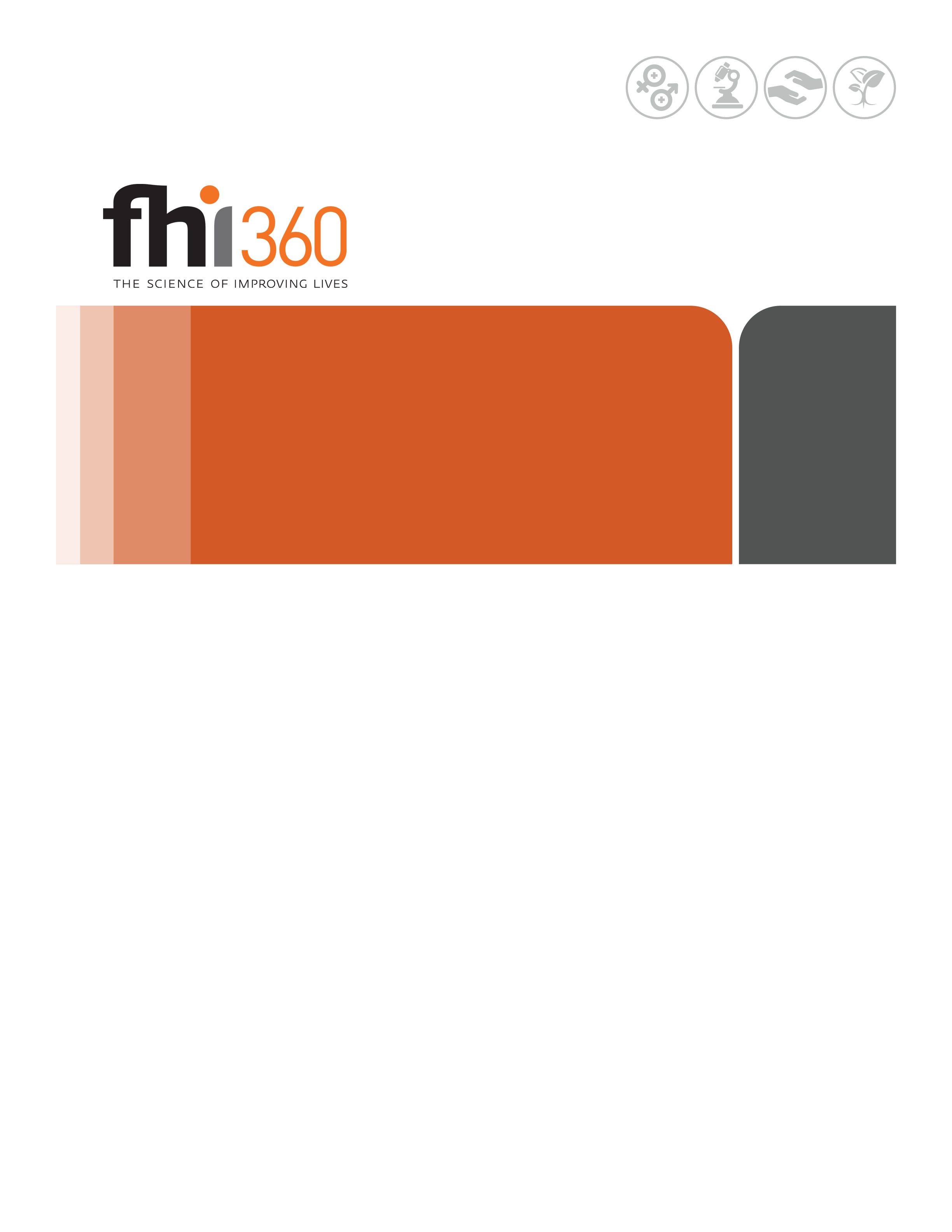
****

**National Diabetes Prevention Program**

**Report on Message and Materials Triad Testing with Health Care Professionals**

October 24, 2013

**FHI 360**

1825 Connecticut ave nw

Washington, d.c., 20009

Phone 202.884.8000

[www.fhi360.org](http://www.fhi360.org)

Table of Contents

[I. Introduction 1](#_Toc358993829)

[II. Methodology 1](#_Toc358993830)

[III. Findings 3](#_Toc358993840)

