

Report: Evaluation of NCOA’s Chronic Disease Self-Management Education (CDSME) Marketing and Recruitment Materials

Goals

The goal of this project is to evaluate the National Council on Aging’s (NCOA) CDSME marketing and recruitment templates (templates) in order to ensure the materials are useful, relatable, and attractive to potential program participants, including individuals aged 60+ and adults with disabilities. The templates are available for state and community-based organizations to customize and use to advertise local CDSME workshops.

Materials for review

- Brochure
- Poster
- Slide presentation
- Calendar announcement
- Newsletter story

Methods

NCOA’s Center for Healthy Aging collected feedback about the templates from professionals implementing CDSME workshops in the U.S. and older adults and adults with disabilities eligible to participate in workshops. Data collection included one online survey of professionals, one focus group of professionals by phone, two focus groups conducted at senior centers, and two focus groups conducted at organizations that serve individuals with disabilities.

Online survey of professionals. In June of 2016, the NCOA National CDSME Resource Center prepared a 27-item online survey to review the English versions of the CDSMP marketing and recruitment templates. Survey aims were to: determine if any revisions are needed, identify whether any gaps exist in the materials, whether the messaging is relevant to participants, and what opportunities there are for improvement. The survey link was emailed to 385 2012 and 2015 Administration for Community Living (ACL) grantees and their partners who offer the CDSMP program. Respondents were given three weeks to complete the survey. The survey took approximately 20 minutes or less to complete and responses were anonymous. Of the 91 respondents, 83% were grantees or partners; 14 (17%) indicated they were a different type of organization.

Focus group: Professionals implementing CDSME. In July 2016, 10 professionals who implement CDSME workshops across the country participated in a focus group by phone to discuss whether they

used the templates, found them to be useful, or had received feedback about the materials from workshop participants. The participants represented six states: California, Massachusetts, Missouri, New Mexico, South Carolina, and Washington.

Focus groups: Senior center participants. Two focus groups were conducted with adults that attend their local senior centers (one in Maryland and one in North Carolina) to gather feedback on the marketing and recruitment templates. Both groups used the same participant information survey and moderator guide. Criteria to participate in the focus group included being over the age of 60 (2 participants were under age 60) and living with a chronic condition. Fourteen individuals (12 females and 2 males) participated in the focus group in Maryland and 15 participants (9 females and 6 males) attended the group in North Carolina. Participants ranged in age from 46-85, were primarily white or black or African American, and reported living with a variety of chronic conditions including arthritis/rheumatic disease, breathing/lung disease, cancer, chronic pain, depression or anxiety disorders, diabetes, high cholesterol, hypertension, thyroid disorder, kidney failure, prostate hypertrophy, and spinal stenosis. Eight participants in Maryland had previously participated in a CDSMP workshop and one additional participant had heard about the program. Three participants in North Carolina had heard about CDSMP, but none had attended a workshop.

Focus groups: Center for independent living participants. Two focus groups were conducted in partnership with organizations that serve adults with disabilities (one in Washington D.C. and one in North Carolina). The same participant information survey and moderator guide was used for both groups. The materials were modified from the version used for the focus groups conducted in senior centers to include questions about accommodations needed to participate in the focus group and gain a better understanding of what types of events or materials are most helpful to share information about health programs with this population. Eight individuals participated in each focus group, with 5 females and 3 males attending in both D.C. and North Carolina. Participants ranged in age from 41 to 75, were primarily white or black or African American, and reported living with a variety of chronic conditions including allergies, arthritis/rheumatic disease, Attention Deficit Hyperactivity Disorder, breathing/lung disease, cognitive loss, chronic pain, depression or anxiety, hearing impairment, high cholesterol, HIV, hypertension, low or no vision, multiple sclerosis, osteoporosis, paranoid schizophrenia, stroke, traumatic brain injury, neurological paralysis. None of the participants in D.C. had prior knowledge about CDSMP, while 3 individuals in North Carolina had heard about the program and 2 had previously participated.

Findings: Online survey and focus group of professionals

A summary of findings from the survey and focus group of professionals include:

- **Most participants had not used the marketing and recruitment templates.** One participant noted that they formerly used the brochure template, but eventually designed their own. Survey respondents rated the **brochure and poster as the most useful and most frequently used** templates, while the **newsletter story and slide presentation were least frequently used and least useful.**
- The templates that were used were **generally seen as having easy to use and easy to read** effective messaging with **attractive colors and images.** Respondents liked having “**ready-made**” templates that they could modify as needed.
- The templates were **more often used with older adult populations.** Commonly-cited reasons for not using the templates for older adult recruitment included lack of awareness of availability and use of internally-generated materials.
- **Nearly half (48%, 25 out of 52 responses) of survey respondents reported not using the materials at all to market the program to adults with disabilities.** Some shared that the materials were helpful as a “conversation starter” to share information about the program with adults with disabilities, however, it was noted that the templates did not include representative pictures of people with disabilities of all ages. Most did not use the materials to market to adults with disabilities because they are not serving this population or have internally-generated materials.
- Only about **25% (15 of 57 responses) reported using the templates to market programs to groups other than older adults.** Other populations included **adults aged 18 and over, the LGBT community, and caregivers.**
- Of the small number of responses (22) about feedback from specific populations on the marketing slogan, “**Put Life Back in Your Life,**” **more than half (12) reported either not using it with older adults or not receiving any feedback about it.** Others rated the slogan as positive or they generated their own messaging. Of the 16 responses to the question about feedback from adults with disabilities, most reported that they either had not received feedback or that the question was not applicable.

