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## Marketing Self-management Education: Lessons on Messaging and Framing

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### Abstract

**Objectives:** Self-management education (SME) refers to educational interventions that help individuals with chronic diseases maintain or improve their quality of life. To help increase SME participation, the US Centers for Disease Control and Prevention conducted audience research to assess feasibility of a campaign to market SME as a chronic disease management strategy and increase future receptivity to specific SME programs.

**Methods:** Twenty focus groups were conducted in 3 rounds across 8 cities with men and women ages 45–75 with a variety of, or multiple, chronic conditions. Data were analyzed to identify cross-cutting themes and assess differences by sex, race/ethnicity, and location.

**Results:** Findings revealed that although people with chronic disease are not aware of SME, it is feasible to deliver motivating messages about SME, and content need not be condition- or intervention-specific. Concepts viewed most positively by focus groups incorporated positive tone, empowering language, specific references to health, relatable images, and a website for more information.

**Conclusions:** This qualitative work suggests SME marketing strategies will be most effective by providing background information, framing messages positively, using clear relatable language, and making it easy for potential participants to find a program.

### Keywords

self-management education; health promotion; marketing; qualitative research

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Human Subjects Statement

All research was approved by FHI 360's Institutional Review Board and received US Office of Management and Budget clearance for data collection.

Conflicts of Interest Statement

All authors of this article declare they have no conflicts of interest.

Approximately 60% of United States (US) adults have at least one chronic health condition and approximately 40% have 2 or more.<sup>1</sup> Self-management support (SMS) to address chronic disease has been increasingly acknowledged as important to improving quality of life for individuals with chronic disease. Quality standards, such as those from the National Committee for Quality Assurance (NCQA) concerning patient-centered medical home recognition, include requirements related to providing education and supporting patient self-management of chronic disease.<sup>2</sup> The Chronic Care Model, created by collecting best practices, expert input, promising practices found in the literature, and findings from quality improvement work, identifies SMS as one of the 6 critical elements for providing good care to people with chronic illnesses.<sup>3</sup>

A specialized form of SMS,<sup>4</sup> self-management education (SME), refers to a category of educational interventions that help individuals with chronic disease manage their condition to have the best possible quality of life. SME is interactive and focuses on building skills such as goal setting, decision making, problem solving, and self-monitoring. The Institute of Medicine report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, recognizes SME as an important aspect of quality care.<sup>5</sup>

To meet the needs of an aging US population and combat the rising costs of caring for individuals with chronic diseases, many entities within the US healthcare system, including federal agencies, have invested in SMS programs, and more specifically, in SME programs. The American Recovery and Reinvestment Act of 2009 funded the US Administration on Aging (now part of the US Administration for Community Living) to support the dissemination of SME programs, primarily the Stanford Chronic Disease Self-Management Program (CDSMP), in 45 states, the District of Columbia, and Puerto Rico.<sup>6</sup> The US Centers for Disease Control and Prevention (CDC), along with other government and private entities, has made substantial investments in SME programs over the past few years, including funding for programs for arthritis, asthma, cancer, diabetes, disability, and heart disease disseminated through state health departments, and funding for a network to support development and implementation of SME programs for persons with epilepsy.<sup>7</sup>

Substantial evidence demonstrates that completing an SME program is associated with improved health outcomes. For example, a meta-analysis of CDSMP results concluded that the program produced small to moderate improvements in self-efficacy, psychological health, and selected, relevant health behaviors that remained after 12 months and that CDSMP is a valuable part of a chronic disease management strategy.<sup>8</sup> Similarly, diabetes self-management education/training has been documented to reduce fasting glucose levels, A1C levels, systolic blood pressure, and body weight.<sup>9</sup> The American Diabetes Association, the American Association of Diabetes Educators, and the Academy of Nutrition and Dietetics all recommend diabetes SME and SMS programs for everyone who is diagnosed with diabetes.<sup>10</sup> SME is integral to treating numerous chronic conditions; for example, SME is recommended in treatment guidelines for asthma,<sup>11</sup> heart failure,<sup>12</sup> and osteoarthritis.<sup>12</sup>

Despite the growing proportion of Americans living with chronic illnesses and the mounting evidence demonstrating the benefits of SME, participation in these programs remains low. Whereas SME programs for diabetes, arthritis, and asthma are available to patients

at both group and individual levels, research shows that only 11% (arthritis)<sup>14</sup> to 16% (asthma among youth) of people living with a chronic disease have participated in SME.<sup>15</sup> A 2014 study documented that less than 7% of people with newly diagnosed diabetes received diabetes self-management education/training within a year of diagnosis.<sup>16</sup> In an examination of enrollment in disease management programs using the National Ambulatory Medical Care Survey, the highest rates of enrollment were among patients with chronic renal failure (40%), diabetes (28%), and congestive heart failure (28%).<sup>17</sup> Potential barriers to participation include lack of awareness about programs, misconceptions about what programs involve, and structural barriers to accessing programs.<sup>18</sup>

With the goal of increasing participation in SME programs, CDC is interested in raising awareness of SME as an evidence-based chronic disease management strategy for conditions such as arthritis, diabetes, cancer, heart disease, and lung disease. To date, there is no published analysis of the feasibility of promoting SME as a category of programs and motivating people to seek any type of SME programs, rather than marketing a specific program. Little has been published on effective SME promotion. To assess the feasibility of a campaign that markets the concept of SME as a way to manage chronic disease, rather than promoting individual SME programs, we designed this research to learn more about effective communication approaches to increase overall awareness of SME, and thus, increase receptivity when individuals are exposed to specific SME programs and program marketing.

We conducted this formative audience research with people who have a variety of chronic conditions to understand their perceptions and preferences as well as their interest in and understanding of options for managing the impact of those conditions on their lives. Our focus was on exploring the feasibility of raising awareness of SME as a chronic disease management strategy and shaping concepts and messages for a broad awareness campaign. This paper shares the results from this audience research to provide messaging and framing guidance to others developing SME marketing efforts, with the goal of increasing enrollment in specific interventions.

## METHODS

This research was conducted using a qualitative focus group method. Focus groups lasting 90 minutes were conducted in English, in market research facilities, and were facilitated by a professional moderator using approved guides. Three rounds of focus groups were conducted, with each successive round building on the findings of the previous round.

Focus group participants were recruited via telephone by a professional market research firm in each city using a standard screening guide. Inclusion criteria included age (45–75 to reach those with higher likelihood of chronic disease and minimize potential cognitive difficulties), presence of one or more chronic health conditions, and current non-enrollment in a SME program. Exclusion criteria included working for a market research or public relations firm, participation in market research in the last 6 months, and either no limitation (“I can do everything I want to do”) or extreme limitation (“I can hardly do any of the things

I want to do”) from their health condition. Men and women were recruited for separate groups.

Recruiters also were instructed to recruit a mix of races and ethnicities, educational backgrounds, and income levels, including no more than 2 per group with post-college education, and no more than 3 per group with income over the median income for that geographic area. Recruitment guidelines also specified that each group have at least 2 individuals with more than one chronic condition. Each round of focus groups was conducted in multiple areas of the US to ensure geographic diversity; locations were selected based on geographic spread, mix of large and mid-size markets, and market demographics. Tables 1 and 2 depict the research design and participant characteristics.

