Outreach Strategies to Enhance CDSMP Enrollment

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Our Common Interest...

...increasing CDSMP

- Awareness
- Availability
- Uptake
Question

How do most participants learn about your workshops?
Plan for Session

- Understanding the consumer perspective
- Research-shaped Outreach Strategies
  - Marketing to PCP practices
  - Grassroots marketing through the ambassadors in the community
  - Raising awareness through media outreach
Importance of Potential Participant Perspectives

- Most chronic disease management happens at home
- We know what we want people to do…
  - But few of them do it.
- We need to help potential participants:
  - learn about SME classes
  - become motivated to attend
Self Management Education Related Audience Research

49 Groups; over 350 participants

- Attitudes toward Self Management (1999, 2000)
- Understanding attitudes toward AF Programs (2003)
Typical Participant

- Male or female
- Black or white
- Ages 45-70
- Mix of education and income
- Self report of Dr. Dx. of Arthritis
  - Some limitations due to arthritis
  - 60-80% report at least 1 co-morbidity
SME Program Awareness

- Self management/skill development not top of mind
- Vast majority never heard of self help courses
- Never looked for course
  - Assume arthritis is something to be tolerated, not actively managed
  - If it existed, someone would have already told them (particularly Dr.)
Summary Consumer Perspectives: Self Management Education

- Most unaware it exists
- But believe it could be helpful
- Have not sought out classes; expect Dr would have told them
- Topics covered and interactive processes in existing programs desirable
- Value voice of experience
- Need to increase awareness of SME in general, and specific programs
- Need to encourage provider referral
Survey: What do Consumers Want?

- 1 in 5 (20%) very likely to attend SME
- 57% somewhat/very likely to attend

For Generic and Arthritis Specific SME
- Women approximately 1.5 times more likely to be interested
- Blacks 2 times as likely
- Severe pain in last 7 days—2.5 times as likely
We know what consumers want to hear...

How do we get the word to them?

- Research-shaped outreach to
  - Physicians
  - People in the community
  - Media
Warning

These are long term strategies; do not expect immediate results.

(and you need to keep investing in them)
Outreach to Physicians

Key Question:

- How do we get more providers referring patients to programs? recommending programs to their patients?
Survey of 2500 PWA

- SME recommended: 10% (3.7 million)
- SME recommended & attended: 5% (1.8 million)
- SME attended: 10% (3.7 million)

Patients who receive recommendation 18 times more likely to go than those who don’t get recommendation. --Murphy 08
Increasing Recommendations from Provider Offices

- **Purpose:** Develop strategies to entice primary care providers (and their staff) to refer patients to SME and PA programs

- **Process:**
  - Literature Review
  - Formative Research
    - In-depth Interviews (32 providers, 8 managers)
    - Survey (400 providers and staff)
Increasing Referrals from Provider Offices

Literature Review Results

- PCPs have limited awareness of exercise guidelines and community resources
- PCPs lack confidence that their recommendations will result in behavior change
- Non-physician staff play crucial role in getting word of community programs out
Increasing Referrals from Provider Offices

In-depth Interview Results

- See referral to community resources as part of their job
- PCP’s likely making referrals to PT, weight loss programs and exercise facilities (YMCA)
- Unaware of community based-arthritis programs, but idea “very warmly received”.
Increasing Referrals from Provider Offices

In-depth Interview Results

- Key questions:
  - Cost
  - Convenience
  - Credibility

- 1:1 visits from program leaders most useful to make practitioners aware of program
  - Want leave behind materials for provider and patient handouts
Online Survey of Primary Care Providers/Offices

- N = 404
  - 51% MDs
  - 25% PA/NP
  - 25% Practice/Office Managers
- 54% family practice
- 47% small offices (less than 5 pro.staff)
- 52% suburban settings
- 22% at least half minority pt. population
Awareness and Use of Local Programs

Survey Results

- 80% recommend community programs at least several times per month
  - 60% several times per week
- 56% reported being aware of programs for arthritis
  - YMCA, medical facilities, senior centers
  - PA/NP more aware (71%) than MD (51%) and Office managers (50%)
- 20% aware of E-B programs described
Factors Influential in Practice
Decision to Recommend

Survey Results

- Low cost (average rating = 4.64)
  - 1 = not influential; 5 = very influential
- Convenient location (4.63)
- Led by trained instructors (4.49)
- Convenient times (4.49)
- Evidence-base/effective (4.43)
- Small recommendation influential (4.15)
- Not for profit/not sell anything (4.14)
What features would interest you most?

