

Guide (to be used by moderator or interviewer)

INTRODUCTION | 1 min | INSERT START TIME

Hello [NAMES]! Thank you for joining us today.

My name is [first name] and I'm a [role at Banyan] at Banyan Communications, a public health communications consulting firm. I will be facilitating today's discussion.

[Notetaker introduces themselves with first name and role at Banyan, and says they'll be taking notes.]

The Centers for Disease Control and Prevention (CDC) is sponsoring this project. The purpose of this discussion is to learn about your awareness and views on important topics concerning **foodborne and waterborne illness**. Your insights are very important to us, and your time today is appreciated. We will have about 60 minutes for our discussion. You will receive [\$250 for Medical Doctors and \$200 for other types of healthcare providers] from the recruitment agency [recruitment agency name] as a thank you for your time.

Before we begin, I'll provide an overview of the study information and go over some ground rules for our session.

[Screen-share slides of Study Information, Ground Rules, and Consent]

STUDY INFORMATION

- Participation is completely voluntary.
- There is no known physical risk involved.
- This is one of multiple discussions.
- A notetaker from Banyan will be listening and observing.
- There may be staff from the CDC observing
- We will record video and audio of this discussion.
- The video and audio recording will only be used by members of the Banyan team.
- We will write a report about what we learn from all the discussions.
- We will not include any names or other identifying information in any reports.
- If you have any questions, please reach out to the Banyan Research Team at banyanresearch@banyancom.com.

Part I [FOR FGDs ONLY]

- Use first names only.
- We'd like to hear from everyone; however, you can choose not to answer.
- There are no right or wrong answers.

CDC estimates the average public reporting burden for this collection of information as 60 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

- You do not have to agree with others in the group, but please respect others.
- Comments and views shared in this discussion should not be shared outside this discussion.
- Speak one at a time, clearly, and loudly.

Part II [Screenshots of Zoom features will be displayed on screen for participants]

- Mute yourself when you are not speaking.
 - If your mute button looks like this, you are unmuted, and we can hear you.
 - If your mute button looks like this, you are muted, and we cannot hear you.
- Use the “raise your hand” feature.
 - Click the “Reactions” icon at the bottom of your screen. Select “Raise Hand” from the options.
 - Click “Lower Hand” once you are done responding to the current question.

Part III [START HERE FOR IDIs]

- Please leave your camera on for the duration of this discussion.
- Put away or silence any distractions, such as phones.
- Do not answer your phone during this discussion.
- Make sure you are stationary for the duration of this call.
- Do not drive during this discussion.
- If you need to use the restroom, simply turn off your camera and mute your microphone. [IF FGD] There is no need to inform us. Remember to turn your camera on when you return.

CONSENT

As a reminder, this session will be recorded. The recordings will be destroyed three years after project completion. Do you agree to participate and have this discussion recorded? Please verbally state “yes” if you agree.

[After each participant gives consent, START RECORDING]

Now, I’ll ask each of you to confirm the first name you’d like us to call you during this discussion and your healthcare specialty, if you have one.

[Facilitator will call on each participant. Participants will confirm their first name.]

Thank you. Let’s get started.

INTERVIEW/FOCUS GROUP QUESTIONS

First, I am going to ask a few questions about what you know about foodborne and waterborne illness.

Section A: Foodborne/Waterborne Illness Awareness

1. Are you aware of the most common pathogens that cause food poisoning?
[Notetaker to note if HCPs do not know, and have to be probed]
 - a. Probe: Illness - Norovirus, Salmonella (non-typhoidal), Clostridium perfringens, Campylobacter, Staphylococcus aureus, Toxoplasma gondii, E. coli O157, Listeria monocytogenes
2. Are you aware of the common sources of foodborne illness?
[Notetaker to note if HCPs do not know, and have to be probed]
 - a. Probe: Raw and undercooked foods from animals, including meat, chicken and other poultry, eggs, raw (unpasteurized) milk and products made from it, and seafood

- b. Probe: Raw vegetables, grains, and fruits or products made from them, including leafy greens, sprouts, and flour
- 3. Are you aware of common ways people can be exposed to waterborne pathogens in the home?
 - [Notetaker to note if HCPs do not know, and have to be probed]
 - a. Probe: Are you aware of or familiar with the term biofilm?
 - i. Biofilm is a group of microbes, like bacteria, fungi, and ameba that live together in a slimy, glue-like substance. Biofilms help these microbes stick to the inside of water pipes and other surfaces, and shield them from water treatment chemicals like chlorine.
 - b. Probe: Portable humidifiers
 - c. Probe: Neti pots/nasal rinses
 - d. Probe: Showerheads and faucet aerators
 - e. Probe: Water heaters

