Marketing CDSME: Using the Personal Touch to Put "Butts in Seats"

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Overview

- Direct-to-Consumer Outreach using Community Ambassadors
  - Developed for self management education interventions
- Outreach to Primary Care Providers
  - Incorporates self management education and physical activity interventions
Outline for each section

- Key learnings from audience research
- Marketing strategy and materials
- Key learnings from implementation
The imperative to....

... put “butts in seats”
Using the personal touch
Question
How do most participants learn about your workshops?
Question

How do most participants learn about your workshops?

Word of Mouth
How can we create more word of mouth “buzz”?
Audience Research

- 58 Focus Groups
- Approximately 455 participants
- 5 projects
  - Arthritis Specific
    - Attitudes toward Self Management
    - Understanding attitudes toward AF programs
    - What do Consumers Want?
    - Exploring the Value Proposition for Self Management Education
  - Exploring feasibility of SME Awareness campaign
Typical Participant

- Male or female
- Black or white
  - Some included Hispanic
- 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
Audience Research

Key Learning # 1

Consumers unaware SME workshops exist.
The Consumer Perspective

SME Program Awareness

- Self management/skill development not top of mind
- Vast majority never heard of self help courses (surprised they exist)
- Never looked for a course
  - Assume arthritis is something to be tolerated, not actively managed
  - If it existed, someone would have already told them (particularly Dr.)
Audience Research

Key Learning #2

Preferred message carrier—someone like me.
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”
Audience Research

Key Learning # 3

Preferred Description:

Workshops… to help you learn… techniques or strategies…
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)
Audience Research

Key Learning # 4

Bothersome symptoms, threats to valued activities, *desire to “feel better”* motivate action.
The Consumer Perspective

Motivators for action

- Reducing pain, limitations, *fatigue*
- Increasing mobility
- Maintaining independence
- Maintaining valued life activities, *get on with my life*

*From research with various chronic conditions*
Current Stanford SME workshops have attractive characteristics.
The Consumer Perspective

Desirable characteristics of SME

- Topics to make course worthwhile
  - Ways to reduce pain
  - Benefits of exercise and how to exercise safely
  - Things to help person move more easily and be able to do more
  - Gaining sense of control over arthritis
    - Especially pessimists
- Share experiences/learn from others
Summary: Consumer Perceptions toward SME

- Most unaware it exists
  - Concept unfamiliar
  - Programs invisible
- Have not sought out classes; expect Dr would have told them
- Topics covered and interactive processes in existing programs desirable
- Prefer to hear from “someone like me”
How can we create more word of mouth “buzz”?

Grassroots Marketing!
Grassroots Marketing

- 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
“Word of Mouth” Marketing...

...depends on people talking to people. The credibility of the message depends on the credibility of the messenger.
How can we create more word of mouth “buzz”?

Recruit, train and support “Ambassadors”
What is an Ambassador

Person

- Who has benefitted from the program
- Is willing to promote it formally or informally to others they think could benefit.

...a “walking billboard”
Keys to Success in Ambassador Outreach

- Having successful participants who serve as trained ambassadors to promote SME workshops
- Using consumer audience research to shape the “pitch”
- Providing training and ongoing support to ambassadors
Two Types of Ambassadors

- Person to Person Ambassadors
  - One-to-one approach to people they know and think would benefit
  - Outreach to influential others (personal MD, minister, hairdresser)

- Spokesperson Ambassadors
  - Scheduled presentations for community groups
  - Ambassador-identified opportunities in groups she is a member of
Characteristics of Ideal Ambassadors

- Experienced—successfully completed SME workshop
- Enthusiastic—a believer in the benefits
- Connected—lives in community, respected by a wide circle of peers
- “Wired to talk”; willing to share experiences
- Spokesperson—comfortable speaking to groups
Spread the Word

Marketing Self Management Education through Ambassador Outreach
Spread the Word Components

- Coordinators Guide
- Handbooks
  - Person to Person Ambassador
  - Spokesperson Ambassador
- Tools to support Coordinators and Ambassadors
Coordinators Tasks in Ambassador Outreach