### **Round 1: Feasibility Testing**

The first round of focus group research assessed the appeal of SME and the ability to communicate about SME generally. Participants were asked about their health information-seeking behavior, including sources of information. In addition, researchers assessed participants’ reactions to and opinions of terms related to health and chronic disease, potential terminology associated with SME (eg, strategies vs skills, techniques vs tools), draft messages, and draft concepts. The aim of this round was to identify viable concepts and messages for further exploration. Feasibility testing was conducted in August 2013 with 6 focus groups in Richmond, Virginia, Chicago, Illinois, and Phoenix, Arizona. Table 3 shows the objectives and sample discussion questions used in feasibility testing.

### **Round 2: Concept Testing**

The second round of focus groups aimed to identify the most promising creative concepts and to determine which might have broad-based appeal. In all groups, participants were shown 6 concepts labeled: “Note to Mom/Dad,” “Word Cloud,” “Take Charge,” “Testimonial,” “Enough,” and “Magic Pill.” Each concept was informed by findings from Round 1 research and addressed several themes, such as empowerment, personal testimony, specific disease mention, and family support in messaging and content. With the exception of “Enough,” each concept displayed CDC and US Department of Health and Human Services (HHS) logos, listed a mock 800 number, and included [www.restartliving.org](http://www.restartliving.org), an active website at the time of data collection. The concepts were rotated to eliminate order bias. Focus groups were conducted in December 2013 in Des Moines, Iowa, Houston, Texas, and Atlanta, Georgia. Table 3 shows the objectives and sample discussion questions used in concept testing.

### **Round 3: Materials Testing**

The final round of focus groups tested suites of materials from approved creative concepts. In all groups, participants were shown 4 concepts: “Puzzle/Feel Better,” “Note to Mom/Dad,” “Not Alone,” and “Direct.” The first 2 concepts were found in previous rounds of research to be the most relatable and motivational; they were revised and tested in this round. “Not Alone” and “Direct” were newly created concepts based on preferences expressed during Round 2 focus groups. Several executions of each concept were created to test different message delivery channels and variability in presentation and messaging.

Concepts were presented in the form of online banner ads, bus shelter ads, bus side ads, and full-page ads. To eliminate order bias, researchers rotated concepts and executions. Each concept displayed CDC and HHS logos, a new SME logo for branding, and a fictitious website: [www.learnmorefeelbetter.org](http://www.learnmorefeelbetter.org). Eight focus groups were conducted in February 2015 in Cincinnati, Ohio, and San Antonio, Texas. Table 3 shows the objectives and sample discussion questions used in materials testing.

Data from all focus groups were collected through transcripts made from audio recordings, augmented by notes taken by research staff. Each round of focus groups was analyzed separately. Researchers analyzed the data using thematic analysis for each primary research question (Table 3) (eg, terms, reactions to draft concepts, messages, ad executions, etc). Responses also were categorized by sex, race/ethnicity, and location, and examined for differences. Draft reports were reviewed by at least 2 team members who had observed that round of research, to identify any areas inconsistent with observer notes or recollections. All potential areas of inconsistency were clarified by returning to the original data and reports were revised as necessary.

## RESULTS

The 3 rounds of formative research provided insights about terms, concepts, and messaging approaches that may work to reach the target audience with effective information about SME.

### Terms

**Talking about health and chronic disease.**—When discussing terms related to disease or illness, participants preferred “condition” to “disease.” They characterized a disease as something contagious and viewed the term “disease” as negative. The term “illness” was also seen as negative but perhaps more transient, making it more acceptable. Although the terms “chronic disease” and “chronic illness” were not preferred, many people used them when talking about their conditions.

“Health issue” and “health condition” also were reported as potentially acceptable health terms.

“Health problem” was less desirable than “health issue,” which participants viewed as softer and less offensive. Despite “health issue” being viewed more favorably, participants tended to use “health problem” conversationally.

“Chronic” was viewed as a negative term by many participants, synonymous with severity and permanence. To many, “ongoing” sounded “prettier” and “not as bad,” but it also sounded inescapable. Of the phrases “chronic disease,” “chronic illness,” or “ongoing health problem,” people preferred “ongoing health problem.” However, in describing their conditions, or the health problems of others they know, participants typically used “chronic.”

**Talking about SME.**—Whereas people generally understood the concept of disease self-management, they were not familiar with the term “self-management education” or SME.

When discussing what SME is and what it entails, participants generally preferred language that did not remind them of classroom work or formal education. The term “class” was not appealing. “Class” connoted something that would be time-consuming. “Workshop” sounded the most engaging, and “program” was better received than “class.”

Overall, the term “strategies” was preferable to “skills;” strategies were perceived as multiple approaches or things to do, but skills were understood as set ways of doing things. Describing what people can gain from SME as “techniques” was preferred over “gaining tools.” “Goal setting” was widely accepted as a concrete example of a self-management component; “problem-solving” was not seen as a concrete or positive term.

### Conceptual Considerations

Concepts explored (Table 4) focused on reclaiming or maintaining a sense of control over life (empowerment), minimizing the impact of chronic disease, and knowledge as power. The ideas presented in these concepts were well received, and those found to be most acceptable had a positive tone and empowering language.

How an idea was framed was critical to its acceptability. Concepts viewed most positively included a specific reference to health, but not necessarily to a specific disease. The statement “Take charge of your chronic illness...,” for instance, was better received when thinking about SME than “Triumph every day...” because the framing clearly referenced health. Although a particular chronic disease was not necessary for the audience, potential diseases to which SME could relate were mentioned in discussions. Linking the concept to health made the connection to SME clearer and less tenuous.

Inspirational concepts were well received but appearing to promise more than was believable negated the motivational aspect of statements. For instance, “Your chronic disease may impact today. But you determine tomorrow” was inspirational to some, but many viewed it as overpromising and, thus, not believable.

Concepts that were unclear or ambiguous—such as “Freedom through control” and “Knowing your enemy is a smart strategy”—were not viewed as particularly acceptable. This was the case even if the call to action and intent were acceptable in other approaches making the same point. Plain, clear language was preferred.

The source of the SME program or information was important to focus group participants. Concepts that sounded like they might have come from for-profit organizations, specifically pharmaceutical companies, were viewed negatively and with suspicion. Conversely, ties to educational institutions and the government, as demonstrated through the use of dot-gov (.gov) or dot-edu (.edu) URLs, had appeal.

Concepts that used testimonials and aimed to reach out to people in similar situations were met with mixed reactions. Some liked the idea of learning how other people managed their condition, but other participants questioned the credibility of this approach, perceiving that testimonials were frequently shams or statements for which an individual received compensation.

Images were used to convey concepts such as empowerment and living life fully. A delicate balance in images of people was found to be necessary. Participants found images of unrealistically young people, images of persons who looked too happy, and images of persons who looked too old or too unhappy, to be unappealing. Focus group participants wanted to see people like themselves, or more precisely, how they view themselves.

### Message and Ad Considerations

All messages and draft materials tested (Tables 5 and 6) aimed to convey that SME can help people with chronic diseases develop strategies needed to manage their conditions and lead more fulfilling lives.

As with the concepts tested in Round 1, messages and presentations that accentuated the positive without dwelling on anything negative, like the message framed with family support, worked well. Comforting approaches that acknowledged the challenges of living with chronic diseases but conveyed that the individual was not alone in the situation were seen as positive, as were approaches that directly offered solutions. Concepts with negative framing, like “Enough,” “Magic Pill,” or “Old Dog,” were less popular.

