

Form Approved
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**Understanding Strategies to Improve Sexual Health Messaging to Prevent Multidrug-resistant
Shigella Infections among Men who have Sex with Men**

Phase 1 Focus Group Moderator Guide

1st FOCUS GROUP MODERATOR GUIDE-Shigellosis among MSM

Moderator: Your instructions for carrying out this focus group are in brackets [*], and are not read to the participants. Anything not in [*] is said out loud to the participants.

FOCUS GROUP INTERVIEW GUIDE

[Before participants arrive, write all ground rules on flip chart and post in a location visible to all participants during the focus group. **Write information about shigellosis on a flip chart but wait to post until appropriate point during discussion.** Information to be written on a flip chart is as follows]:

[Shigella/Shigellosis]

- [*Shigella* is a germ that causes diarrhea that usually lasts between 5 and 7 days.
 - Other symptoms can include fever, cramping, and sometimes bloody diarrhea.
 - Although most people with shigellosis recover without treatment in about a week, antibiotics are sometimes used to treat patients with shigellosis to help them feel better.
 - Some people who catch it may need to be hospitalized.
- Shigellosis is spread when *Shigella* germs from a sick person gets into another person's body. This can happen when:
 - Food, beverages, or water get contaminated by a sick person and then swallowed by someone else
 - A tiny amount of poop on someone's hands or body gets into someone else's mouth through person-to-person contact (e.g. unwashed hands, sex, etc.,)
- Shigellosis may be more severe, and poop can contain *Shigella* germs for a longer time among HIV-infected gay and bisexual men.
- Shigellosis patients can be treated with drugs called antibiotics that kill or stop the growth of germs.
 - Some *Shigella* germs resist the effects of an antibiotic –that is, the germs are not killed and their growth is not stopped.
 - Among people with shigellosis, gay and bisexual men are at least 3 times more likely than other people to have *Shigella* germs that resist the effects of an antibiotic.
- Because *Shigella* germs can be found in poop even after a person has gotten better, doctors might tell people not to have sex for a few weeks after they get better to prevent the spread of *Shigella* germs.]

[As participants arrive, confirm eligibility by asking each person's age and any other screening questions which may be relevant to the groupings (race, education, etc.). Be discrete so that others around will not hear the individual's response. Have the participant complete the sign-in sheet and assign an ID number to the participant.]

[Give the participants a name tag and ask them to put a nickname on the name tag. Inform the participants that this is the name that will be used during the focus group to protect their privacy. It's important they pick a nickname to which they feel comfortable being referred. We encourage them not to use their given name to further protect their identity. Apply their nickname to their ID number, accordingly.]

[Please take time and read the consent forms.]

Welcome and thank you for agreeing to participate in this focus group. My name is _____. My role is to guide the discussion tonight/today.

I am going to begin by reading the consent form aloud. Please follow along, and after I read the form, you will need to sign it with your given, or legal name. This form will not be shared outside this group, and we will not link your name to your responses.

[Read aloud the consent form with everyone following along, or give time for everyone to read the consent on their own. Ask them if they have any questions, and address those questions, including, if you don't know. To build trust, it is important you are honest with participants. Collect the signed forms.]

So thank you again for joining us today. As a reminder, we asked you to join us today to talk about a germ that can affect the sexual health of gay and bisexual men. You all have been invited to participate because we need your help in developing health communication messages.

I would like to hear your honest opinions about the topics we discuss. There are no right or wrong answers to the questions I'm going to ask. We, myself and the larger research team, want to hear, in your own words, your thoughts, experiences and opinions about the topics we'll be discussing. You can choose not to respond to a question at any time and your participation in this evaluation is completely voluntary, and you can leave at any time.

Before we get started, there are just a few things I'd like to point out. We are audio recording this session so I can listen to what you have to say and not worry about taking notes. The recording will help us write our reports and are used for this purpose only. In addition, other research staff members may be present to observe and take notes. Everything you say will be kept secure and anything that is reported will be done without your names or any identifiers. In other words, no one who reads the final report will know or be able to figure out that any of you participated in this evaluation. Only research staff will have access to this information.

Does anyone have any questions?