- Preparing for Ambassador Outreach
  - Developing work plan
  - Preparing Ambassador tools
  - Recruiting and training ambassadors

- Implementing Ambassador Outreach
  - Staying in touch
  - Tracking ambassador activity

- Evaluating Outreach Efforts
Coordinator’s Tasks and Tools

Preparing for Ambassador Outreach

- Planning
  - Tool: Coordinators Workplan

- Recruiting Ambassadors
  - Tools: Job Descriptions

- Training Ambassadors
  - Tools: Training Curriculum
  - Sample Flip Charts
**Person-to-Person Ambassador Job Description**

For a printable version of this information, click here.

**Role**

Person-to-Person Ambassadors will serve as the community voice for self-management education workshops, specifically the CDMP. As a community voice, the Ambassador will encourage other people to participate in a CDMP workshop. This goal is accomplished through informal conversations with people like themselves.

**Responsibilities**

- Attend a 2-3 hour training session to become an Ambassador.
- Develop a personalized Ambassador Outreach Plan and update it monthly.
- Prepare and practice a personalized pitch that highlights the benefits received from attending a CDMP workshop.
- Promote the CDMP in casual conversations with family, friends, and acquaintances and also to people in the community who can recommend the workshop to their constituents.
- Follow up with the people you talk with to further encourage them to attend a CDMP workshop.
- Communicate regularly with the Ambassador Outreach Coordinator.
- Use the Ambassador Outreach Activity Report form to submit a monthly report.

**Qualifications**

- Experienced—has successfully completed a CDMP workshop.
- Connected—has connections in the wider circle of peers.
- Enthusiastic—is a “believed” in the CDMP and the ASMP.
- Wired to talk—is willing to talk to people.
- Comfortable talking to larger groups.
- Oriented to community service or giving back to their community.

**Training Required**

Ambassadors will be trained either online. Training will include help identifying patterns, a CDMP pitch and practicing how to deliver it, and expectations for follow-up and reporting. Ongoing availability, and periodic training or refresher sessions are necessary.
Sample Flip Charts

Sample Flip Chart

Three Steps to Ambassador Outreach

Step 1: Preparing to Be an Ambassador
- Make a plan.
- Prepare and practice your pitch.

Step 2: Marketing the CDSMP Workshops
- Connect with people.
- Make your pitch stick.

Step 3: Connecting with Your Coordinator
- Check in regularly.
- Celebrate your success.

Sample Flip Chart

The Pitch

We both (or we all) have ongoing health problems. This workshop helped me, and I think it could help you too. Here is how you can sign up.

Make the Pitch

1. Opening: Make the connection...
2. Persuading: Describe the benefits...
3. Closing: Demonstrate how to sign up...
Coordinators Tools

Implementing Ambassador Outreach

- Tool: Ambassador Tracking Spreadsheet

Evaluating your Outreach Efforts

- Tools:
  - “How did you Hear?” Tracking spreadsheet
  - Ambassador Outreach Evaluation Report Template
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<th>Address</th>
<th>City</th>
<th>Zip</th>
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## How Did You Hear? Data Entry Spreadsheet

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<th>Participant # or ID</th>
<th>Main Question: How did you hear about this class?</th>
<th>Response 4a Followup: Name of Practice</th>
<th>Targeted/Not Targeted</th>
<th>Response 4b Followup: Who told you about the class?</th>
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**TOTALS**

1 2 3 4 5 6 7 8 9 10

**ALL RESPONSES**

T NT UNK 1 2 3 4 5 6

See Instructions tab for tips on filling out this spreadsheet and inserting formulas to calculate sums.
Key Steps in Ambassador Outreach

- Preparing to be an Ambassador
- Marketing SME Workshops
- Connecting with your Coordinator
Tools for Ambassadors

- Handbook
- Outreach Plan
- Outreach Report
- Talking Points Card
- Workshop Information and Schedule Card
- Powerpoint Presentation (Spokesperson Ambassadors)
## Outreach Plan Template—Person-to-Person

**Person-to-Person Ambassador Outreach Plan**

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Where</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Smith</td>
<td>Neighbor</td>
<td>July 15, 9:00am</td>
<td>My house</td>
<td>Talk during coffee at my house.</td>
</tr>
</tbody>
</table>

Click here for customizable version of this table.