Given the lack of prior information about or knowledge of SME, we found that concrete information about SME—what it is, what it contributes, benefits gained through participation, and how it can be accessed—was valued across messages and ad executions. Specific examples of SME program components were helpful and desired.

Likewise, simple message concepts—like SME can help you, and there are others like you who have been helped by SME—were seen as direct and appealing. This was particularly true when coupled with information about what SME is and where to find out more about it.

Family support was a compelling message overall, but it was not relatable for everyone. For participants who were not parents, family support (framed as taking action because of the urging of family) did not seem to be an engaging hook to encourage them to consider SME to address chronic diseases.

Focus group participants wanted to “see themselves” in the images used and the conditions described in messages and ads. Seeing their chronic disease, or the chronic diseases of a friend or relative, in an ad helped participants quickly connect with its message, as did seeing images that reminded participants of themselves. Ads that identified chronic diseases were viewed as more acceptable and engaging, and they were better received, regardless of differences in the conceptual underpinnings.

Finally, raising awareness is not enough. Because focus group participants had limited knowledge about SME and SME programs, they wanted ads to include a URL where they could get more information. With few exceptions, this audience, despite being somewhat older (45–75 years old), preferred going to a website because they anticipated automated prompts or long wait times on 800 numbers.

Table 7 provides a summary of key findings across the 3 rounds of audience research.

### Differences by Sex, Race/Ethnicity, and Location

Minimal differences were found by sex and location, and no differences in concepts or message considerations were found by race/ethnicity. Women were more likely than men to report actively seeking health information, whereas men were more likely to report receiving health information from their wife or a concerned family member. Although both men and women preferred messages that were positive and empowering, women preferred messages that were also hopeful, and men preferred messages that were also action oriented. Only one difference was noted by location. In one testing location, the term “path” had a religious connotation.

## DISCUSSION

Focus group findings revealed that it is feasible to develop and deliver motivating and informational content about SME to people who have one or more chronic diseases, and that the content does not need to be tied directly to a person’s specific chronic diseases. Based on the findings from this formative work, we concluded that it is feasible to raise awareness of SME without focusing on one particular chronic disease. As long as the audience can recognize they are the target, SME ads likely will get their attention. Therefore we are developing and testing a campaign built around the concepts *You Are Not Alone* and *Feel Better* (Table 6). In addition to informing the development of the CDC campaign, the results of this research provide useful suggestions for others interested in developing marketing materials for specific SME programs. This qualitative work suggests that SME marketing strategies need to overcome the lack of background knowledge on SME programs, frame messages in a positive tone, walk a thin line between communicating clearly and using relatable language, and facilitate locating a specific program.

Perhaps most important is recognizing that the term SME is unfamiliar, and few have heard of SME programs. Consequently, few people who could be helped by SME fully understand what it is, even if they believe that they do. If SME is not discussed specifically in the context of a program, individuals are likely to see SME as something they could or should accomplish on their own, and they may expect that learning about SME would provide them simply with tips and tricks to practice on their own. Thus, it is appropriate to assume no prior knowledge of SME when reaching out to potential SME participants. People with chronic diseases are, however, looking for help and support. There is interest in SME framed with regard to health and addressing chronic disease issues, irrespective of really understanding what an SME program is and what participation in one would entail.

Positive framing of messages designed to raise awareness of SME is critical, as is the use of plain and direct language. This is consistent with literature that has found that gain-framed messages seem more persuasive than loss-framed messages, at least with regard to prevention and health promotion behaviors.<sup>19</sup> Using positive messaging can be challenging because much of the most direct language for SME—such as “chronic disease,” “illness,” “classes,” and “skills building”—is viewed as negative. However, there appears to be a discrepancy between the words and phrases people would like to hear and what they actually use or quickly associate with their chronic disease and the characteristics of a SME program. Additionally, preferred terms and phrases do not align with Internet search terms most



likely to locate SME programs. For example, searching for information on “chronic disease” (viewed negatively) is likely to be more productive than “ongoing health condition” (the preferred term). There may be a benefit in reinforcing a more direct way of speaking about chronic diseases, even if it conflicts with more positive framing.

Regarding the finding that individuals with chronic diseases want to see “people like me,” it is important to note that does not mean old, sick, or obviously infirm. The images need to be of someone not too old, but not too young—in other words, how they think of themselves, regardless of how they may really look.

Approaches to reaching the target audience for SME programs need to couple creativity with clarity. Whereas it is important for messages and ads to be creative and attention-getting, it is also necessary for them to communicate who SME is for and what it offers. There is a high level of skepticism around vague offers or promises that seem too good to be true. Similarly, potential participants may have misgivings about the offeror or source of information or a program. For instance, there is a lot of distrust of drug companies and commercial programs that are seen as overpromising approaches to minimize the impacts of chronic diseases. Therefore, it is important to tie SME information and programs to sources known to be credible for a given audience.

Beyond information about what SME program is and what would happen if you participate in one, the target audience needs to know how to learn more about the programs in general, and how to find a relevant, local program. Including contact information, URLs, and toll-free numbers is critical in any activity to raise awareness and recruit participant. If it is not possible to provide a URL and a phone number, it is preferable to include the URL as this was, by far, more preferred in the focus group research. Industry professionals have noticed this trend for many years and consider URLs as the replacement for toll-free numbers.<sup>20</sup>

The fact that we found minimal sex differences and no race/ethnicity difference suggests that marketing materials designed with these concepts and ad considerations are likely to appeal to a diversity of potential SME participants. However, selection of specific marketing channels will need to be guided by the audience to be reached. For example, different newspaper and radio stations might be selected to reach an African-American target audience versus a Caucasian or Hispanic audience.

This work provides important information for those wanting to market SME programs to people with chronic disease, but it has several limitations that must be kept in mind. Although the pool of focus group participants was appropriate to explore the feasibility of a general SME awareness-raising campaign for persons with chronic diseases, it did not reflect the pool that might have been recruited for formative research to develop messages and materials for a disease-specific SME intervention. Moreover, whereas we collected data in multiple, diverse markets, our results and conclusions are based on qualitative data. This limits the generalizability of the findings.

At the same time, this work has several strengths. It is the first study to explore SME-related perceptions of people with an array of chronic conditions. In addition, by executing 20 focus groups in 8 cities across the US, and conducting 3 rounds of research, we were able to

hone concepts and messages in a successive manner. This iterative process facilitated the development of concepts that resonated with the intended audience.

## Conclusions

This research demonstrates that although the term SME was unfamiliar to the target audience, people with chronic diseases understand the concept of SME and find it appealing, and it is possible to create marketing that can generate interest in SME. Based on these results, CDC is moving forward developing the *Learn More. Feel Better.* communication campaign ([www.cdc.gov/LearnMoreFeelBetter](http://www.cdc.gov/LearnMoreFeelBetter)) to raise awareness of SME as a chronic disease management strategy and to motivate people to seek out appropriate SME programs. These results also can be used to guide development of marketing and recruitment materials for specific SME interventions. Our challenge is highlighted by 2 paradoxical findings: (1) in general, SME programs produce positive health outcomes; and (2) across specific health conditions, participation rates in SME programs are generally low. Our call to action is clear; we must find ways to be more effective in marketing SME programs, and we must help people who need them know SME programs exist and motivate them to attend. The results of this study can help guide those awareness building and marketing efforts.