Survey Results

- Low cost – 47%
- Benefits to patients – 24%
- Program qualities -- 21%
- Location/access -- 14%
- Evidence-base -- 12%
- Trained instructors – 12%
What questions do you have about these programs?

Survey Results

- 28% Logistics
  - class time, location, transportation
- 17% Cost
- 14% Instructor training/credentials
- 6% Program effectiveness
How to Introduce the Program to the Practice

- Bring materials to the office (average rating 4.17)
  - 80% very/somewhat effective
- Conferences (3.21)
  - 41% very/somewhat effective
- Newsletters/e-mail/journals (3.15)
  - 39% very/somewhat effective
- Send materials by mail (3.7)
  - 36% very/somewhat effective
When bringing materials to office...

Survey Results

- 61% make appointment in advance
- 21% drop in without appointment; ask to speak to someone
- 18% drop off materials to be given to staff
- Note: 6% mentioned bring food
Who to contact at the Practice

Survey Results

- 42% Office/Practice Manager
- 31% Physician
- 16% PA/NP
- 8% Front Desk/Referral Desk
- 5% Medical assistant
Value of Patient Handouts

Survey Results

- 82% Thought would be helpful
  - 78% Brochures
  - 76% Flyers/tearoff pads
  - 64% Prescription pads
  - 49% Postcards
  - 48% Posters for patients
  - 42% Patient website
  - 21% Info for provider website
Value of Endorsements

Survey Results

- Patient word of mouth (average rating 4.22; greatly influence 47%)
- Arthritis Foundation (4.06; 40%)
- Local rheumatologists (3.99; 37%)
- Local PCPs (3.93; 30%)
- Am. Coll. of Rheumatology (3.90; 34%)
- AAFP (3.78; 28%)
- CDC (3.53; 21%)
- AMA (3.50; 21%)
Provider Market Research Summary

- Limited awareness of community based programs
- Prefer personal visit to introduce the program
- Pitch needs to address cost, credibility and convenience
- Patient handouts more useful than clinician reminders
- Repeated contact helpful
Provider Outreach Strategy

- Market-research guided Strategy
  - PCP’s want someone to come to their office to inform them about programs
    - Academic detailing
  - PCP’s top questions:
    - Cost (to participant)
    - Credibility
    - Convenience
  - CDC Arthritis Program pilot-testing approach and materials
Provider Outreach Materials

For Marketing Team
- How-to Manual and Website
- Call and Visit scripts
- Training Video
- Planning and Evaluation Templates
- Customizable leave-behind materials
  - For Providers
  - For Patients
Provider Outreach Materials

Customizable leave behind materials

- For Providers
  - Overview fact sheet
  - Intervention specific fact sheets
  - Follow-up post card
  - Office poster

- For Patients
  - Overview fact sheet
Broad Steps in Provider Outreach

- Plan
- Prepare
- Conduct Outreach
- Evaluate
Broad Steps in Provider Outreach

Plan

- Which workshops are you targeting?
- What provider groups are nearby?
- Who can do your outreach?
- Budget (dollars and time)
Broad Steps in Provider Outreach

Prepare

- Train outreach staff
- Customize materials to leave behind
Broad Steps in Provider Outreach

Conduct Outreach

- Set up visit
  - Phone or drop in to request appointment
- Make visit to PCP Practice
- Repeated Follow-up
Broad Steps in Provider Outreach

Evaluate

- Track Outreach contacts
- Track “How did you hear” from participants
- Match outreach efforts to results
- Qualitatively assess marketing effort
Marketing to PCP’s Pilot-test