## Outreach Activity Report Template—Person-to-Person Ambassador

**Person-to-Person Ambassador Outreach Activity Report**

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of the person you talked to</th>
<th>Contact Information</th>
<th>Follow-up: How will you make sure this person signs up for a workshop?</th>
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</thead>
<tbody>
<tr>
<td>July 15, 2013</td>
<td>Mary Smith</td>
<td>555-604-3211</td>
<td>Pamphlet + call in 1 week</td>
</tr>
</tbody>
</table>

Instructions: Use this table to report your activities and give it to your Coordinator at the end of each month. Please follow the directions below.

Return report to: ____________________________
Fax: ____________________________
E-mail: ____________________________
Address: ____________________________

Click here for customizable version of this table.
Making the “Pitch”

1. Opening:
   - Make a connection...

2. Persuading:
   - Describe the benefits...

3. Closing:
   - Demonstrate how to sign up...
Workshop Information and Schedule

Chronic Disease Self-Management Program (CDSMP)

A series of workshops for people with arthritis, diabetes, heart disease, lung disease, and other health problems.

- Learn ways to control pain and other symptoms, get around better, and stay independent.
- Talk to other people about what helps them deal with their health problems.
- Workshops are 2½ hours long. They meet once a week for 6 weeks.
- They’re led by trained instructors who have or understand health problems like yours.
- People who take the workshops:
  - Have more energy and less pain
  - Feel less tired and less depressed
  - Get more exercise
  - Can talk to their doctors more easily
  - Are more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

Customize by adding locations, schedule, and any cost information
Learning from our Pilot Test

- Conducted July 2011-April 2012
- Sites:
  - Florida
  - Minnesota
  - Missouri
  - South Carolina
Pilot Test Activities

- All sites promoted CDSMP
- Number of ambassadors recruited: 4-5 per location
- Staff involved: 2-8
Pilot Test Activities

Location selection criteria

- Classes cancelled or low registration
- High minority/disparity populations
- New workshops in area
- Organization/staff available to oversee process
Pilot Test Results

Contacts made

- Individuals: Average 180 per site (range 4-587)
- Influential Persons: Average 26 (range 20-36)
- Groups: Average 8 (range 1-18)
Pilot Test Key Learnings

Ambassadors

- Gain confidence with experience
- Outgoing personality key, as is passion for the cause
- Fit personality to type of outreach
- Felt they were successful
- Are good eye/ears into the community
Pilot Test Key Learnings

The Pitch

- “elevator speech” hard to be persuasive
- Need to repeat several times to get message to stick
- Emphasize
  - interactive nature of classes
  - Will receive tips and tools to achieve better quality of life
- Most recipients appreciated the info
Pilot Test Key Learnings

The Strategy

- Time consuming
  - For ambassadors
  - For coordinators
  - To see results

- Can help identify unmet needs and logistics challenges
Warnings

This is a long term strategy; do not expect immediate results

and

This is one element in a multiple-strategy marketing plan
Overview

- Direct-to-Consumer Outreach using Community Ambassadors
  - Developed for self management education interventions

- Outreach to Primary Care Providers
  - Incorporates self management education and physical activity interventions
Background: Outreach to Primary Care Providers

- Community-based programs complement clinical care
- Audience research suggests
  - Dr. referral/recommendation powerful influence on PWA
  - PWA expect Dr.’s to tell them about self management education programs
- Few patients are referred to community-based programs by their Primary Care Provider (PCP)
The Importance of Provider Recommendation
N= 2500

Patients who receive recommendation 18 times more likely to go than those who don’t get recommendation.  --Murphy 08
Majority of People with Chronic Disease See PCPs

Percentage of Patients with Osteoarthritis Who Visit Various Health Care Providers in a Single Year

- PCPs: 80%
- Orthopedists: 25%
- Physical Therapists: 11%
- Rheumatologists: 6%

Primary Care Providers (PCP):
- Physicians
- Nurse Practitioners
- Physician Assistants

Increasing Recommendations from Provider Offices

- **Purpose:** Develop strategies to entice primary care providers (and their staff) to refer patients to self-management education and physical activity interventions.