[Awareness of Prediabetes, the National DPP, and Sources of Information 3](#_Toc358993841)

[Reactions to Top-Level Message Pillar Messages 6](#_Toc358993842)

[Reactions to Brochure 10](#_Toc358993845)

[Communicating to HCPs about the National DPP Program 11](#_Toc358993846)

[Overall Reactions to the National DPP Lifestyle Change Program 12](#_Toc358993847)

[IV. Key Conclusions and Recommendations 13](#_Toc358993848)

[Awareness of Prediabetes and Related Behaviors 13](#_Toc358993849)

[Messages 14](#_Toc358993850)

[Brochure 14](#_Toc358993851)

[Promotion 15](#_Toc358993852)

[Overall Reaction to National DPP 15](#_Toc358993853)

**Appendeix A: Moderator's Guide 16**

**Appendix B: Brochure 25**

# I. Introduction

The prevalence of diabetes in the United States has more than tripled in the past two decades, with more than 25 million Americans living with the condition. It is estimated that as many as 1 in 3 adults could have diabetes by 2050. CDC’s National Diabetes Prevention Program (National DPP) — a public-private partnership of community organizations, private insurers, employers, health care organizations, and government agencies — offers proven, group-based lifestyle interventions to prevent and reduce type 2 diabetes, delivered in communities through organizations such as the YMCA.

FHI 360, together with its subcontractor Porter Novelli, is working with CDC to dramatically expand the National DPP, gathering support from employers, health care professionals (HCPs), insurers, and participating organizations, as well as increasing referral, enrollment, and retention of people with prediabetes in the Lifestyle Change Program. This formative research seeks to inform development of credible and motivating messages and materials to best support communication and promotion efforts to expand the reach of the National DPP lifestyle intervention. Developing an effective consumer-facing brand and key messages that will resonate with health care professionals, consumers, and other stakeholders is imperative to the success of the National DPP.

# II. Methodology

## 

## Overview

A triad is a qualitative data collection method that is, in essence, a three-person, or small, focus group Six triads were conducted with HCPs between April 25, 2013, and April 30, 2013, to explore participants’ interpretation of, understanding of, and reactions to multiple messages about the National DPP. These small group discussions have many of the advantages of focus groups. They allow for testing of complex concepts, messages, and materials, take advantage of a group dynamic, and allow for exploration of the target’s audiences’ feelings, attitudes, motivators, and past experiences as they relate to a given topic.[[1]](#footnote-1) Triads also offer other particular benefits that made it an appropriate methodology for use with the HCP audience. Because fewer individuals are involved, a triad often takes less time than a focus group — usually running 45 to 60 minutes. Given anticipated constraints on HCPs’ time, a shorter discussion time was deemed desirable with this audience. Also, as there are fewer participants, triads offer an opportunity to hear each participant’s views in greater depth.

The study protocol, screener, consent form, and moderator guide — together with the level of burden — were reviewed and approved by the U.S. Office of Management and Budget using the Health Message Testing System (HMTS) expedited review process. The study was reviewed and exempted by FHI 360’s Institutional Review Board. Triads were conducted remotely using telephone and online meeting software that enabled moderators and triad participants to view messages or material visuals simultaneously. A trained moderator conducted the discussions, each of which lasted 60 minutes.

Triad participants were recruited from across the United States and represented a mix of urban, suburban, and rural practitioners. We queried two segments of HCPs — primary care physicians and other HCPs (e.g., nurse practitioners, physician assistants) — all of whom work with patients who have prediabetes or are at risk for type 2 diabetes. Nineteen HCPs participated:

* 12 primary care physicians (PCPs)
* 7 other health care professionals —
  + 2 registered nurses (RNs)
  + 1 physician assistant (PA)
  + 4 nurse practitioners (NPs)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PCPs** | | | **Other HCPs** | | | **Total** |
| **Group #** | **Group #1** | **Group #2** | **Group #3** | **Group #4** | **Group #5** | **Group #6** | **6** |
| **# Participants** | 4 PCPs | 4 PCPs | 4 PCPs | 2  RNs | 1  PA | 4  NPs | 19 |

## Content of Discussions

Message and material testing assessed the reactions to and opinions about messages and materials that relate to the description of prediabetes and the promotion of the National DPP. Refer to Appendix A for a copy of the moderator’s guide for specific discussion points and questions.

