

MODERATOR'S GUIDE (CONSUMERS)

Paperwork Reduction Act Statement: The public reporting burden for this information collection has been estimated to average 90 minutes per response. 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: OMB-PRA 0920-0572.

May 6, 2020 UPDATED FOR VIRTUAL

**90-Minute Focus Group With
Non-U.S.-Born Men and Women (Consumers)
About Tuberculosis***

Group Composition:

Audience	Los Angeles, CA	Houston, TX	New York, NY
Filipino	1 group (age 40-64)		1 group (age 20-39)
Indian		1 group (age 40-64)	1 group (age 20-39)
Vietnamese	1 group (age 40-64)	1 group (age 20-39)	
Chinese	1 group (age 20-39)		1 group (age 40-64)
Mexican	1 group (age 40-64)	1 group (age 20-39)	
Guatemalan	1 group (age 20-39)	1 group (age 40-64)	
Total by Location	5 groups	4 groups	3 groups
Total Groups	12 groups		

Per approved data collection plan, groups to be conducted in English for Indian and Filipino groups, Mandarin for Chinese groups, Vietnamese for Vietnamese groups, and Spanish for Mexican and Guatemalan groups. Moderators for Indian and Filipino groups will be able to speak Hindi and Tagalog.

DIRECTIONS TO MODERATOR:

- *Sections of the guide are marked by gray boxes. Each section is given a time estimate and additional details on rationale or goal of each section.*
- *Instructions for the Moderator are noted with ALL-CAPS and marked in bold.*
- *Questions are numbered. Some questions include sub-questions. These are marked by letters.*
- *Probes are listed as "probes" under the questions. They are listed as additional points to bring up if participant gets off track or does not provide a detailed response.*
- *TOTAL FOCUS GROUP TIME IS APPROXIMATELY 90 MINUTES*

DISCUSSION OVERVIEW:

90 minutes

- I. Background & Introductions (10 minutes)
- II. Warm-up: Healthcare Behaviors, Practices & Trusted Sources of Information (10 minutes)
- III. Aided & Unaided General Knowledge, Awareness & Beliefs About TB/latent TB infection (15 minutes)
- IV. Perceived Barriers & Motivators to Testing & Treatment (10 minutes)
- V. Material Review (40 minutes)
- VI. Wrap-up (5 minutes)

I. BACKGROUND & INTRODUCTIONS

(10 MINUTES)

Moderator Introduction (3 min.)

- 1) Welcome! Thank you for joining today's discussion. My name is **[INSERT]**. I'm an independent researcher and moderator with **[KRC Research for Hispanic Audiences/GC Global Research for Asian Audiences]**.
- 2) The sole sponsor of today's focus group discussion is The Centers for Disease Control and Prevention—CDC. Our conversation today will focus on a health topic.
- 3) I'm a professional researcher, but not a CDC employee or a subject matter expert on health topics. My role is to facilitate our conversation for the next 90 minutes. Let me tell you a bit about it:
 - a) There are no wrong answers. You may have different opinions. That's ok—all of your experiences and opinions are important and we want to hear from all of you.
 - b) Since we are having these groups online, we will need to talk one at a time and let everyone have time to speak. Not everyone has to answer each question, however it's important that everyone participates throughout this conversation.
 - c) We will be showing you information on your screen to look at and respond to.
 - d) If at any time you can't see the screen well or have difficulty hearing, let me know—we have a technician here who can help us with any technical issues.
 - e) Please silence your cell phones and put away portable devices.
 - f) If you need to step away from our discussion for any reason, you don't have to ask for my permission—just step away and come back when you finish.
 - g) We are going to look at some materials today, so please grab a paper and pen or pencil so you can jot down any notes.
- 4) Because privacy is important, I'm going to show you our Privacy Policy. **READ:**
 - a) We will protect your privacy for today's discussion, and nothing you say will be reported in association with your name.
 - i) We will use first names only during the conversation. You may choose to use a nickname or any other name you prefer.
 - ii) Your participation is voluntary—you do not have to answer anything you are uncomfortable with.
 - iii) Like our technician who is with us today virtually but who you do not see, a few colleagues are also with me virtually today to watch quietly and take notes.
 - iv) We are audio- and video-recording for transcribing of today's discussion. Because we are speaking with many groups similar to this one, it is important for me to have an accurate record of today's conversation.
 - v) We ask that you not share any information, participants' comments, or participants' identities with others outside of this group.

Participant Introductions (7 min.)

- 5) Ok, thanks again for joining the conversation today. We are having discussions with people born in a variety of countries who now live in the U.S.. One thing you all have in common is

that you were all born in **[INSERT COUNTRY]**. Let's go around the virtual table and introduce ourselves to one another. Tell us...

- a) Your first name
- b) What is your favorite food from your home country?

