ≤1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers]** similar to ? If yes, how, when, where?
- c. How relevant is the message to you? Why? Why not?
- d. Is there anything that you would change in this message (e.g., words, phrases)? Please describe what and why?
- e. [African American men with co-morbid conditions only] Do you think there is a better way to say “managing chronic conditions”? Please explain.

19. Is there anything else you want to share with me about the messages?

Moderator: Let’s talk about “calls to action”. These are messages that ask you to do something specific, like talk to your doctor. [Moderator: Show all message sets and read all to participants]

20. Please review what we want people to DO³:

Sandwich moms:

- When symptoms and illnesses don’t improve, ask the doctor, “Could this be sepsis?”
- When symptoms and illnesses don’t improve, ask your doctor, “Is my loved one developing symptoms of sepsis?”
- When symptoms and illnesses don’t improve, ask the doctor, “Could this infection lead to sepsis?”

African American men with co-morbid conditions:

- Ask your doctor what you can do to prevent infections that cause sepsis.
- Ask your doctor, “What can I do to prevent infections that cause sepsis?”
- If your symptoms or condition gets worse, ask your doctor, “Could this be sepsis?”
- Ask your doctor, “How can I manage my condition to prevent infections that cause sepsis?”

Healthy adults and caregivers age 65+:

- When symptoms and illnesses don’t improve, ask the doctor, “Could this be sepsis?”
- When symptoms and illnesses don’t improve, ask your doctor, “Is my loved one developing symptoms of sepsis?”
- When symptoms and illnesses don’t improve, ask the doctor, “Could this infection lead to sepsis?”

[Moderator: For each audience ask the following].

- a. Are the calls to action understandable? Which ones? Why or why not?
- b. Are the calls to action realistic? Why or why not? Which ones? Why or why not?

³ For each consumer target audience, different Calls to Action will be tested.

- c. Would you be willing to ask your doctor or healthcare professional these questions? Why or why not?
- d. What would make it easier for you to speak to your doctor about infections?
- e. What would make it easier for you to speak to your doctor about sepsis?
- f. What good things would happen for you if you ask your doctor about sepsis?
- g. How do the calls to action make you feel? (e.g., empowered, educated, annoyed, etc.)
- h. How relevant are the calls to action to you?
- i. Which of the calls to action do you like the most? Why?
- j. Which calls to action do you like the least? Why?

Moderator: Now I'd like you to think about both the messages and calls to action I shared. From whom would you most want to receive these types of messages? (OR who do you trust to provide health information?)

- a. Someone like you? Why? Why not?
- b. Someone similar to you but not like you? Why? Why not?
- c. Someone of a different gender? Why? Why not?
- d. Someone of a different race or ethnicity? Why? Why not?

21. Is there anything else you want to share with me about the calls to action?

CREATIVE THINKING ACTIVITY (10 MINUTES) (RQ 5)

22. This is your last activity for tonight and you get to use your imagination and what you have learned during our discussion. I will call each of you by name and I'd like you to tell me:
- a. A key message to convey to people about *infections that lead to sepsis*
 - b. A key message to tell people about *sepsis in general*
 - c. The best way to encourage [***moderator, state the name of the target audience: mothers with infants ≤1 year old and who care for elderly parents, African American men with one or more chronic medical condition, and adults 65 and older who are also caregivers***] to [action based on audience]
 - d. How you seek information about sepsis, and how you get information

Take a minute to think about each of these *and* then I will call on each of you to share thoughts.

SECTION 6. CLOSING (5 MINUTES)

23. Well, that's the last of my questions. Do you have any questions?

Thank you again for taking the time to participate in this discussion. We sincerely appreciate and value your input!