At the beginning of each discussion, participants were asked general questions about prediabetes awareness, testing, treatment, and health-seeking behavior.

The bulk of the discussion explored participants’ interpretation of, understanding of, and reactions to the following elements:

* Potential messages for HCPs
* National DPP Lifestyle Change Program description
* National DPP brochure (Appendix B)
* Communication channels

The messages about prediabetes and the National DPP Lifestyle Change Program were taken from the HCP message map developed for this project. Respondents were first shown the general messages from the message pillars and asked to discuss their reactions. They were then asked to discuss their reactions to the positioning statement. (See below.)

|  |
| --- |
| Message Pillar Messages |
| Health care providers are encouraged to assess patients for prediabetes or risk for type 2 diabetes to prevent or delay onset. |
| CDC’s proven effective, evidence-based Lifestyle Change Program helps reduce the risk of type 2 diabetes patients with prediabetes. |
| Your patients count on you for guidance and advice to maintain their health and prevent chronic diseases. |
| Recommend that your patients with prediabetes take part in the Lifestyle Change Program — it’s simple, effective, and reliable. |
| Positioning Statement |
| The Lifestyle Change Program is a scientifically-proven program to prevent or delay type 2 diabetes through modest, achievable, and realistic lifestyle changes. For patients at high risk for type 2 diabetes who may be motivated to make changes in their lives, this program empowers them to take charge of their health and well-being. Recommending that patients attend the program can greatly increase intention to participate in lifestyle change programs and adherence to lifestyle changes. |

This report is a summary of formative research findings. It is not intended to be a detailed reporting of discussion group proceedings. When reading this report, it is important to remember that triad discussions are qualitative research methods. Findings cannot be generalized to the population as a whole.

# III. Findings

## Awareness of Prediabetes, the National DPP, and Sources of Information

Before reviewing the messages and materials, HCPs were asked a series of warm-up questions about their awareness of prediabetes, as well as their related testing, treatment, and information-seeking behaviors.

**Nearly all participants reported using the term prediabetes with patients.**

*“‘Prediabetes’ is becoming more the term used [sic].”* (PCP)

*“I use the word ‘prediabetes’ because I feel like it’s the chance to get them to understand that, if they don’t make changes, it will progress to diabetes. We can work on prevention. I always use the word ‘prediabetes’.”* (NP)

*“I use the term ‘prediabetes’ when I’m talking with patients. In the medical record, I usually use terminology like elevated glucose or glucose intolerance.”* (RN)

Some HCPs who reported use of the term prediabetes, reported occasional use of other terms as well, including *early diabetes*, *at-risk for diabetes, impaired glucose tolerance*, *hyperglycemia*, and *metabolic syndrome*.

The term *borderline diabetes* was not mentioned, except by one PCP, who said, “We’re not really supposed to use the word ‘*borderline diabetes’* anymore, because either you have [diabetes] or you don’t.”

HCPs who reported they did not use this term indicated they used the terms *at-risk for diabetes* and discussed factors in a patient’s lifestyle that might lead to diabetes.

**All HCPs reported they or other staff at their practice, clinic, or hospital commonly test patients for diabetes, and therefore prediabetes** —particularly those with a family history. A few said that patients often come to them with concerns about diabetes, because of family history. However, in some non-PCP groups, participants expressed concerns that prediabetes is often overlooked by providers. For instance, one said, “We’re doing an audit right now where I work of all our diabetic patients, and what I’ve noticed is that a lot of the patients that were gestational diabetics or prediabetics, are lost to follow up. We haven’t done anything — we’ve never followed up.”

**Once a prediabetes diagnosis was made, the most commonly reported approach to diabetes prevention was discussion of lifestyle modifications with patients.** As a nurse practitioner said, “Lifestyle modification is what I really focus on.” Other reported approaches included follow-up visits to monitor blood glucose level (and sometimes weight loss) and providing patients with materials, including food journals. In more than half of the groups, prescribing a medication (e.g., Metformin) or discussing the prescription of a medication was reported.

**All providers referred patients to additional diabetes education resources, either in their own practices, externally, or both.** Several of the HCPs were affiliated with organizations that provide prediabetes education — but it is primarily one-on-one with a health educator, diabetes educator, nutritionist, or registered dietician rather than in a group setting.