II. WARM-UP: HEALTHCARE BEHAVIORS, PRACTICES & TRUSTED SOURCES OF INFORMATION (10 MINUTES)

The goal of this section is to warm-up the group to talking about health-related issues and to understand the way respondents think about health and wellness, and in particular, their mindsets around preventive care and screening to identify and prevent disease.

Let's start the conversation by discussing your thinking about health.

- 1) Most of us are paying close attention to our health these days; both our own individual health and the health of our community. Today we are going to focus on health issues that may not be the most talked about right now. Besides the current health crises, what are some other health conditions or diseases. **[LISTEN FOR TUBERCULOSIS AND WHETHER THAT WAS/IS A CONCERN IN THE HOME COUNTRY AND/OR IS A CONCERN IN THE UNITED STATES.] [IF COVID IS MENTIONED, GUIDE THE CONVERSATION AWAY FROM COVID AND EXPLAIN THAT COVID IS NOT THE FOCUS OF THIS DISCUSSION.]**
- 2) Where do you typically go to see a doctor?
 - i. **PROBE:** Would you say that you see a doctor in places like a doctor's office, a clinic, or urgent care?
 - b. When you go to a doctor's office, who in the office do you prefer to talk with—your doctor, a physician assistant, a nurse practitioner, a nurse, or someone else? For what reasons?
 - i. **PROBE** (for non-English speaking groups): Have you had any challenges communicating with your health care provider because of language?
- 3) **HANDCOUNT:** How many go to a doctor for a yearly checkup or wellness visit?
 - a. Does your doctor suggest or do any preventive medical tests during these visits? Which ones?
 - If so, what questions do you ask? (probe: cost, length of time required, convenience)
 - ii. Do you ever ask your doctor for a preventive medical test? What prompts you to ask your doctor for a preventive medical test?
- 4) Besides your doctors and healthcare providers, who do you turn to for health information?
 - a. What media sources do you rely on, and trust, for health information (ex: TV, radio, newspapers, internet, or social media)?
 - i. **PROBE:** For what reasons do you find these sources trustworthy?
 - ii. Are there any media sources within your community that you trust and turn to for health information? Which ones?

- iii. **PROBE, IF NOT MENTIONED:** Are there any social groups, community leaders, or faith-based organizations you look to for health information?

III. GENERAL KNOWLEDGE, AWARENESS & BELIEFS ABOUT TB/LATENT TB INFECTION (15 MINUTES)

The goal of this section is to understand respondents' awareness, knowledge and beliefs—their overall mindset about TB and latent TB infection.

Now let's talk about a specific health condition.

Unaided Discussion

- 1) **SHOW TERM ON SCREEN:** What's the first thing that comes to mind when you hear the word, "tuberculosis," or "TB" for short?
- 2) What do you know about TB?
 - a) How concerned are you about TB—very, somewhat, not too, not at all?
 - b) Is TB a concern in the [INSERT] community? For what reason is or isn't it a concern?
 - c) How is TB spread?
 - d) Can one have TB and not know it? How does that occur? (**LISTEN FOR MENTIONS OF LATENT TB**)
 - e) How is TB treated? Is there a cure or treatment for TB?
- 3) **SHOW TERM ON SCREEN:** How many of you have heard of "latent tuberculosis infection"?
 - a) What IS latent tuberculosis infection? Is it different from tuberculosis? IF YES: How is it different?
 - b) What does the word "latent" mean to you?
- 4) Who do you think should get tested for tuberculosis?
- 5) Has a doctor ever brought up TB or TB testing with you? **IF SO:** What did they say and/or suggest? How important is it to get tested?
- 6) Have you ever been tested for TB?
 - a) **IF SO:** What test(s) did you get? **LISTEN FOR THE TUBERCULIN SKIN TEST (TST), A BLOOD TEST, OR THE BCG VACCINE**
 - b) **IF NOT:** Are there any reasons in particular you have not been tested for TB? Is TB something you have thought about testing for?

Aided Discussion

- 7) **SHOW LEVEL-SETTING MATERIAL ON SCREEN AND READ ALOUD:** Here is some information about TB. Follow the information on your screen as I read it to you.
 - a) What is your reaction to this information about TB?
 - b) Was there anything that surprised you? Did you learn something new? **IF NEW:** What did you learn? Does that make you think about TB in a different way, or not?
 - c) Are you as concerned about latent TB infection as active TB infection? Why or why not?
 - d) What questions do you have?