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**Table 1**

Research Design: Focus Group Characteristics

	Feasibility Testing			Concept Testing			Materials Testing		
	Richmond, VA	Chicago, IL	Phoenix, AZ	Des Moines, IA	Houston, TX	Atlanta, GA	Cincinnati, OH	San Antonio, TX	
	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	# Groups (Participants)	
Women with 1 or more chronic diseases	1 (7)	1 (7)	1 (8)	1 (8)	1 (7)	1 (8)	2 (16)	2 (16)	
Men with 1 or more chronic diseases	1 (8)	1 (8)	1 (8)	1 (8)	1 (8)	1 (8)	2 (15)	2 (16)	
<b>Total</b>	2 (15)	2 (15)	2 (16)	2 (16)	2 (15)	2 (16)	4 (31)	4 (32)	

**Table 2**  
Focus Group Participant Characteristics: Cumulative Total and by Round of Testing

	Cumulative Total	Round 1. Feasibility	Round 2. Concepts	Round 3. Materials
Number of Participants	156	46	47	63
Number of Groups	20	6	6	8
	Number (%)	Number (%)	Number (%)	Number (%)
<b>Sex</b>				
Men	79 (51%)	24 (52%)	24 (51%)	31 (49%)
Women	77 (49%)	22 (48%)	23 (49%)	32 (51%)
<b>Number of Chronic Diseases</b>				
One	67 (43%)	19 (41%)	26 (55%)	22 (35%)
More than One	89 (57%)	27 (59%)	21 (45%)	41 (55%)
<b>Selected Types of Chronic Diseases <sup>a</sup></b>				
Arthritis	88 (56%)	27 (59%)	27 (57%)	34 (54%)
Asthma/Lung Disease	54 (35%)	15 (33%)	17 (36%)	22 (35%)
Cancer	13 (8%)	NA	NA	13 (21%)
Depression	18 (12%)	NA	NA	18 (29%)
Diabetes	53 (34%)	14 (30%)	18 (38%)	21 (33%)
Heart Disease	69 (44%)	22 (48%)	17 (36%)	30 (48%)
Stroke	7 (4%)	7 (15%)	NA	NA
<b>Education</b>				
High School Diploma or Less	40 (26%)	17 (37%)	9 (19%)	14 (22%)
Some College	68 (44%)	14 (30%)	23 (49%)	31 (49%)
College Degree	36 (23%)	11 (24%)	12 (25%)	13 (21%)
Advanced Degree	12 (8%)	4 (9%)	3 (6%)	5 (1%)
<b>Income</b>				
<\$20,000	22 (14%)	4 (9%)	8 (17%)	10 (16%)
\$20,000–30,000	35 (23%)	14 (30%)	11 (23%)	10 (16%)
\$30,000–40,000	31 (20%)	7 (15%)	10 (21%)	14 (22%)
\$40,000–50,000	29 (19%)	10 (22%)	9 (19%)	10 (16%)

	Cumulative Total	Round 1. Feasibility	Round 2. Concepts	Round 3. Materials
>\$50,000	36 (24%)	11 (24%)	9 (19%)	16 (25%)
<b>Race/Ethnicity</b>				
African American	47 (30%)	13 (28%)	11 (23%)	23 (36%)
Hispanic	34 (22%)	10 (22%)	7 (15%)	17 (28%)
White	77 (49%)	23 (50%)	29 (62%)	25 (40%)
Asian	1 (1%)			1 (1%)
<b>Age</b>				
45–54	57 (37%)	14 (30%)	16 (34%)	27 (43%)
55–64	63 (40%)	20 (43%)	17 (36%)	26 (41%)
65–75	36 (23%)	12 (26%)	14 (30%)	10 (16%)
<b>Occupational Status<sup>a</sup></b>		NA	NA	
Fulltime Employment	19 (30%)			19 (30%)
Part time Employment	10 (16%)			10 (16%)
Unemployed	6 (1%)			6 (1%)
Homemaker	3 (1%)			3 (1%)
Student	1 (1%)			1 (1%)
Retired	13 (21%)			13 (21%)
Disabled	14 (22%)			14 (22%)
Other	2 (1%)			2 (1%)

Note.

<sup>a</sup>Multiple responses possible

NA = Not asked

Formative Research (Focus Groups) Purposes, Objectives, and Select Discussion Questions by Round of Formative Research

Table 3

Research Purpose and Objectives	Select Discussion Questions
<p><b>Round 1: Feasibility Testing</b>                      Purpose: To explore the feasibility of developing a health communications campaign that markets the concept of self-management education (SME) as a chronic disease management strategy, and if feasible, identify prototype concepts worth further exploration.                      Objectives:</p> <ul style="list-style-type: none"> <li>• Explore differences in target audiences' attitudes toward and awareness of SME</li> <li>• Test messages about SME to assess comprehension, relevance, benefits, and credibility</li> <li>• Explore target audiences' reactions to different messages and concepts</li> <li>• Assess audiences' preferred channels</li> </ul>	<p><b>A. Preferred Health Terms</b>                      a. What terms would you use, or have you heard someone else use, to describe health conditions such as, diabetes, asthma, arthritis or heart disease?                      b. What comes to mind when you hear the term "chronic disease"? chronic illness? ongoing health problem?</p> <p><b>B. Reactions to Draft Concepts (for each concept)</b>                      a. What do you think about this headline?                      b. If you saw or heard this headline, would it get your attention?                      c. What is the main idea that this headline is trying to get across, in your own words?                      d. Is there anything confusing, unclear, or hard to understand?                      e. Are there any words or phrases that bother you or that you think should be said differently?                      f. Who would you say they are trying to reach?                      g. Does reading this headline make you want to do anything?</p> <p><b>C. Message Specific Probes</b>                      a. What do you think about the phrase "helps you learn"? "helps you build skills"? "teaches you skills"?                      b. What do you think about where it says "skills"? Would you prefer it said "strategies"?                      c. What do you think about where it says "tools"? Would you prefer it said "techniques"?                      d. What do you think about where it says "self-management education"? Would you prefer "self-management workshops"? "self-management programs"? "self-management classes"?</p> <p><b>D. Channels</b>                      a. In general, how much would you trust information about health or medical topics from family and friends? newspapers or magazines? radio? Internet? television? government health agencies? a doctor?                      b. Is self-management [education/classes/programs/workshops] a topic on which you seek out information? If so, how?                      c. What are some of the ways you have gotten information about [self-management education/classes/programs/workshops] prior to today?                      d. What types of information would you like to receive regarding self-management [education/classes/programs/workshops]?                      e. What would be the most effective way or format to provide this information?</p>
<p><b>Round 2: Concept Testing</b>                      Purpose: To determine which concepts have broad-based appeal with the target audience and should be developed into campaign materials.                      Objectives:</p> <ul style="list-style-type: none"> <li>• Explore target audience reactions to both new concepts and concepts and messages informed by Round 1 testing</li> <li>• Identify the most promising concepts from among the concepts tested</li> </ul>	<p><b>A. Concept Testing (questions for each concept)</b>                      a. What do you think of this idea?                      b. How would you sum up in just a few words your first impression of this message?                      c. What is the main idea that this message is trying to get across, in your own words?                      d. Who would you say they are trying to reach? Does it seem like this message is talking to you, and people like you?                      e. Is this message believable or not?                      f. Does this message make you want to do anything?                      g. Do you like the way it is written? [Probe: tone, language/style, etc] Is it easy to read?</p> <p><b>B. Source</b>                      a. Did you notice these 2 logos at the bottom of the ads?                      b. How do you feel about CDC as the source of this information?                      c. Does seeing the Department of Health and Human Services add credibility to the ad?                      d. What, if any, other organization would you trust to provide this type of information?</p> <p><b>C. Response Mechanism</b>                      a. On each of the ads there is an 800 number. Would you call an 800 number for more information?                      b. There is also a website listed, would you visit the website?</p>
<p><b>Round 3: Materials Testing</b>                      Purpose: To gather target audience feedback to use in refining campaign materials before materials dissemination and implementation.                      Objectives:</p>	<p><b>A. Reactions to Materials (For each suite of ads, a variety of ad executions (print, transit, web) were discussed)</b>                      a. What is your first impression of this [material]?                      b. If you saw this [material], would it get your attention?                      c. In your own words, what is the main idea that this [material] is trying to get across?                      d. Do you like the way it is written? [Probe: tone, language/style, etc]</p>