**HCPs reported referring patients to varied sources of diabetes prevention information,** including online sources (Mayo Clinic, American Diabetes Association, International Diabetes Clinic, WebMD, UptoDate.com, and diabetes content on participants’ practice or hospital websites) and printed handouts. In addition, a NP said she directed patients to a registered dietician phone service provided free by their lab provider — “They serve as kind of a coach who has access to all the labs we have done and how to change your diet to not become a diabetic.”

**HCPs reported seeking prediabetes information for themselves from various sources:**

* Online sources (PubMed, UptoDate.com, Epocrates.com, Prescriber’s Letter, Mayo Clinic, WebMD, and Google)
* Medical journals (*New England Journal of Medicine*, *Annals of Internal Medicine*, *Journal of the American Medical Association, Journal of the American Diabetes Association, Diabetes Forecast)*
* In-person meetings with pharmaceutical representatives
* Resources within the HCP’s practice or hospital (diabetes education center, diabetes educators, endocrinologists)

Professional organizations (American College of Physicians, American Diabetes Association, American Endocrinology Association, American Medical Association, American Academy of Nurse Practitioners, and American Nurses Association) were also reported as sources of prediabetes information. HCPs reported attending conferences, accessing the organizations’ websites, and reading journals.

**The CDC is not a source HCPs use to seek information about prediabetes.** Many HCPs perceived the CDC as a source for infectious disease and immunization information. They did not consider the CDC as a source of information about chronic diseases, such as diabetes.

*“I think of the CDC as more of an infectious disease control, and if I’m looking up the latest guidelines on gonorrhea or Chlamydia, I’ll go there. But I don’t typically think of them as a diabetic resource.” (NP)*

*“CDC has an image as an infectious disease control…so you don’t think of it as far as chronic medical conditions.” (PCP)*

However, the CDC is perceived as a credible and reliable health institution. Providers were receptive to and enthusiastic about CDC-provided efforts on prediabetes and diabetes prevention.

**Awareness of the National DPP was low among HCPs.** A few participants indicated they had heard of the program. However, it was unclear if these participants had heard of CDC’s National Diabetes Prevention Program or a different, similarly named program.

## Reactions to Top-Level Message Pillar Messages

### General Reactions

**HCPs said the messages were direct and to-the-point.** The messages would motivate them to keep reading a material or access a web link to learn more.

**However, HCPs wanted concrete information about the program.** Specifically, they wanted to know more about:

1. The expectations of the provider

* What is required of the provider? — e.g., “Is this something that you can just refer patients to, or something as an office we need to enroll in?” (PA)
* What do we need to do?
* What are the expectations for the office? — e.g., “How much is totally hands off and how much is the provider involved in?” (PA)

1. Eligibility

* What patients would be eligible for the program?
* How can patients get involved?
* Do they need a referral from a provider?

1. Program details

* What evidence is available to support the claim of a *proven effective, evidence-based Lifestyle Change Program?*
* What are the qualifications of a lifestyle coach?
* Is the program “support-based” or “one-to-one”?

**Phrases related to effectiveness (i.e., *proven effective*, *evidence-based*, and *simple, effective, and reliable*) prompted HCPs to request the supporting evidence for these claims.** It was suggested that a footnote or a link to a specific journal article should be included.

**Throughout the review of the materials, HCPs expressed questions about the cost.** A few HCPs had immediate concerns about the cost of the program’s cost and whether it is covered by insurance or Medicare and Medicaid. Many thought the program would be free because it is a government program. HCPs reported cost as a critical factor in deciding whether and who to potentially alert to the program. Additionally, HCPs expressed concern that their patients would not attend a program that was not covered or free.

### Reactions to Specific Messages

*Health care providers are encouraged to assess patients for prediabetes or risk for type 2 diabetes to prevent or delay onset.*

**Overall, this message was acceptable to HCPs** as a “short,” “concise,” general statement about their diabetes prevention role. They agreed that it was important to assess patients — as one PCP said, “We have to realize anyone can be at risk.”

**Preference for the term *encouraged*, as opposed to the alternative *should*, varied by health care profession.** *Should* was preferred in the RN, PA, and NP groups; *encouraged* was preferred in all PCP groups. Some requested that guidelines be included to clarify who is at risk for type 2 diabetes.