- Currently underway
- Timeline extended to March 30, 2011
- Sites
  - Florida
  - Kansas
  - Michigan
  - Minnesota
  - South Carolina
  - Senior Services/Seattle
Pilot-Test
Key Learnings (so far)

- It takes time…
  - To customize materials
  - To get foot in door at PCP practice
  - For repeated follow up
  - For visit to produce recommendation
  - For PCP recommendation to produce participant
- …and time flexibility
  - Meet PCPs at their convenience
Pilot-Test
Key Learnings (so far)

Providers
- are generally receptive
  - May need to overcome for-profit sales mentality
- knowledge of SME varies
- resonate with SME in terms of health care reform (patient-centered medical home, accountable care organizations)
- Prefer generic chronic disease approach
Pilot-Test
Key Learnings (so far)

- Have to be flexible in your approach
  - 30 minutes staff meeting presentation
  - 2 minute hallway conversation

- Personal contact is critical
  - Start with those you know
  - Office manager and front desk staff important

- It is all about relationship building

- Follow up, follow up, follow up
Marketing to PCP Practices

Pilot Test Timeline

- Completes in Spring 2011
- Materials to be revised in Spring Summer 2011
- Release of Marketing to PCP’s How-to Guide and materials—late 2011
Marketing to PCP Practices

What can you do tomorrow?

- Identify 3-6 practices near your workshop location
- Practice your pitch
  - Cost
  - Convenience
  - Credibility
- Call or drop in to schedule a visit
- Visit with clinic staff and providers
- Follow up, follow up, follow up
We know what consumers want to hear...

How do we get the word to them?

- Research-shaped outreach to
  - Physicians
  - People in the community
  - Media
Grassroots Marketing in the Community

- Targeted approach to educating members of a population about product or idea.
- Conducted by member of community through presentations or one-to-one outreach
- “Sales” force made up of enthusiastic people with experience with the product
Question

How do most participants learn about your workshops?

In most places it is word of mouth (at least anecdotally).
The Consumer Perspective

Preferred Message Carriers

- Someone like me
  - Preferably someone I know
- Who has a condition/situation like mine
- Who has benefited from the intervention
- “the voice of experience”
Community Outreach using Ambassadors

- CDC Arthritis Program developing outreach strategy and materials
- Key element: successful participants who are willing to serve as trained spokespeople to promote CDSMP
- Using consumer audience research to shape the “pitch”
The Consumer Perspective

Preferred Descriptors of SME classes

- Self management (not self help or self care)
- Help you learn (rather than “teach” or help build skills)
- Workshop (not classes or course)
- Call these techniques or strategies (not tools or skills)
The Consumer Perspective

Motivators for action for SME

- Reducing pain and limitations
- Increasing mobility
- Maintaining independence
SME Value Proposition

Through **self management** education **workshops**, people with arthritis can **gain control** of arthritis by **learning techniques to reduce pain and limitations**, which leads to greater **independence** and participation in **valued life activities**

Motivational concepts

Preferred descriptors
Community Outreach using Ambassadors

- Anticipate using these Ambassadors
  - Scheduled presentations at community groups
  - Ambassador-identified opportunities in groups she is a member of
  - One-to-one approach to people they know and think would benefit
  - Outreach to influential others (personal MD, minister, hairdresser)
Community Outreach using Ambassadors

- Characteristics of ideal Ambassadors
  - Connected in the community
  - Respected by a wide circle of peers
  - “Wired to talk”; willing to share experiences
  - Seen/experienced benefits of the program
CDC Arthritis Program Ambassador Outreach Strategy

Pilot-testing to begin Fall 2011
Ambassador Outreach to the Community

What can you do tomorrow?

- Identify 3-6 potential Ambassadors
- Identify 5-10 community groups where your Ambassadors could describe their experience with CDSMP
- Help them prepare a “pitch” that hits the high points of the value proposition
- Help Ambassadors identify places “on their usual path” to tell their story
We know what consumers want to hear...

How do we get the word to them?