Section B: Foodborne/Waterborne Illness Norms, Behaviors, and Perceptions

- 1. How often does foodborne or waterborne illness come up in your patient interactions?
 - a. Probe: Is the topic brought up by the patient?
 - b. Probe: Do you bring this topic up?
- 2. Whose responsibility do you feel it is to discuss these matters?
 - a. Probe on themselves
 - b. Why? Why not?
- 3. Are there any patient characteristics that may influence your decision to discuss foodborne/waterborne illnesses with your patients, for example their demographic group or presence of pre-existing conditions?
 - a. Are you familiar with what groups are of highest risk for these illnesses ?
 - i. Probe: Immunocompromised
 - ii. Probe: Pregnancy
 - iii. Probe: Chronic disease/condition
 - iv. Probe: Age (young children and 50+)
- 4. What **non-health-related** factors might influence your decision to discuss or not discuss foodborne/waterborne illness with your patients?
 - a. Probe: Provider time constraints with patient
 - i. Patient health status, has more urgent health issues
 - b. Probe: Provider expertise
 - c. Probe: Patient lifestyle choices or recreational activities
 - d. Probe: Patient access to quality food
 - e. Probe: Patient health literacy
 - f. Probe: Patient healthcare access
 - g. Probe: Patient living conditions
- 5. Do you believe your patients would recognize the symptoms of foodborne or waterborne illness?
 - a. Probe: Can you say more about that?
 - i. Bloody diarrhea
 - ii. Diarrhea that lasts more than 3 days
 - iii. High fever (temperature over 102°F)

- iv. Vomiting so often that you cannot keep liquids down
- v. Signs of dehydration
- vi. muscle aches
- vii. fatigue
- viii. headache
- ix. stiff neck
- x. confusion
- xi. loss of balance
- xii. seizures.

6. Has a patient ever reported symptoms of foodborne or waterborne illness to you?
[Refer to symptoms listed in last question as examples? [refer to symptoms listed in last question as examples]
- a. [IF YES:] Can you say more about what happened?
 - b. Probe: Can you say more about that?
 - c. [IF NO:] Do you believe your patients would report the symptoms of a foodborne or waterborne illness to a healthcare provider?
 - d. Probe: Can you say more about that?
 - e. Probe: Why do you think they would or would not report symptoms (uncomfortable, not serious enough, do not know the symptoms)?

Section C: Foodborne/Waterborne Illness Risks, Prevention, and Treatment

- 1. Based on your patient populations, do you think they are at a higher, normal, or lower risk of foodborne/waterborne illness compared to other people?
 - a. Probe: Why do you think that is?
- 2. Are you familiar with the four-step process for dealing with symptoms that may indicate foodborne illness: “Suspect, Identify, Treat, and Report”?
 - a. Probe: Where did you learn this?
 - b. Probe: Do you use this in your practice? Why or why not?
- 3. Are you familiar with the guidelines for confirming the cause of foodborne disease outbreaks (e.g., bacterial, chemical, parasitic, and viral)?
 - a. Probe: If you suspect a foodborne outbreak would you report it to anyone? If so who?
 - b. Probe: Does your facility/agency have a reporting protocol?
 - i. Probe: Do you follow it? Why or why not?

NOTE say at end: In most cases, healthcare professionals should report foodborne illnesses to their county or city health department. Foodborne disease outbreaks should be reported to CDC's Enteric Diseases Epidemiology Branch through the [National Outbreak Reporting System \(NORS\)](#).

4. What standards does your facility/agency have for identifying, lab testing, treating, and reporting waterborne illness?

Section D. Message/material testing [\[Screen-share slides of message concepts\]](#)

Next I would like to get your feedback on some materials and messages designed to help healthcare providers facilitate conversations with patients or to hand out to patients.

Concept # - [topic]

[\[The following set of questions will be asked for each message tested.\]](#)

1. What is your first impression of this message?
 - a. Probe: What is the main idea this message is trying to get across?
 - b. Probe: What do you like or dislike about it?
 - c. Probe: Can you explain why?
2. Does this message provide relevant information that could influence your patient interactions?
 - a. Probe [if yes]: What in this message is most relevant?
 - b. Probe [if no]: What in this message is not relevant?
 - c. Probe: What makes it effective? What makes it ineffective?
 - d. Probe: Is there anything confusing, unclear, or hard to understand?
3. [FOR PATIENT MATERIALS] Would this material help your patient interactions?
 - a. Probe [if yes]: What in this message is most relevant?
 - b. Probe [if no]: What in this message is not relevant?
 - c. Probe: What makes it effective? What makes it ineffective?
 - d. Probe: Is there anything that might be confusing, unclear, or hard to understand for your patients?
4. How could this message be improved?
 - a. Probe: Is it too little, too much, or just enough information?
 - b. Probe: Are there any words or phrases you think should be worded differently?
5. Is there anything you want to know about this topic that this does not tell you?
6. How do you like the placement of the message/material?
 - a. Would you prefer this in a different mechanism (e.g., video/CME)?

Section E. Additional Information

Before we close, I would like to know:

1. If you were looking for up-to-date information about foodborne/waterborne illness or current outbreaks, where would you look?
 - a. Probe: Medical reference application
 - b. Probe: Online learning platform

- c. Probe: Medical publication (digital/print)
 - d. Probe: Federal, state, or local health agency
 - e. Probe: Academic/research institution
 - f. Probe: Medscape
 - g. Probe: Other
2. Are there any topics related to foodborne/waterborne illness that were not covered today or that were covered that you might want to learn more about?
 3. Are there specific materials or types of information related to foodborne/waterborne illness that we did/ did not discuss that you believe would benefit you or your patients?
 4. Do you have any final thoughts?

CLOSING

Okay, that's all the time we have for today. Thank you for your participation. We value your time and appreciate your feedback. Have a good day/evening.