**Research Purpose and Objectives**

- Test SME marketing materials to assess appeal, motivational impact, acceptability, and comprehension
- Examine unintended consequences of materials, tagline, and logos
- Explore differences in target audiences' reactions to the materials, tagline, and logos
- Assess audiences' expectations of an SME website

**Select Discussion Questions**

- e. Is it easy to read? [Probe: Font too big? Too small? Too dense?]
  - f. Does it seem like this message is talking to you, and people like you?
  - g. What does this [material] make you want to do?
- B. Tagline**
- a. What are your thoughts about the tagline, that is the words under the logo, "Learn more. Feel better."?
  - b. How do you see the tagline fitting with the rest of the material?
  - c. Does this tagline change what you think about the material in any way—[listen for, eg, who sponsored it, where to get more information, etc]?
- C. Campaign Logo (for each option)**
- a. How appealing is this logo? How likely is it that a logo like this will help draw your attention and curiosity?
  - b. Are there things about the logo that you think is particularly attention getting?
  - c. Looking at the logo, would you say it fits in with what the material is trying to convey?
- D. Comparison of Logos**
- a. Now that you have seen 2 different logos, which one is most attention-getting?
  - b. Do you think one logo fits with the material better than others? Which? Why/why not?
  - c. Does the tagline work better with one logo vs. the other?
- E. Website Expectations**
- a. What would you expect to find on a website that discusses self-management education or SME?



**Table 4**  
Initial Message Concepts Explored in Feasibility Testing and Audience Reactions

Initial Message Concepts/ Approach	Summary of Reactions and Illustrative Quotes
<p>Concept: Freedom through Control. Approach: Empowerment</p>	<p>Mixed reactions. Not necessarily about health. Not clear.</p> <ul style="list-style-type: none"> <li>• <i>It's also upbeat and the person who's reading it is in control. You're thinking, "That's probably something I can do."</i> – Richmond Woman</li> <li>• <i>It puts you in the driver's seat. It lets you know that you do have control, that you don't have to sit and let this disease control your life.</i> – Chicago Woman</li> <li>• <i>It would make me want to read more about it or hear more about it...because what is freedom through control? I want to know what freedom through control is.</i> – Phoenix Woman</li> <li>• <i>Freedom of what and control of what?</i> – Phoenix Man</li> </ul>
<p>Concept: Your Life. Your Path. Your Choice. Approach: Empowerment</p>	<p>Positive tone. Inspirational. Vague. Confused whether the choice is the chronic disease or SME.</p> <ul style="list-style-type: none"> <li>• <i>It's inspirational. You can do whatever.</i> – Chicago Woman</li> <li>• <i>It says: "Choose a healthier future" and "choose self-management education." Okay. I know I have an issue. I know there are programs out there. It gives you a little bit of a boost to encourage you to go to do something about it.</i> – Phoenix Man</li> <li>• <i>If it said self-management workshops or self-health management workshops...health has got to be in there.</i> – Chicago Man</li> <li>• <i>It's a positive, but it doesn't tell you it's about chronic disease.</i> – Richmond Man</li> </ul>
<p>Concept: Your Chronic Disease May Impact Today. But You Determine Tomorrow. Approach: Empowerment and Minimizing the impact of the disease</p>	<p>Understandable. Direct. Positive, hopeful, attention-getting. Overpromising.</p> <ul style="list-style-type: none"> <li>• <i>To me, that's an eye-catcher... we're talking about today and tomorrow. Today might seem hopeless but tomorrow...there's hope.</i> – Phoenix Woman</li> <li>• <i>You know if you exercise, the arthritis won't hurt so bad in the knees and stuff.</i> – Richmond Woman</li> <li>• <i>It depends what's wrong with you. If you have 2 missing legs, you aren't getting better tomorrow.</i> – Phoenix Man</li> <li>• <i>I would say that's not true because if I could determine my tomorrow, I wouldn't have a chronic disease.</i> – Phoenix Woman</li> </ul>
<p>Concept: Triumph Every Day. It's Possible. Approach: Empowerment</p>	<p>Strong words. Inspirational/motivating. Overpromising.</p> <ul style="list-style-type: none"> <li>• <i>There's a positive message.</i> – Richmond Man</li> <li>• <i>When you go to the doctor he's going to say, "You're going to have to control this. You're going to have to take charge... Then you look at the brochures and you're getting the same thing, whereas the "triumph," that's something different. "Let me look at that because it's not what I just got a lecture about."</i> – Chicago Woman</li> <li>• <i>We want to know what they're talking about. How can I be a winner every day?</i> – Richmond Woman</li> <li>• <i>You don't triumph over a stroke. You have a stroke and then you've got the illness.</i> – Chicago Man</li> </ul>
<p>Concept: Take Charge of Your Chronic Illness. Choose Your Own Path. Approach: Minimizing the impact of the disease</p>	<p>Active, empowering, positive. Second part viewed as vague. Potentially religious (path).</p> <ul style="list-style-type: none"> <li>• <i>It gives you hope. That word "take charge" gives you some kind of a feeling of empowerment, yes.</i> – Chicago Man</li> <li>• <i>You'd want to know how you can take charge.</i> – Richmond Man</li> <li>• <i>I don't like the "choose your own path" but "take charge of your chronic illness," that's fine because that's attention-getting.</i> – Phoenix Woman</li> <li>• <i>It almost sounds religious, like they're trying to get you into a religious organization.</i> – Phoenix Man</li> <li>• <i>I thought of it as a religious message.</i> – Phoenix Woman</li> </ul>
<p>Concept: You May Struggle, Just Don't Surrender. Approach: Empowerment</p>	<p>Attention-getting. Requires health framing.</p> <ul style="list-style-type: none"> <li>• <i>That caught my eye right away, "Today may be a struggle; tomorrow doesn't have to be." Again, to me, that shows that there's hope. You don't have to live this way. You can do something...to be more comfortable and to have a better quality of life, with the illness that you have.</i> – Phoenix Woman</li> <li>• <i>I think the fact that it doesn't tell me what's next it makes me want to go see what's next.</i> – Richmond Man</li> <li>• <i>It catches my eye, but I'm not so sure it makes me think about my COPD or heart disease. I think it's an eye-catcher.</i> – Phoenix Man</li> <li>• <i>It maybe depends on my mindset when I saw that, but I don't think I'd relate it to health.</i> – Chicago Woman</li> </ul>
<p>Concept: Knowing Your Enemy Is Always a Smart Strategy. Even If the Enemy Is Within.</p>	<p>Unclear and verbose. Enemy too strong—fighting yourself (condition not detached from person).</p> <ul style="list-style-type: none"> <li>• <i>I know what to do and how to do it, but I won't push myself. That's the enemy within, because I need to push myself to do something. It's me.</i> – Richmond Woman</li> <li>• <i>Even though I may be [my own enemy], I don't like to think of myself consciously as my own enemy.</i> – Phoenix Man</li> <li>• <i>The word enemy is there. It makes you want to conquer it. So that gets your attention.</i> – Phoenix Woman</li> </ul>