- Research-shaped outreach to
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  - People in the community
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Media Outreach

Additional strategy for increasing Uptake…

…Increasing media attention to self management attention

…help make attending a SME class a population norm
Media Outreach

- Background Market Research
  - Consumer perspective
  - Audience research with media
    - Media Roundtable (with key media opinion leaders)
The Consumer Perspective

SME Program Awareness

- Self management/skill development not top of mind
- Vast majority never heard of self help courses
- Never looked for course
  - Assume arthritis is something to be tolerated, not actively managed
  - If it existed, someone would have already told them (particularly Dr.)
Understanding the Media’s Perspective

- Media Roundtable
  - 2 hour discussion group held in New York City
  - Select media opinion leaders invited to attend
  - Discussed topics related to chronic disease prevention and control
- Used key themes to shape media outreach strategy
Participants

- 6 Health and Lifestyle Media
  - Time
  - Good Housekeeping
  - Essence
  - Better Health and Living
  - Health Day (wire service)
  - WebMD

- 2 reporters interested by said company policy would not allow them to attend
  - Wall Street Journal, New York Times
Key Media Insights

Americans
- Are complacent about their health
- Want magic bullets, quick easy solutions that get results

“...it seems almost insurmountable to get Americans to change the way they eat and the way they exercise.”

“They think they can drink a glass of wine and cure something.”
Key Media Insights

Media
- Attention captured by urgent threats, not urgent realities
- Health reporters also frustrated with Americans lack of engagement around health

"With prevention messages... there's no dearth of information... part of the problem is that there is almost too much information... the challenge facing you is ... getting them to act on it."
Key Media Insights

- “Sexy” grabs consumer attention
  - Sexy = scary
  - New or unique

“You are kind of shocked: “could I get this?”

“You have to die tomorrow.”
Key Media Insights

- Prevention is a tough sell
  - Rarely offer anything new
  - Eat right, exercise have become “white noise”
  - Repetition makes message lose potency
  - Need new creative examples to break through the white noise
“You also have the question of editors who are weighing in on your copy, who are really driven by one question, which is ‘what’s new’ or ‘can anything be done?’”

“It makes me cringe when I hear it, its always the same thing: it’s park farther away from the grocery store…get off the bus a stop early.”
Key Media Insights

- Personal success stories (“it worked for me”) work
- Consumers eager for “back to basics” or “natural” and non-pharmaceutical remedies
- Every story needs a news hook…
- But if it is new to media, it’s news
Key Media Insights

- Media unaware of but interested in arthritis intervention programs

“We know it’s not new, but as a potentially new way to deal with arthritis… I think it would be of great interest to people.”

“My ears perked up when I heard you talk about the programs… if there is something easy to access… that’s new to the mix, I think it might be helpful.”
Media Roundtable Themes

- “Sexy” sells (death or scary = sexy)
- Threats to the way you want to lead your life might be “sexy”
- Stories need a “news” hook
- Reporters unaware of (but intrigued by) self management programs
- Personal success stories
- Current trend is “back to basics” and natural remedies
A few ah-ha’s…

- Public health messages not new, sexy or magic bullet
  - but we do have “natural remedies”
- Public health practitioners have relied on scientific data to influence media and consumers
  - but testimonials/personal success stories may have more impact
- We need new angles and new creative examples of health behaviors to break through white noise
CDC Arthritis Program
Follow-Up Actions

- Creating message platforms and media outreach shaped by input
  - Lead with impact (quality of life), not data
  - Human element (personal quotes)
  - Pursue lifestyle angles

- Beginning to cultivate relationships with reporters

- Planning proactive outreach to pitch story angles
Engaging Media to Spread the Message

What can you do tomorrow?

- Identify 3-6 health and lifestyle reporters your constituents read/listen to
- Reach out to reporters with specific story angles
  - “CDSMP natural treatment people don’t know about”
  - Personal success stories
- Follow up, follow up, follow up
Summary

- Goal is increasing participation in CDSMP
  - Marketing to PCP Practices
  - Generating grassroots word-of-mouth buzz through ambassadors
  - Raising visibility of SME through media outreach
- Tools coming out in the future to help
- You can begin experimenting today
Questions?
Contact Information

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