[Read the ground rules as posted in the room.]

Ground Rules

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.
 - We know that each of you might have different views about this topic. You might hear opinions that you do not agree with, and if this happens, we ask that you respectfully listen and then share your opinion.
- ◆ To the extent the law allows, the focus group facilitators will keep all comments secure. For example, in the event a participant discusses an instance of abuse, suicide, etc., we are mandated by law to report the incidence.
- ◆ We ask that you not share comments you hear today with anyone outside this room. You should know that there is the possibility that a focus group participant may not honor this request.
- ◆ Everyone's input is important; I may call on you if you are being quiet.
- ◆ Avoid side conversations.
- ◆ Let one person speak at a time.
- ◆ I may need to cut a discussion short to get through the whole guide.
- ◆ Please turn off all cell phones and electronic devices!
- ◆ There are no right or wrong answers.
- ◆ All answers will be kept secure and anonymous, so feel free to speak your mind.
- ◆ Respect one another at all times.
- ◆ It's okay to disagree.
- ◆ As a way to help us, please state your nickname- be careful not to use your given/legal name, when you make a comment.

Do you have any questions before we begin?

If there are no more questions, I am going to start recording now. [Turn on audio recorder]

[Introduction/Warm up.]

1. Let's begin by finding out a little bit about each of you. Please tell us your:
 - a. Nickname i.e. the name you want to use today,
 - b. Favorite TV show, and
 - c. Favorite type of music

[To further build trust] I'll start. My name is [name], my favorite TV show is [name], and my favorite type of music is [name]. [Ask a specific person] Who would like to go next? [Go around the table until everyone has introduced themselves.]. Thank you.

[Sources/Severity]

Let's start by talking about where you go for health information....

2. Where do you go if you have a health related question?
 - a. PROBE
 - i. Doctor/healthcare provider? School? Peers/Friends? Family? Computer/internet? Apps? What sites?
 - ii. Does the source of health information change if it's something you're currently experiencing vs. heard about from a friend?
3. What sources do you trust for health information?
 - a. PROBE:
 - i. Have you ever heard of CDC? Have you ever gone to the CDC website for information? Do you trust the CDC?
 - ii. What about the Georgia Health Department? Have you gone to their website for information? Do you trust the health department?
 - iii. Do you trust other sources? (e.g internet (wiki, WebMD), doctor, friends, school, etc.)
4. Now let's specifically talk about sexual health, where would you go if you had a question about your sexual health?
 - a. PROBE:
 - i. Which of those sources do you trust?

[*Shigella/shigellosis* knowledge]

Okay now I would like to talk about a specific health topic.

5. Who here, by show of hands, has ever heard of *Shigella* or shigellosis? [moderator – note out loud how many hands are raised].
 - a. PROBE
 - i. **[if no one has heard of it]** what do these words make you think of?
 - ii. **[if some have heard of it]** We will say more about what it is for those who haven't heard of it in a moment, but for those who have heard, what do you know about it?
 1. **[if they say it makes you sick, ask the following]** Have you heard about what symptoms people get? Who do you think gets sick? How do people get sick with it? How do you get better if you have it?
 2. **[if they say it's spread through poop or feces]** Who gets sick? What behaviors give you more of a chance of getting sick? How can you prevent getting sick?

I am now going to read some information about shigellosis [handout information sheet or project on wall]

Shigella is a germ that causes diarrhea that usually lasts between 5 and 7 days. *Shigella* germs can cause fever, lots of cramping and sometimes bloody diarrhea. Although most people with

shigellosis recover without treatment in about a week, antibiotics are sometimes used to treat patients with shigellosis to help them feel better. Some people who catch it may need to be hospitalized. Shigellosis is spread when *Shigella* germs from a sick person gets into another person's body. This can happen when *Shigella* germs get into food, drinks, or water that is then swallowed by someone else, or if a tiny amount of poop on someone's hands or body gets into someone else's mouth through person-to-person contact, such as having close contact and then putting your unwashed hands on your food or in your mouth, or during sex.