- Focus group participants had mixed opinions about the slogan “Put Life Back in Your Life.” Some noted that **the slogan resonated positively** with their CDSME participants, while others **did not think that it clearly communicated the purpose of the materials**. Alternatives included “Take Charge of Your Health.”
- The **majority of survey respondents reported that they did not receive feedback** about the materials, but of those few who did, it was predominately about the brochure and poster templates.
- Of 33 respondents, most indicated that they did not modify the templates at all. **A third of the respondents (11) reported modifying the colors and photos** either mostly or completely. Reported modifications to the brochures and posters included **shortening the language, changing colors and photos, and adding local contact information**. Similar types of changes were made to the sample newspaper story and calendar notice. One respondent added state-level data the slide presentation.
- Brochure and poster: **Feedback about the brochure and poster was both positive and negative**. Respondents noted that the language was **simple, easy to understand, empowering, positive, and applicable** to both older adults and adults with disabilities. In addition, they shared that the templates have bright colors and are **easy to adapt**, but the **photos lacked diversity**, including people with disabilities. Others noted that the language was a high reading level and might be difficult to read for individuals with visual impairments. There were similar negative comments about the poster and the newspaper story. Several participants agreed that the **“sunburst” logo should be removed**.
- Power Point Presentation: One focus group participant noted that on the slide focused on the basics of CDSME, **the term “curriculum” might be off-putting** to participants that have not graduated from high school or college.
- Community Calendar Notice: Several participants noted that community calendar notices are not generally utilized. Participants use social media (for example: Twitter) or statewide websites to share information about workshops. In addition, participants recommended changing the wording from “Take charge of your ongoing health problems and get relief from pain, fatigue, and other symptoms” to something more realistic like, “Find better ways to deal with pain and fatigue.”

- Newsletter Story: None of the professionals in the focus group have used the newsletter story and have opted to highlight their own participant champion stories instead. Participants also suggested including the perspective of health care providers (for example: how can this workshop improve communication, why do physicians appreciate when their patients participate in a workshop).
- Additional suggestions from professionals: Create a set of templates to market programs to health care providers, partners that might host workshops, or potential workshop leaders. Additional templates that would be helpful include: ads ready to be printed in local newspapers or web banner ads (low or no-cost advertising opportunities in local press), materials in languages other than English, materials to market Tomando Control de su Salud.
- At least half or more of survey respondents rated **postcards, bookmarks, social media messages, prescription pads, and newspaper advertisements as very or somewhat helpful new types of marketing materials.**

Findings: Feedback shared across all focus groups

- Participants across groups shared similar suggestions to change the photos: **stock photos don't look natural or relatable, use photos of real workshop participants instead** (for example: photo of real participant and label with name, age, and location), more representation for **American Indians and Hispanic/Latinos**, representation of diverse income levels, include **photos of people with disabilities** (for example: someone in a wheelchair, someone who is visually impaired, using an oxygen cannula, using a cane, etc.), use **fewer head shots and more photos of people engaged in activities** (exercising, meal planning, reading a nutrition label, etc.), include **photos of people in a CDSME workshop** (for example: group discussion around a table, using flip charts). While many participants liked that the photos **show happy, smiling** people, a few participants noted that it **might be unrealistic**. In addition, some participants noted that it might be **helpful to have captions** with the photos to explain how they relate to the program and others expressed support for photos that **show older people interacting with younger people**.
- Regarding the color scheme of the materials, participants across groups suggested **changing the colors to make the materials look more bright and welcoming**. Suggestions included NCOA colors (blue and yellow) or leaving the color scheme open to be determined by the user. Others noted that the orange font was too difficult to see and needed to be a darker color.