- **Process:**
  - Literature Review
  - Formative Research
    - In-depth Interviews (32 providers, 8 managers)
    - Survey (400 providers and staff)
Audience Research Methods

- Respondents recruited from pre-existing database of primary care providers
- Inclusion criteria: see 20 or more patients per month with arthritis
- Diversity in:
  - profession, specialty,
  - practice size, geography,
  - Patient race/ethnicity
PCP Audience Research

Key Learning # 1

Don’t call it a referral.
In-depth Interview Results
Recommendation, not Referral

- Insurance company rules govern referrals

“if program low cost rather than covered by insurance…free to recommend it unfettered”
PCP Audience Research

Key Learning #2

PCPs welcome information about community programs.
In-depth Interview Results

Awareness and Use of Local Programs

- 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”.
On-Line Survey Results:
Awareness and Use of Local Programs

- 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
PCP Audience Research

Key Learning #3

Providers top concerns about community-based programs:

- Cost
- Convenience
- Credibility
On-Line Survey Results:
Factors Influential in Decision to Recommend

- Low cost (average rating = 4.64)
  - 1 = not influential; 5 = very influential
- Convenient location (4.63)
- Convenient times (4.49)
- Led by trained instructors (4.49)
- Evidence-base/effective (4.43)
- Small recommendation influential (4.15)
- Not for profit/not sell anything (4.14)
PCP Audience Research

Key Learning # 4

Preferred method to learn about community programs:

- 1:1 visits from people knowledgeable about program (academic detailing)
In-depth Interview Results:

Learning about Local Programs

- Top Sources for general arthritis info
  - Medical journals, conferences, other professionals, pharma. representatives

- Learning about local programs
  - In-person meeting with program representatives
  - Follow up with print materials
  - Print materials without personal contact not effective
On-line Survey Results:
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
Conclusion: Provider Outreach Strategy

- Academic detailing approach
  - Personal Visits to PCP practices to inform them about programs
- Pitch and leave-behind materials oriented to PCP’s top concerns:
  - Cost (to participant)
  - Credibility
  - Convenience
Provider Outreach Strategy

The 1.2.3 Approach to Provider Outreach

Marketing Chronic Disease Interventions to Primary Care Practices
1.2.3 Approach Materials

For Marketing Team

- How-to-Guide
- Call and Visit Scripts
- Training Video
- Planning and Evaluation Templates
- Customizable Materials
  - For Providers
  - For Patients
Broad Steps in Provider Outreach Process

- Plan
- Prepare
- Conduct Outreach
- Evaluate
Provider Outreach Process

Plan

- Which workshops are you targeting?
- What provider groups are nearby?
- Who can do your outreach?
- Budget (dollars and time)
- Tool: Marketing and Promotion Plan Template
Provider Outreach Process

Prepare

- Train outreach staff
  - Tools: call scripts, training video
- Customize materials to leave behind
  - For provider
    - Overview
    - Intervention specific
  - For patient
    - Brochure
    - Intervention info/schedule
INITIAL PHONE CALL TO PCP OFFICES

Purpose
To persuade office staff to schedule an outreach visit with an intervention marketer to discuss locally available self-management education workshops and physical activity classes.

Tools Needed
Provider Outreach Tracking Spreadsheet

Call Flow

1. INTRODUCE YOURSELF
   Introduce yourself, your program, and the purpose of the call. Ask to speak with the appropriate staff member to schedule an outreach visit.