**The phrase *prevent or delay*** was often identified as compelling language in this message — e.g., “to me, the key is prevention.” (PCP)

**A few found the tone of this message to be condescending (“almost insulting”).** They felt they were already assessing patients appropriately and did not need to be told how to practice.

*CDC’s proven effective, evidence-based Lifestyle Change Program helps reduce the risk of type 2 diabetes in patients with prediabetes.*

**HCPs found this message thought provoking and wanted to learn more about the evidence base** — as one RN said, “This is the one that is the most like thought-provoking…it’s proven, it’s effective, it’s evidence-based so… yeah, you do want to know more about the program.” The CDC was reported as a respected organization that patients would trust. The concept of an *evidence-based* program with a focus on lifestyle changes was appealing to all providers – and they wanted to be able to read and assess the evidence for themselves.

**Some HCPs thought the tone of this message should be stronger.** For example,a PCP said this message should “push” the program more — i.e., “Say, ‘Hey, we’ve got a good program here, and it works.’” NPs said the word *helps* should be eliminated, leaving the stronger *CDC’s program reduces the risk.*

**HCPs wanted data to support the claim of *evidence-based*.** PCPs commented, “I need to know what the literature says” and wanted “a little more substance behind the statement.” A nurse practitioner noted, “I feel like it’s a cliffhanger. It’s like, ‘Well, how do you do that?’ There needs to be a follow-up sentence, definitely.” A few participants suggested including footnoted references or providing a link to the research. Without supporting data, some participants — who were skeptical of the success of lifestyle change interventions — thought the CDC was “overselling” with this unsupported phrase. As the PA said, “it’s almost too much of a selling point.”

*Your patients count on you for guidance and advice to maintain their health and prevent chronic diseases.*

**This message elicited mixed responses.** Some liked the message, reported it was encouraging, and believed it reinforced the role of the HCP. In contrast, some reported the message had a condescending tone (“talking down to us”). It was suggested that the message should express that CDC recognizes this is already a part of providers’ routine and use language that implies a partnership between CDC and providers. A few thought it “states the obvious” and is therefore unnecessary.

*Recommend that your patients with prediabetes take part in the Lifestyle Change Program — it’s simple, effective, and reliable.*

**Most providers said they would likely consider this presumably credible resource with a focus on lifestyle changes.** One PCP said in response to this message, “I am looking for methods for lifestyle change, so if the CDC is coming up with something, I would want to look at it. You’re describing it as it’s easy to do, it’s going to work — and I can depend on it. So I’m going to look into it.” An NP said, “The first thing with prediabetes, we talk about lifestyle changes. But there is no program out there and not a lot of help in that area.”However, a few participants noted that this message sounded “salesy” without substance to support the claim.

**Some liked the phrase *it’s simple, effective, and reliable*.** *Simple* conveyed that the program would not require a lot of the provider’s time. However, some disliked this phrase because, as one RN said, “Any kind of lifestyle modification is not simple.” Similarly, the appropriateness of the word reliable was questioned — a PCP said, “I don’t [think] that *reliable* is the best word…I don’t know what *reliable* means in this context. It doesn’t make sense to me.”

**Among PCPs and NPs, nearly all preferred the word *recommend* over *refer*.** *Recommend* was less of an imperative to PCPs, which was viewed more positively. In fact, a PCP suggested, “How about please recommend?” Additionally, *recommend* was said to be more appropriate because this program was ultimately optional for their patients. As one PCP said, “For you to *refer,* it’s more like ‘you have to go do it’…and they’re going to be real resistant to that.” In the RN and PA triads, the preferred term was *refer*, which was reported as typical provider language and was “action-oriented.”

**Positioning Statement:** *The Lifestyle Change Program is a scientifically proven program to prevent or delay type 2 diabetes through modest, achievable, and realistic lifestyle changes. For patients at high risk for type 2 diabetes who may be motivated to make changes in their lives, this program empowers them to take charge of their health and wellbeing. Recommending that patients attend the program can greatly increase intention to participate in lifestyle change programs and adherence to lifestyle change.*

**HCPs reported this message would get their attention and motivate them to learn more about the program.** The Lifestyle Change Program was seen as likely to be valuable for their patients. They reported wanting to learn more details about eligibility criteria, cost, insurance coverage, and supporting evidence of effectiveness.