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<b>Initial Message Concepts/ Approach</b> Approach: Knowledge as power	<b>Summary of Reactions and Illustrative Quotes</b> <ul style="list-style-type: none"> <li>• <i>I don't like the way it's worded, but I understand the concept of what they're trying to say, and I do believe in that. I just don't think using the word enemy [is the best word to use].</i> – Phoenix Man</li> </ul>
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Table 5

Message Concepts Explored in Concept Testing and Audience Reactions

Message Concept, Text, and Approach	Summary of Reactions and Illustrative Quotes
<p>Concept: Note to Mom/Dad:<sup>a</sup> A note on a refrigerator asking Mom or Dad to take care of themselves</p> <p>Selected Text: We all have our reasons. Learn how self-management education can give you the skills...</p> <p>Approach: Family support</p>	<p>Generally positive. Described as personal, touching, and hitting home.</p> <ul style="list-style-type: none"> <li>• <i>I can relate to this because I have a young child. He makes me want to do whatever it takes.</i> – Houston Woman</li> <li>• <i>It catches my eye...makes me think 'well maybe I should look after myself.'</i> – Des Moines Man</li> <li>• <i>Well, you want to be there for your family and the fact that your family wants you to be there, it just brings it back home.</i> – Atlanta Man</li> <li>• <i>Even though I'm not [a mother], I can still understand it.</i> – Houston Woman</li> </ul>
<p>Concept: Word Cloud: Feel Better (in a field of water marks with disease names)</p> <p>Selected Text: Millions of Americans wake up each morning puzzling over a chronic disease condition...</p> <p>Approach: You are not alone. SME can help anyone with a chronic disease(s).</p>	<p>Generally positive. Liked that many different conditions were listed. Liked the more complete description of SME.</p> <ul style="list-style-type: none"> <li>• <i>This one actually catches your attention because if you go, "Yes, I have arthritis," or "I have diabetes," or "lung disease" you're automatically going to go, "Okay, here's something for me."</i> – Houston Man</li> <li>• <i>[If your disease was not listed on there...it] doesn't mean they don't have help for you, because it lists a lot of them.</i> – Houston Woman</li> <li>• <i>[This ad] tells you more detail. Tells you what self-management is.</i> – Des Moines Woman</li> <li>• <i>This is hope, and it says, "You can feel better. Here are some things that you can do to help yourself." I think it's neat, and short, to the point, for me. Direct.</i> – Atlanta Woman</li> </ul>
<p>Concept: Take Charge: Who Says you can't teach an old dog new tricks?</p> <p>Selected Text: Your ongoing health condition doesn't have to keep you from living the life you want...</p> <p>Approach: A new way to think about managing your chronic disease.</p>	<p>Mixed reactions. Liked the concept of building skills but felt that not enough information was provided. Some did not understand how the headlined message was related to SME. Some objected to being labeled an "old dog."</p> <ul style="list-style-type: none"> <li>• <i>Some thought it seemed like the pharmaceutical messages, which was a negative association.</i></li> <li>• <i>I like this one better because it's telling you about building skills and making good decisions. It's not a magic quick fix deal, it's something that you're going to work on and they're telling you basically what you need to do.</i> – Houston Man</li> <li>• <i>It doesn't say anything about what you're going to find...once you go to that [web site].</i> – Houston Woman</li> <li>• <i>I don't understand what [the headline] has to do with [self-management education], though.</i> – Des Moines Woman</li> <li>• <i>Don't be calling me no old dog.</i> – Atlanta Man</li> <li>• <i>I don't like this one, because what if you're trying to reach more than just old people? Like people my age? It's not just old people that have chronic illnesses.</i> – Houston Woman</li> </ul>
<p>Concept: Testimonial: A woman quoted about her experience living with a chronic disease and the benefits of SME</p> <p>Selected Text: I didn't know there were ways to make living with my chronic health condition easier...</p> <p>Approach: There are others like you who have used SME successfully.</p>	<p>Generally positive but participants commented negatively on the image. Also felt that the messages were limiting—that they were relevant only to older women. Some reported general distrust and low credibility of testimonials.</p> <ul style="list-style-type: none"> <li>• <i>I think that testimonials are always effective on ad. The fact that she said she had a chronic issue and then referring to this has helped her to live a better life would make you want to go to it and see what it's all about.</i> – Houston Man</li> <li>• <i>For someone that found something that's going to help her, she doesn't look very happy.</i> – Des Moines Woman</li> <li>• <i>I really don't like the kind of person that says, "I did this and now I'm healthy and free"...I just don't believe all this.</i> – Atlanta Woman</li> <li>• <i>It doesn't tell you what she found and what, did it change her life... I'm like she got paid 5 grand to stand there and say, "Hey, I found something." She doesn't look bubbly and happy.</i> – Des Moines Man</li> </ul>
<p>Concept: Enough: Acknowledges the limitations and toll a chronic disease can have on a person</p> <p>Selected Text: Find out how a self-management education program can help you live a healthier life.</p> <p>Approach: Empowerment</p>	<p>Mixed reactions. Felt that the message indicated that you could go to a website and feel better. While encouraging, many felt this message was unrealistic. Some expressed that the message was gloomy.</p> <ul style="list-style-type: none"> <li>• <i>[It] would catch me because—It's funny for me to say I prefer colorful one minute—but this would just say, "I'm sick and tired of being sick and tired." It's like, "enough."</i> – Atlanta Woman</li> <li>• <i>If I saw this I would definitely either get on a computer or figure out what this was.</i> – Atlanta Woman</li> <li>• <i>They're trying to say enough of the frustration, go here and you can find your answer. But I just don't think it's strong. It doesn't tell you...enough of what? it also doesn't say diseases.</i> – Des Moines Man</li> </ul>
<p>Concept: The Magic Pill</p> <p>Selected Text: Self-management: the real magic pill.</p> <p>Approach: Benefits frame—SME is a way to find relief or feel better.</p>	<p>Primarily negative. Boring, disorganized. They did not see anything "magical" about managing a chronic disease.</p> <ul style="list-style-type: none"> <li>• <i>This turns me away more than the others...To say there's a magic pill... you're totally lost me. There is no magic pill.</i> – Des Moines Man</li> <li>• <i>"The real magic pill" I'm looking for. "Okay, what's the pill, what's the magic pill?" ... To me it's a little bit misleading. It seems to me like an advertisement for a type of drug.</i> – Atlanta Woman</li> <li>• <i>I take enough pills. I don't need any more. The pill part of it turns me off already.</i> – Des Moines Man</li> <li>• <i>It makes it sound like all of these things will happen if you take the magic pill. This negates all of that.</i> – Des Moines Man</li> </ul>

<sup>a</sup> ; For the “Note to Mom/Dad” concept, the “Mom” execution was shown in women’s focus groups, and the “Dad” execution was shown in men’s focus groups.

Note.