2. PROVIDE BACKGROUND
   Provide more background about the interventions and the goals of the outreach visit.

3. ADDRESS SCHEDULING CONCERNS
   Address any concerns office staff has about the purpose of the visit or scheduling.

4. SCHEDULE THE VISIT
   Schedule an outreach visit at a convenient time for the practice.

5. VERIFY ADDITIONAL INFORMATION
   Time permitting, verify additional information about the practice.

6. CONFIRM VISIT DETAILS
   Verify visit details, attendee, address, and accessibility.

7. WRAP UP CALL
   Confirm date and time of outreach visit and provide your phone number.

END CALL

If staff is too busy to talk, schedule a callback.

If appropriate staff member is not available, schedule a callback.

Marketing Chronic Disease Interventions to Primary Care Practices
Provider Outreach Process

Conduct Outreach

1. Set up visit
   - Phone or drop in to request appointment
   - Tool: script

2. Make visit to PCP Practice
   - Tool: Pitch script
   - Leave behind materials

3. Repeated Follow-up
Provider Outreach Process

Evaluate

- Track outreach contacts
  - Tool: *Outreach Tracking spreadsheet*

- Track “How did you hear” from participants
  - Tools: Standard questions
  - “How did you hear?” spreadsheet

- Qualitatively assess marketing effort
  - Tool: *Evaluation Summary Report Template*
# How Did You Hear? Data Entry Spreadsheet

**Main Question:** How did you hear about this class?

<table>
<thead>
<tr>
<th>Participant # or ID</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>10 Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend, family, coworker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Someone who took class</td>
<td></td>
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<tr>
<td>Someone who teaches class</td>
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<tr>
<td>Doctor's office</td>
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<td></td>
<td></td>
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<tr>
<td>Community leader or spokesperson</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brochure, poster</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio, TV, newspaper</td>
<td></td>
<td></td>
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<tr>
<td>Web site</td>
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<tr>
<td>Don't know/remember</td>
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<tr>
<td>Other source</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Response 4a Followup:** Name of Practice

<table>
<thead>
<tr>
<th>Targeted/Not Targeted</th>
<th>T</th>
<th>NT</th>
<th>UNK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not a targeted practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Response 4b Followup:** Who told you about the class?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Other clinical staff</td>
<td>Food desk, admin staff</td>
<td>Someone I know</td>
<td>Other staff</td>
<td>Brochure, poster</td>
</tr>
</tbody>
</table>

See instructions tab for tips on filling out this spreadsheet and inserting formulas to calculate sums.
1.2.3 Approach to Provider Outreach

- Plan
- Prepare
- Conduct Outreach
  1. Set up visit
  2. Make visit
  3. Follow up
- Evaluate
Provider Outreach Materials

Customizable leave behind materials

- For Providers
  - Introductory flyer/fax; Overview fact sheet
  - Intervention-specific fact sheets and evidence summaries
  - Office poster
- For Patients
  - Brochure
  - Intervention-specific info cards
Give Your Patients the Tools to Take Charge

Recommend a self-management education or physical activity program. Help your chronic disease patients live happier, healthier lives.

Our organization is working with the Centers for Disease Control and Prevention (CDC) to spread the word about convenient, nonpharmacological interventions for chronic disease that are offered in our community. Studies show these self-management education workshops and physical activity classes are effective for people with conditions such as arthritis, diabetes, heart disease, and lung disease. They can reduce symptoms, give your patients the confidence to manage their health, and improve their quality of life.

Learn more about how these low-cost management options can complement your treatment recommendations.

We'd like to talk to you and your staff about the workshops and classes available in your area and how they can benefit your patients. To learn more or to schedule a brief visit by one of our staff members, contact...

Read about self-management education and physical activity interventions the CDC Arthritis Program has evaluated at www.cdc.gov/arthritis/interventions.htm.
Don’t let ongoing health problems stop you from doing what you enjoy.

Sign up for community classes. Learn what you can do to feel better and take control.

Take Charge!
MANAGING YOUR HEALTH

Ask your doctor for more information.
Do you have an ongoing health problem like arthritis, diabetes, heart disease, or lung disease?