**HCPs expressed a lack of clarity concerning the Lifestyle Change Program format.** To some, it was unclear that the Lifestyle Change Program was an in-person, support-based program with a lifestyle coach (as opposed to an education-only or one-on-one program). As a PCP said, “It gives a frame, but nothing of substance.”

**A few HCPs thought the tone was too optimistic, given the difficulty of making lasting lifestyle changes.** They reported that linking the message to the supporting evidence would make it more believable.

**The phrase “modest, achievable, realistic lifestyle changes” was well received as a statement of what is important and attainable for patients.** HCPs also responded positively to *scientifically proven*, *empowers,* and *take charge*. The PA said, “It’s really hard for people in general to change their lifestyle…I definitely like that wording there.”

**HCPs were mixed in their response to the phrase *who may be motivated to make changes in their lives.*** Some reported it would help them identify ideal participants, while others felt the program should be for all patients with prediabetes. A few reported the last sentence (beginning *Recommending that patients attend*…) was “cumbersome” and wordy.

**Regarding the format of the message, a few HCPs indicated a preference for content in bullet points.** The paragraph format was said to be intimidating.

## Reactions to Brochure

HCPs were shown a brochure (see Appendix B), developed by the Diabetes Training and Technical Assistance Center at Emory University. The brochure was designed to provide HCPs with basic information about the Lifestyle Change Program, eligibility criteria, and a brief discussion of being a program champion to other HCPs.

**HCPs reported the brochure was informative with a straightforward tone.** Certain content was especially well received, including:

* Eligibility criteria (BMI of 24, etc.);
* Program data (e.g., 58%);
* The *one in three…* statistic;
* Clarification it was not a weight loss program;
* Insurance coverage; and
* Availability in the community.

**While all liked the brochure, several said it was “too long” or “a lot of writing” for busy practitioners, which meant they would be unlikely to read it.**HCPs wanted the following information to be prominent without having to read the full brochure: program description, program benefits, eligibility criteria, cost, and availability in community.

**Some HCPs responded negatively to the phrase *become involved*, which implied they were not already involved, as well as to the term *champion*.** The statement *assign someone in your office* was troublesome and caused HCPs to question the program’s expectations of the HCP. An RN saw this section as implying that providers do not do enough already, which was off-putting.

*“My only concern is that it sounds like one more thing for a busy doctor to do.” (PCP)*

**After reading the brochure, HCPs still had questions about how the program would work.** Specifically, they said it needed to be clearer that it was an in-person program, among other program details.

**HCPs responded positively to the inclusion of the CDC logo on the brochure and said it should be featured prominently.** They reported the CDC is a credible source that is “worth my time.” Some noted it would help distinguish the material from other materials they receive from for-profit organizations.

## Communicating to HCPs about the National DPP Program

**HCPs wanted to receive communications about the program through multiple channels.** As a PCP said, “You have to bring it to our attention in several different ways.”

**Some preferred to receive detailed but succinct program information by mail and/or email.** They expected to receive program brochures/handouts for both providers and patients.

**Others reported they would prefer an in-person meeting,** which they reported to be a common pharmaceutical industry promotional practice — e.g., “If they had someone come into the office just to tell us about it.” HCPs suggested program representatives make presentations at practice visits, office luncheons, hospital-sponsored meetings, and medical meetings and conferences.

**Professional organizations were reported as a credible and attention-getting channel to promote the program,** although some HCPs reported they would not expect to hear about the program from these groups. Participants reported the following organizations that could disseminate program information:

* American Diabetes Association
* National, state, and local chapters of American Academy of Family Physicians
* American Medical Association
* American College of Physicians
* American Academy of Physician Assistants
* American Nurses Association
* American Osteopathic Association
* American Association of Clinical Endocrinologists

Conferences and print publications (*JAMA, New England Journal of Medicine, American Family Physician*) were listed as appropriate avenues to communicate information about the program.

Continuing Medical Education credits (CMEs); enclosures in medical license renewal packets; and online sources (UptoDate, Medscape, Medline, Epocrates, Prescriber’s Letter, Mayo Clinic, WebMD) were also reported as good channels to reach HCPs.

There was little interest in being reached or finding information through social media. Similarly, videos were not a preferred format.