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**Table 6**

Fully Executed Ad Concepts Explored in Materials Testing and Audience Reactions

Ad Name, Message, Approach and Image	Summary of Reactions and Illustrative Quotes
<p>Name: Not Alone</p> <p>Message: Many people have at least one chronic disease.</p> <p>Approach: Social support—others like you are getting help.</p> 	<p>Generally positive. The list of chronic diseases captured their attention and let them know it was relevant. The concept of not being alone—that others were out there—was attention-getting and comforting.</p> <ul style="list-style-type: none"> <li><i>You look and you see yourself. Like, "There I am. There's diabetes. There I am." They're talking to me... That makes me read the rest of the sign.</i> – Cincinnati Woman [re: Bus Shelter]</li> <li><i>And every one of us is going to look at one particular [condition] there, and then you look down here it does tell you if you want to find out how other people feel who have the same problems as you, I think that's great.</i> – San Antonio Man [re: Billboard]</li> <li><i>[The main message is] that you're not alone. There're other people that are going through the same things that you are.</i> – San Antonio Woman [re: Billboard]</li> <li><i>I think it explains it a little better, how they're connecting all of these diseases together. How you help reduce stress and feel better. Before, for me anyway, I saw the different diseases and then I read about stress. I was trying to make the connection. This kind of explains it more, what they're trying to get you to do. I like this one.</i> – Cincinnati Man [re: Bus Shelter]</li> </ul>
<p>Name: Puzzle/Feel Better</p> <p>Message: Self-management education can help you learn strategies, such as goal setting and self-monitoring, to help you make good decisions about your health and feel better.</p> <p>Approach: Empowerment, Knowledge</p> 	<p>The call-out, "Feel Better," was striking and the background of chronic diseases let them know it was relevant. The copy that was specific about what SME would help them learn was well received. Because they felt targeted, they said they would look for more information/go to the website.</p> <ul style="list-style-type: none"> <li><i>The "Feel Better," like he said, is catchy... everybody wants to feel better.</i> – San Antonio Man [re: Full Page]</li> <li><i>I like the subtext, too. The behind the "Feel Better," the various diseases. I think seeing one that applies to me directly makes me more interested in it.</i> – San Antonio Woman [re: Bus Side]</li> <li><i>There's something out there that can make you feel better if you've got these conditions.</i> – Cincinnati Man [re: Full Page]</li> <li><i>I like the "learn strategies and goal-setting and self-management" because I don't do those things. That might make me think, "I have to start doing that."</i> – Cincinnati Woman [re: Full Page]</li> </ul>

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Name: Direct

Message: SME can lead to an improved quality of life—learn more, feel better.

Approach: Minimizing the impact of chronic disease.



Neutral or negative response. While uncluttered, it was described as bland and unappealing. This concept did not quickly communicate that they were the target, nor make a connection between their chronic health condition and SME.

- "Learn more, feel better," what is it? What are you learning, what are you going to feel better about? – Cincinnati Man [re: Full Page]
- It doesn't target a certain disease or whatever, like the others. I can relate more [to those]; It's got arthritis. I can find more about that. I like that part. – Cincinnati Woman [re: web banner]
- This kind of ignores whether it's talking about a serious illness or a common cold. – San Antonio Man [re: Full Page]

Name: Note to Mom/Dad

Message: Encourages Mom or Dad to take care of themselves for the sake of their families.

Approach: Minimizing the impact of your chronic disease on your family.



Mixed reactions. Some had emotional responses (across sexes). Others did not feel this was personally relevant to them, including participants without children. The main message of SME as a vehicle for taking care of oneself was not clear.

- For me, as far as making it personal for me, is "you always take care of everybody else." Moms always put their stuff last. They're after the children, the job, the husband... We always put ourselves on the back burner. – San Antonio Woman re: [Web banner]
- This really hits home with me... I sat at home, really sick, and everybody kept saying, "You'd better go to the doctor." I was running fevers and stuff. And I kept putting it off, because I never go... I think, with a lot of guys, you tend to ignore it. I know I did. – Cincinnati Man [re: Web banner]
- It's got your historical nuclear family—mom, dad, 2 kids—but that's not so traditional any more, and there are a lot of single-parent families out there, there are a lot of same-sex couples. – Cincinnati Woman [re: Full Page]
- It tells you, learn how self-management education can help give you the skills you need to take control of your health. It's telling you your health. Right there it's saying health, health. – San Antonio Woman [re: Full Page]
- I guess, what's my motivation? Am I drinking too much, am I eating too much, drinking too much? What is it? There's no trigger for me. – San Antonio Man [re: Web banner]



Table 7

Summary of Key Findings from 3 Rounds of Audience Research on Marketing Self-Management Education (SME) and Illustrative Quotes

Terminology: Preferred Terms	Illustrative Quotes
Health “problem,” “issue,” or “condition” preferred over “disease”	<ul style="list-style-type: none"> <li>• “Disease,” it’s such an ugly word, people automatically think you have a disease or something I can catch. – Phoenix Woman</li> <li>• Disease sounds permanent, illness sounds like something you can get over. – Richmond Man</li> <li>• [I like] health problems, because problems can be fixed. – Chicago Woman</li> <li>• I think “issues” makes it sound nicer than problems. – Chicago Woman</li> </ul>
“ongoing” preferred over “chronic”	<ul style="list-style-type: none"> <li>• [Ongoing health problem] sounds prettier, and it’s not so bad sounding. – Phoenix Woman</li> <li>• I think of chronic as being disabling... I think chronic is a strong term to me. – Chicago Woman</li> <li>• [Chronic] describes what kind of condition it is. You can have a health condition right this moment and then next week not have it. That describes what kind it is, that’s ongoing. – Phoenix Woman</li> <li>• I would prefer to have ongoing health problems than a chronic disease. – Chicago Man</li> </ul>
“strategies” preferred over “skills”	<ul style="list-style-type: none"> <li>• Strategies say that there is more than just one way. There are a lot of different things that you can try. Whereas skills to me is more of a capability that you already have. – Chicago Man</li> <li>• Skills sounds like you are training for a job or something. – Phoenix Man</li> <li>• I know what it feels like to not be able to breathe. There’s really nothing I can do other than take my medication. It is somewhat intriguing, strategies and techniques. – Chicago Woman</li> </ul>
“techniques” preferred over “tools”	<ul style="list-style-type: none"> <li>• Yes, I like techniques. Tools remind me of tools. – Chicago Woman</li> <li>• I think “techniques” clarifies it. – Chicago Woman</li> <li>• It (techniques) teaches you ways that allow you to control your health.” – Richmond Woman</li> </ul>
“workshop” or “program” preferred over “class”	<ul style="list-style-type: none"> <li>• I think that workshops are more interactive... For me, a workshop is interactive where there are demonstrations and more information. – Chicago Woman</li> <li>• Class, it could be something tough. Workshop, it sounds like it’s manageable. – Richmond Woman</li> <li>• You’ve got to sit through something... like going to school or something... I’ve got to go to class today.” – Richmond Man</li> <li>• Program seem more comfortable, the word, rather than classes. – Phoenix Woman</li> <li>• [Class sounds] time consuming, people don’t have enough time today as it is. – Phoenix Man</li> </ul>
“goal-setting” more enticing than “problem solving”	<ul style="list-style-type: none"> <li>• I like goal setting better. – Chicago Woman</li> <li>• You can’t do anything without setting a goal. – Phoenix Woman</li> <li>• Problem solving sounds like a puzzle, to me. – Phoenix Man</li> </ul>
<b>Conceptual Considerations: Compelling Framing</b>	<p><b>Illustrative Quotes</b></p>
Positive framing: inspirational and empowering	<ul style="list-style-type: none"> <li>• It gives you hope that you could free yourself... that there’s actually help out there telling you to free yourself from your condition by getting information that you need. – Phoenix Woman</li> <li>• It gives you hope. That word “take charge” gives you some kind of a feeling of empowerment. – Chicago Man</li> <li>• There’s a lot of positive behind it. Energy, low stress. It doesn’t have to define who you are, you can still be you. It is a positive message. – Chicago Woman</li> <li>• It doesn’t matter what you have, you can go to the website and they’re going to make you feel a whole lot better by... learning more about it. – San Antonio Man</li> </ul>
Health framing: clearly related to health	<ul style="list-style-type: none"> <li>• I see the ongoing medical condition in this one. That captures my attention, that you can feel better. There may be options for you. If you have an ongoing medical condition, go here and find out more. – San Antonio Woman</li> <li>• It doesn’t mention anything about chronic or ongoing. – Cincinnati Woman</li> <li>• It doesn’t have the epilepsy or heart problem stuff in the background. What? Mom needs to get her hair done. – San Antonio Woman</li> </ul>
Personal framing: able to see self or familiar situation; family support is compelling, if you have immediate family	<ul style="list-style-type: none"> <li>• It uses the word “you” and “your.” It’s personal and feels like it’s speaking to me. – Richmond Man</li> <li>• It seems like it’s giving you a reason to seek the education because you have people around you that love you and you love them, so you want to be healthy for them. – Phoenix Woman</li> <li>• This tries to strike a chord with you to commit to it for your own sake and for those who care about you. – Chicago Man</li> <li>• It says try a “self-management program that fits your life,” so it’s personal to me. – San Antonio Woman</li> </ul>