- Participants across groups noted that some of the messaging used across the materials to describe the benefits of the program, like “You will have increased energy and decreased pain,” were **possibly overpromising the effects of the program**. Perhaps an alternative is to **focus on the activities and skills** built during the workshops, “You will share with people in the community facing similar issues as you” or “You can do it with the right skills.” Participants noted that **you might not actually feel better after only six weeks** but you might see the beginning effects of changes that you’re making.
- **Remove text that stipulates participants need to be “aged 55 and over.”** Participants younger than 55 may benefit from this workshop but would not think they are eligible to participate based on these materials.
- Participants in all groups **supported the use of testimonials** because they are an inspiring and empowering way to demonstrate the improvements participants make through workshops. Both professionals and older adults also emphasized the **need to include testimonials that sound real and genuine**. Some noted that the current testimonials sounded too “magical” or unoriginal. Some participants specifically liked the testimonial about having more energy.
- Comments were shared across groups regarding the term “chronic condition.” Some participants noted that the term **“chronic” is not clear and sounded like “one step away from death.”** Individuals shared that it would be **helpful to list the types of conditions** that are addressed by the program, even if it’s not a complete list. Professionals **suggested alternative terms to “chronic disease,”** including: condition, ongoing health condition, ongoing illness, ongoing medical condition. The groups generally agreed that not all potential participants understand the term “chronic” or know which conditions are considered “chronic.”
- Participants across groups agreed that Session Zero to introduce participants to the program should be held at local organizations like senior centers, centers for independent living, apartment buildings, community centers, hospital event rooms, churches, support groups, etc.
- Brochure: Participants agreed that the cover of the brochure needs to **more clearly state that this is advertising a program to manage chronic conditions**. On the second page, the first column has **too much text** and **does not adequately describe the workshop qualities** (for example: “You get support” does not clearly state what kind of support is provided). The photo on the second and third columns is too large. **Suggestions include:** describing proven outcomes of the programs, include more **direct wording** and a call to action, more language to specifically

tell the reader **what they will get out of participating** (for example: “What’s in it for you”), bullet key points (for example: manage your condition, improve sleep, manage emotions and depression, prevent falls, improve nutrition, exercise), make the **font larger, decrease space used for photos** to focus more on description of the program, and **add text that advertises Session Zero**, if it’s available.

- Poster: Suggestions included adding **more content about the program** (bullet points: become more energized, maintain your self-confidence, improve your overall health, etc.), making the **font large enough** for individuals with visual impairments, and **focus more on contact information to find a workshop**. Some shared that the poster was attractive and made them want to know why the woman pictured is so happy. They also supported keeping testimonials.
- Power Point Presentation: Overall participants agreed that the presentation **provided adequate information about the program**, but shared that the presentation would be **easier to understand if it was simpler** and had fewer words on each slide. Participants thought that it was especially important to **emphasize that program leaders also have chronic conditions**. This attribute is a big incentive to participate because individuals know that the leaders can relate to them. Many agreed that descriptions should **use the word “feel” and phrases like “share what you know and how you feel.”** In addition, several participants thought it was important to emphasize what the benefits are to managing your health, that it is critical to attend each session, and to **define what “evidence-based” means**. However, keep in mind that **African Americans may be mistrustful of research-based programs**. Participants also suggested removing the words “prescriptive” and “fearful.”
- Calendar Notice: Participants **generally liked the language** included in the calendar notices, with many noting preference for the first option over the second option (which was described as too vague). Similar to the other templates, participants believe that it’s **important to emphasize the self-management skills** that you learn through the program and testimonials from past participants. Suggestions included sharing the announcement on the radio and separating information about the workshop logistics from testimonials about the program.
- Newsletter Story: Recommendations to improve the newsletter story included **limiting the story to one page**, keep bullet points, **use first person language rather than third person**, change “taught by” to “led by,” and include a website or phone number to locate a workshop.

Findings: Differences between senior center and center for independent living participants

Focus group participants at the **centers for independent living generally liked the slogan, “Put Life Back in Your Life,” although some found it to be repetitive. Participants in these groups** suggested alternatives including: “Moving Forward,” “Hope Amidst the Pain,” “Keep it Moving,” “Go Whether You Like it or Not.” These suggestions built on discussion about having a difficult time leaving your home and participating in a program.

On the other hand, participants at the **senior centers generally did not like the slogan** and shared that they would not pick up these materials because the slogan is **vague, assumes that you don’t currently have life**, sounds like the materials are addressing people with depression, and does not clearly say what the program focuses on. They suggested alternatives including: “Chronic Disease Self-Management Program,” “Living Well,” “Sharing Puts Life Back in Your Life,” “I Put Life Back in My Life,” “Enjoy Life More Fully,” or “Take Control of Your Life.”

Findings: Feedback shared by center for independent living participants

- The moderator guide for the focus groups with adults with disabilities included a question asking participants **where they are mostly likely to look for information about health-focused programs**. This question was not included on the moderator guide for the groups in senior centers. Participants specified that they are mostly likely to obtain information about health programs through **word-of mouth from friends, family members, neighbors, centers for independent living staff, support groups, classes, social workers, or health fairs**. Participants agreed that they would be interested in attending a presentation to learn more about the program. Individuals with visual impairments noted that they would appreciate a presentation that shared information verbally as well as on slides.
- Several participants in each of the focus groups at centers for independent living had visual impairments. Participants consistently emphasized that they are more likely to pay attention to materials that have **large print, bright colors, can be read with a screen reader, or are available in braille**. Some noted that information projected onto a screen is hard to read.
- Individuals that participated in the focus group in Washington D.C. consistently **emphasized the need to identify available transportation options** to attend the workshop and include this information on marketing and recruitment materials. This is a large barrier to participation and individuals are more likely to attend if transportation options are clearly identified.