Does it stop you from doing the things you enjoy?

Learn what you can do to feel better and take control of your health.
Intervention Specific Materials

- For Providers
  - Fact Sheet
  - Evidence Summary

- For Patients
  - Patient Information and Schedule card
Intervention Specific Materials

Self Management Education
- Arthritis Self Management Program
  - English and Spanish
- Arthritis Toolkit
  - English and Spanish
- Better Choices, Better Health for Arthritis
- Chronic Disease Self Management Program
  - English and Spanish

Physical Activity
- Active Living Every Day
- Arthritis Foundation Aquatics Program
- Arthritis Foundation Exercise Program
- EnhanceFitness
- Fit & Strong!
- Walk with Ease
Walk With Ease (WWE)

What is it?

- The Arthritis Foundation developed WWE as a group walking program to encourage people with arthritis to start walking and stay motivated to keep active. A self-directed version of the program is also available, using the workbook and manuals from the group classes.
- During the 6-week program, participants meet three times a week in groups of up to 15. They begin each class with a health education session on an arthritis- or exercise-related topic, followed by stretching activities and a 10-15 minute walk. Participants receive WWE educational materials and tools to supplement the group classes.
- Online support is also available and includes video instruction, a message board, and an automated e-mail service alerting participants when milestones are reached.
- Class discussions and supplemental materials cover topics such as:
  - Managing arthritis pain and stiffness
  - Stretching and strengthening activities to support the walking program
  - Self-concentrating for physical problems while walking
  - Anticipating and overcoming barriers to being physically active
  - Getting and staying motivated to exercise
- WWE leaders supervise each discussion and walking session. Leaders must complete a 3-4 hour training workshop.

Who is it for?

- WWE is for people with arthritis who want to increase their physical activity levels and are able to eat and walk for at least 10 minutes without increased pain.
- The program may also be appropriate for people with other chronic health conditions—such as diabetes and heart disease—who want to be more active.

What are the benefits?

- A CDC-funded randomized clinical trial found that both the group and self-directed versions of WWE can:
  - Reduce arthritis symptoms such as pain, stiffness, and fatigue
  - Improve strength, balance, and walking pace
  - Reduce disability
  - Increase confidence in the ability to manage arthritis
Evidence Summary

Walk With Ease (WWE)

For More Information
- Arthritis Foundation
  www.arthritis.org/walk-with-ease.php
- Centers for Disease Control and Prevention
  www.cdc.gov/Arthritis/lifetimefitness/program_basics.html

Contact

Reference

Summary of the Evidence

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Design</th>
<th>Participants</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calahan LF, Sherrill J, Aliferis M, et al. (2011)</td>
<td>Quasi-experimental pretest-posttest evaluation of group and self-directed formats</td>
<td>486 participants from urban and rural communities</td>
<td>No difference in group vs. self-directed formats at 6 weeks: pain, stiffness, fatigue, disability; strength, balance, walking pace; confidence in ability to manage arthritis. More benefits sustained at 1 year with self-directed format.</td>
</tr>
</tbody>
</table>

Chronic Disease Self-Management Programs

EnhanceFitness

Originally known as Lifetime Fitness, EnhanceFitness is an exercise program that combines cardiovascular, stretching, and balance exercises and strength training. It was developed by researchers at the University of Washington to prevent functional decline in older adults. Classes are dynamic and interactive and are offered on an ongoing basis. Instructors lead participants through a series of stretches, low-impact aerobics, and strength training activities (using soft ankle and wrist weights) that can be adapted to participants’ fitness levels. Participants are encouraged to provide peer support.