- e) Is “latent TB infection” clear to you? What does it mean? What other words or phrases would you use to describe this condition?
 - i) **SHOW ON SCREEN:** Here is a list of words that could be used to describe latent TB infection. Use the voting tool to check the word that most clearly describes this condition to you personally. **WORDS INCLUDE:** dormant, sleeping, inactive, hibernating, quiet, non-active, suppressed, TB infection, silent, stagnant, delayed. **MODERATOR TO ASK ABOUT PREFERRED WORDS FIRST. THEN ASK ABOUT WORDS THAT WERE NOT PREFERRED AND THE REASONS.**
- f) Some people find the phrase “inactive TB” to be more clear than “latent TB infection”. Raise your hand if you prefer “inactive TB”. Now raise your hand if you prefer “latent TB infection”.
 - i) What are the reasons for your preferences?

IV. PERCEIVED BARRIERS & MOTIVATORS TO TESTING & TREATMENT OF TB/latent TB infection (10 MINUTES)

The goal of this section is to further explore and understand respondents' overall mindsets about TB and latent TB infection.

For the remainder of our discussion, let's focus on inactive TB. We will use the term “inactive” for the rest of our discussion.

- 1) First, who do you think is at risk for inactive TB?
 - a) **PROBE: FOR THE KINDS OF PEOPLE THEY IDENTIFY:** For what reasons do you think they are at risk?
 - b) **PROBE:** What about people you know, friends, neighbors, or family?
- 2) What if you learned that someone you love was at risk for inactive TB?
 - a) What would you tell them?
 - b) What about if it was you that had inactive TB?
 - i) **PROBE:** How would you feel?
 - ii) **PROBE:** What would you do?
 - iii) **PROBE:** What do you expect your doctor to say and do?
 - iv) **PROBE:** Who would you tell, if anyone? Is there anyone you would not tell? For what reasons?
 - v) **PROBE:** For those who have a regular doctor, besides your doctor, where would you go for more information, if anywhere?
- 3) **SHOW ON SCREEN AND READ:** Let's imagine a person was tested and found out they have inactive TB. They talked with their doctor and their doctor told them they can live with inactive TB. However, there is a risk that IF the inactive TB bacteria becomes active in their body, they will go from having inactive TB to being sick with active TB disease. For this reason, their doctor recommends the person should be treated now, even though they don't feel sick, to prevent them from developing active TB disease later and possibly spreading it to others. There are several treatments available.
 - a) What is your reaction to that information?
 - b) Based on what you know, what would you do if it were you in this situation?
 - c) What questions would you have?

- d) What are reasons to start treatment?
 - i) **PROBE:** What about reasons like protecting loved ones, protecting yourself or protecting your community?
- e) What are reasons to NOT start treatment?
 - i) **PROBE:** What about cost, stigma, when a person does not feel at risk, health care access related to one's immigration status, lack of time to start treatment, a person feels healthy, a person does not see the need to start treatment?

V. MATERIAL REVIEW (40 MINUTES)

The goal of this section is to test messages to motivate (a) testing for TB/latent TB infection and (b) to get treated for latent TB infection.

Now let's look at some additional information about TB. The last item on our agenda tonight is to review some information and get your feedback. This information was created specifically for you and it is not final. It is important to remember that we want your open and honest feedback. I did not create these messages and my feelings will not be hurt by your honest opinions.

I am going to show and read aloud to you four sets of statements, one by one. There are several statements in each set. I'd like you to rate each statement using a 1-5 scale, where 1 means not at all compelling and 5 means very compelling,

[SHOW MESSAGE CATEGORIES/SETS ON SCREEN IN ORDER ONE BY ONE, AFTER RESPONDENTS FINISH RATING EACH SET, ASK:]

What is your overall reaction to these statements?? What is the information telling you?

[SHOW RESPONDENTS THE RESULTS AND DISCUSS MOST AND LEAST COMPELLING STATEMENTS] Now I'm going to show you how you rated the statements and let's discuss each one briefly. **[FOR EACH ONE AS TIME ALLOWS:]**

- 1) What did you like about this statement? What about it is compelling?
- 2) Is there anything that isn't compelling? For what reasons?
- 3) Is there anything that is unclear or confusing? Tell me about that.

[AFTER RESPONDENTS REVIEW ALL MESSAGE SETS, ASK:] Now, let's look at all the statements we just reviewed and I want you to choose the one statement that you feel is the most motivating to get tested for TB. **[MODERATOR TO SHOW ALL STATEMENTS ON ONE SCREEN]**

- 4) Going around the virtual table, one by one, which statement did you choose as the most motivating and for what reasons does that motivate you to want to get tested?

VI. WRAP UP (5 MINUTES)

- 1) Now that we have discussed active TB and inactive TB for nearly 90 minutes, what advice would you give to CDC about motivating people in your community to get tested for TB? Specifically:
 - a) What information is most motivating to get tested for TB?

- b) What information is most encouraging for those who have inactive TB to take the treatment, even if they did not feel sick? What information would make you think TB is a concern for your community?

2) THANK AND DISMISS ONCE ALL QUESTIONS ARE ANSWERED.