Terminology: Preferred Terms	Illustrative Quotes
<p>“Gain” Framing: highlighting benefits of participating in SME</p>	<ul style="list-style-type: none"> <li>• <i>If you're going to tell me I'm going to have more energy and less stress, I'm all for it.</i> – Chicago Woman</li> <li>• <i>I like it...because it has more than any of the other [messages, information] pertaining to the self-management class. Strategies, techniques. This talks about decision making.</i> – Phoenix Woman</li> <li>• <i>I like the “learn strategies and goal-setting and self-management” because I don't do those things. That might make me think, “I have to start doing that.”</i> – Cincinnati Woman</li> <li>• <i>I think that second paragraph pretty much sums it up... “Learn tips and strategies that could help you build the skills needed.”</i> – Cincinnati Woman</li> <li>• <i>It says, “Find out how self-management education can lead to a happier healthier life.” I would find out if it meant calling a number or going to a website.</i> – Richmond Man</li> </ul>
<p>Motivational but believable (don't overpromise)</p>	<ul style="list-style-type: none"> <li>• <i>It gives you hope that you could free yourself... that there's actually there's help out there telling you to free yourself from your condition by getting information that you need.</i> – Phoenix Woman</li> <li>• <i>This also tends to, to me, give a false promise — it can give you more energy...No, it probably won't, but it doesn't mean that self-management education isn't beneficial.</i> – Phoenix Man</li> <li>• <i>It says: “Choose a healthier future” and “choose self-management education,” Okay, I know I have an issue. I know there are programs out there. It gives you a little bit of a boost to encourage you to go do something about it.</i> – Phoenix Man</li> </ul>
<p><b>Ad Considerations: Motivating Elements</b></p>	<p><b>Illustrative Quotes</b></p> <ul style="list-style-type: none"> <li>• <i>That second paragraph was different than any of the other. The way it's put in a different manner. It's more clear... This is more explanation.</i> – Cincinnati Woman</li> <li>• <i>They need to make this stand out so it's more clear: this is where you need to go.</i> – Cincinnati Man</li> </ul>
<p>Clear concise message in plain language</p> <p>Concrete information about SME: what it is, benefits, where to find programs</p>	<ul style="list-style-type: none"> <li>• <i>It outlines everything. It tells you and gives you statistics and it tells you what self-management education would do for you.</i> – Phoenix Woman</li> <li>• <i>It's telling you that it teaches goal setting and self-monitoring. Now it's telling you know what this might be all about...It's getting more specific.</i> – Chicago Man</li> <li>• <i>It's telling you... the techniques and setting goals [that will lead] to getting a healthier future. So, I like that. It's telling me “that's what self-management would do.”</i> – Phoenix Woman</li> <li>• <i>They're offering you a way to make it better rather than just saying there's a way you should go or there's a way you could go. This actually tells you about goal setting and self-monitoring, and it's a little bit more personal as far as I'm concerned.</i> – Phoenix Man</li> </ul>
<p>Caution with testimonials</p>	<ul style="list-style-type: none"> <li>• <i>I always like to see what other people, how they're handling my problem. I want to hear their histories, I want to hear their feedback on medicines, or should you take this shot [sic]. Because a lot of people have already been through what you are going through, and I think that's important.</i> – Richmond Woman</li> <li>• <i>I read testimonials, but I don't believe them.</i> – Phoenix Woman</li> <li>• <i>I think that used to work, but I don't know if they're paid and lying.</i> – Richmond Man</li> </ul>
<p>Relatable images: not how they are, but how they see themselves</p>	<ul style="list-style-type: none"> <li>• <i>For someone that found something that's going to help her, she doesn't look very happy.</i> – Des Moines Woman</li> <li>• <i>I'm looking at “62 years old, Jennifer Jones” and I'm thinking, “Senior citizen.”</i> – Atlanta Man</li> <li>• <i>I might dismiss this as an ad that's just for men because of the picture of the man and that old dog new tricks thing. I might not read past that.</i> – Des Moines Woman</li> </ul>
<p>Must include means to get more information</p> <p>Website preferred over toll free number</p> <p>-.gov or .edu preferred over .com</p>	<ul style="list-style-type: none"> <li>• <i>It's telling you “you need to take action.” to actually do something. It actually is giving you resources to do it, by giving you a website and a phone number.</i> – Atlanta Woman</li> <li>• <i>I think that the website needs to be a lot bigger.</i> – Cincinnati Woman</li> <li>• <i>[I] don't like the prompts.</i> – Des Moines Woman</li> <li>• <i>[I] would not go... (I'd) be on hold for days</i> – Atlanta Man</li> <li>• <i>“.com” would tell me I'm going to go buy pills.</i> – Des Moines Man</li> <li>• <i>“.org” or “.net” has more credibility [than “.com”] for something of this nature.</i> – Des Moines Man</li> </ul>
<p>Source matters</p>	<ul style="list-style-type: none"> <li>• <i>Here's the highest health organization in the country from the government standpoint saying that here's what you need to do to help manage your health better.</i> – Houston Man</li> <li>• <i>To me, it doesn't have enough validation. It doesn't have the CDC or the “gov.” To me, it just matches the rest of the sharks out there that's trying to get you to do something to lower your blood pressure that contrary (sic) to what your doctor says.</i> – Houston Man</li> <li>• <i>This is the only ad of the group that really doesn't tie it to an organization — you know, the government or anyone else. It doesn't anchor it at all.</i> – Atlanta Man</li> <li>• <i>Makes it more believable...like it's been investigated already.</i> – Des Moines Woman</li> </ul>