Selected References

Selected Studies at a Glance

<table>
<thead>
<tr>
<th>Author, Year</th>
<th>Design</th>
<th>Participants</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walston JL, Buchner DM, Gottlieb LM, et al. (1994)</td>
<td>6-month RCT</td>
<td>1116 program participants aged 60 or older</td>
<td>Improved physical functioning and depression. 85% program completion rates at 6 months.</td>
</tr>
<tr>
<td>Ackerman RC, Ghosh A, Sandoval R, et al. (2005)</td>
<td>Retrospective cohort study</td>
<td>Compared estimated healthcare costs and utilization rates of Lifetime Fitness Program participants vs. controls</td>
<td>Improved healthcare costs for participants were 94.1% of control costs. For participants attending &gt; 1 class per week, increased follow-up costs were 73.5% of costs.</td>
</tr>
<tr>
<td>Hebert JR, Shemanski CE, Chiriboga CA, et al. (2006)</td>
<td>Retrospective cohort study</td>
<td>Compared estimated healthcare costs and utilization rates of EnhanceFitness participants vs. controls</td>
<td>No differences in healthcare costs in 1 year.</td>
</tr>
<tr>
<td>Ackerman RC, Williams RS, Nguyen HL, et al. (2006)</td>
<td>Retrospective cohort study</td>
<td>Compared estimated healthcare costs and utilization rates of EnhanceFitness participants vs. controls</td>
<td>No differences in healthcare costs in 1 year.</td>
</tr>
</tbody>
</table>

National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Workshop Information and Schedule

Chronic Disease Self-Management Program (CDSMP)

A series of workshops for people with arthritis, diabetes, heart disease, lung disease, and other health problems.

- Learn ways to control pain and other symptoms, get around better, and stay independent.
- Talk to other people about what helps them deal with their health problems.
- Workshops are 2½ hours long. They meet once a week for 6 weeks.
- They're led by trained instructors who have or understand health problems like yours.
- People who take the workshops:
  - Have more energy and less pain
  - Feel less tired and less depressed
  - Get more exercise
  - Can talk to their doctors more easily
  - Are more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.
Provider Outreach Pilot-test

- Conducted June 2010-April 2011
- Sites
  - Florida
  - Kansas
  - Michigan
  - Minnesota
  - South Carolina
  - Senior Services/Seattle
Pilot-Test Activities

- Interventions: CDSMP plus another
- Targeted Practices: Ave. = 14, range 4-26
- Staffing: 3-8 staff involved; most used 4
- Offices visited per site: average 10
- Types of Contact made to set up visit
  - 35% e-mail
  - 33% telephone
  - 21% drop-off visit
  - 10% mailed materials
Pilot-Test Results

- 39% of targeted practices allowed visit
- Participants who heard of class at PCP Practice: range 0-24 per pilot site
- Who mentioned it?
  - 44% Doctor
  - 20% Nurse or MA
  - 3% Front desk/admin staff
  - 29% Brochure, poster or flyer
  - 10% Other
Pilot-Test Key Learnings

- **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

Providers:

- are generally receptive
  - may need to overcome for-profit sales mentality
- knowledge of self management varies
- resonate with self management in terms of health care reform (patient-centered medical home, accountable care organizations)
- more interested in CD (not arthritis) approach
Pilot-Test Key Learnings

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

- **Personal contact is critical**
  - Even if start with group presentation, personal contact key to commitment to make referral
Pilot-Test Key Learnings

- **It is all about relationship building**
  - Start with those you know
  - Office manager and front desk staff important
  - Referrals increased over time as relationships developed

- **...and follow up, follow up, follow up**
  - Allows for repetition of key messages
  - Needs to be timely
Pilot-Test Key Learnings

Helpful Characteristics for Outreach Staff

- Knowledgeable about interventions
- Assertive, and enthusiastic
- Friendly and engaging
- Comfortable talking to physicians
- Ability to adapt to situation/think on feet
- Able to convey key points in few minutes
- Experience in sales, customer service or medical settings helpful
Warnings

This is a long term strategy; do not expect immediate results and
This is one element in a multiple-strategy marketing plan
Summary

- Direct-to-Consumer Outreach using Community Ambassadors
  - *Spread the Word*

- Outreach to Primary Care Providers
  - *1.2.3 Approach*

Contact Information

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770-488-5856