Furthermore, shigellosis may be more severe, and poop can contain *Shigella* germs for a longer time, among HIV-infected gay and bisexual men. Shigellosis patients can be treated with drugs called antibiotics that kill or stop the growth of bacteria germs. Some *Shigella* germs resist the effects of an antibiotic –that is, the germs are not killed and their growth is not stopped. This is at least 3 times more common among gay and bisexual men with shigellosis than among other groups of people with shigellosis. Doctors might tell people not to have sex for a few weeks after they get better to prevent the spread of *Shigella* germs.

6. After listening to that description of shigellosis, what is your initial reaction?
 - a. PROBE:
 - i. What do you want to know more about? What is confusing?
 - ii. Specific words or phrases?
7. Do you think men like yourself are at risk for shigellosis?
 - a. PROBE
 - i. Why or why not?
8. If you had diarrhea, how likely would you tell your partner before having sex?
 - a. PROBE
 - i. Why or why not?
 - ii. If you had more severe symptoms (e.g. bloody diarrhea), would you be more likely to tell your partner?
 - iii. What if you knew that you had shigellosis specifically? Or antibiotic-resistant shigellosis?
9. Before having sex with your partner, would you ask if he recently had diarrhea?
 - a. PROBE
 - i. Why or why not?
 - ii. Would you be more likely to ask someone that you didn't know well? (such as an anonymous partner)
 - iii. How would their answers affect you?

[Developing Sexual Health Messages]

I appreciate your honest responses. As mentioned at the beginning of the group, we would like to develop messages about a germ that can affect the sexual health of gay and bisexual men.

10. Imagine that a message was being developed for sexual health. What would make you remember the message?
11. What do you think men like you need to know about *Shigella*?
12. Tell me, who and/or what do you think is the most effective way to educate gay, bisexual men about various diseases that can be transmitted during sex?
 - a. PROBE:
 - i. What formats should these messages be? (E.g. poster, flyer, dating apps, health websites, online, clinics, magazines, text message, etc. Video? Audio? Plain text?)
 - ii. Anything you don't like to see (e.g. images or words)?
13. Because shigellosis can be sexually transmitted, would men like you be more or less likely to hear the message if *Shigella* was called an STD?
 - a. PROBE: Why or why not?

[Health Materials]

Now I would like to get your feedback on some health materials that have recently been used to raise awareness about shigellosis among gay, and bisexual men.

[Show 1st health material (project on wall or give a physical hand out). State aloud the headline of the health material so it is recorded in the transcript. – Repeat for all health materials shown. Allow time for participants to take it in.]

14. What are your initial reactions to this flyer?
 - a. PROBE:
 - i. What do you like about this flyer?
 - ii. What do you dislike?

15. What are the words or phrases that you think work well in this message?

a. PROBE:

- i. Are there any words or phrases that you like?
- ii. Are there any words or phrases that you *don't like*?
 - o What other words can be used in their place?

16. What is confusing, unclear, or hard to understand about the message?

a. PROBE:

- i. What makes it confusing or hard to understand?
- ii. Any specific words that are confusing or hard to understand?
- iii. What other words can be used to make it easier to understand?

17. [If the flyer contains images] What do you think about the images?

a. PROBE – INCLUDING PROBES ON WHAT THEY COMMENTED ON:

- i. Do they grab your attention? Why or why not?
- ii. Do they make you want to read the message? Why or why not?
- iii. Do they help you understand the message? How so?
- iv. What images help to understand the message?
 - o What are the main reasons the images help or are important?
- v. Is there anything confusing or unclear about the images? If so, what?
 - o What other images can be used in their place?

18. [If the flyer does not contain images] Do you think this flyer would be better with some images? If so, what kind?

[CLOSING]

19. Is there anything else you would like to add about what we discussed today?

Thank you for your time and your responses. That is all the questions that I have. We have left time at the end to ask if we missed something or do you have something you would like to say about the topics covered tonight/today. Please feel free.

[Give them a long pause, and consider asking a particular person if they have something to say.]

Thank you again for taking time out of your day to come talk with us about these topics. Before you go, let's take care of incentive payment. I will also give you a flyer with more information about shigellosis. Any final thoughts or questions?

[Pause]

Have a good day/evening, I'm stopping the recorder. [Stop recorder.]

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