## Overall Reactions to the National DPP Lifestyle Change Program

**Overall, HCPs reported the Lifestyle Change Program to be appealing.**

*“You really get the feeling that it’s a good program.” (PCP)*

*“It sounds and looks good, and it’s probably a better thing if it’s a tool that’s been proven more useful than what I’ve been doing, which is spontaneous. I can’t say that anything I’m doing in terms of counseling with patients…is really effective. I just know the things we’re supposed to look for. The things we’re supposed to talk about.” (PCP)*

*“I think the program tends to concretize the concept that prediabetes is a condition of concern. The fact that there is a program to treat it is justification for us to be concerned with the patient, and maybe make them concerned about it.” (PCP)*

*“[I like it, because right now], it’s like we’re having to hunt pieces to pull it together to create this lifestyle change and to give them the information they need.” (NP)*

*“I definitely like the Lifestyle Change Program.” (NP)*

*“If I can definitely get someone involved in a program — a Lifestyle Change Program — then that would be something I would love to be able to offer.” (PA)*

Nearly all reported that they would recommend the program to their patients, while a few reported that they would recommend the program after learning more about it. Specifically, HCPs wanted to learn more about the program’s expectations of the patient and provider, the cost of the program, the appropriateness for special populations, and accessibility in rural communities.

**Although HCPs found the National DPP appealing, some HCPs reported skepticism that their patients would attend the program.** Reported barriers to patient participation included resistance to attending classes/events, resistance to taking additional time (e.g., “time off work”) for non-clinical appointments; unwillingness to attend events not held in their providers’ practices/clinics, and belief they can find the information online.

**HCPs responded fairly negatively to involvement beyond referring patients to the program, such as being a champion for the program with other HCPs.** They reported, if the referral process was simple, and if the program was simple for patients to use, then “it’s no problem referring them.” If more was required of them, such as reaching out to other HCPs then they were less interested.

# IV. Key Conclusions and Recommendations

## Awareness of Prediabetes and Related Behaviors

All HCPs are aware of prediabetes, and most use this term when speaking with patients. All HCPs test patients for diabetes, and therefore test patients for prediabetes.

After prediabetes diagnosis, HCPs most frequently discuss lifestyle changes with patients. These efforts are seen as important but also difficult, time-consuming, and of uncertain effectiveness. In particular, lifestyle changes were seen as hard to address and motivate — especially for patients who needed to make substantial adjustments around diet and exercise.

There appears to be a need for higher-quality diabetes prevention resources for patients, especially regarding lifestyle changes. Some HCPs described challenges regarding diabetes prevention resources, such as low-quality hospital education programs, having to create educational materials on their own from a mix of sources, and referring patients to multiple sources for information.

Providers would like to offer well-organized, well-run, self-contained diabetes prevention programs to their patients as additional options for counseling. They regularly refer to hospital-based programs already.

HCPs did not consider CDC a source of prediabetes information. CDC was associated with infectious disease and immunization.

Awareness of the National DPP was low among HCPs.

* **Recommendation:** National DPP Lifestyle Change Program information should be made available to providers by the CDC. Low awareness of the program makes it unlikely that many providers will seek it out. If at least some comprehensive information about the program is provided to HCPs, many are likely to look into it further.

## Messages

HCPs reported the messages were direct and to the point; however, they wanted more information about program details, including cost. Many assumed that the program was free because the government was involved.

* **Recommendation:** Key program facts, including cost information, need to be communicated to providers so they understand the program and can then feel comfortable recommending it to patients.

HCP segments varied in their preference for certain phrases. Suggestive language (recommend, encourage) was acceptable to physicians, but non-physician HCPs preferred stronger language (should, refer). Physicians felt aspects of all messages were at least somewhat condescending.

* **Recommendation:** Use suggestive language, as opposed to stronger language, to address specific physician comments about offensive tone.

The phrases *proven effective* and *evidence-based* were very important. However, all physicians and many other HCPs wanted to see the supporting evidence.

* **Recommendation:** Include relevant supporting data in all materials, as well as links to the research studies.

The descriptive phrase *simple, effective, and reliable* conveyed that little HCP time would be required, which was viewed as a positive. However, some did not feel the term *simple* was appropriate because of the difficulty in making behavior changes. Some questioned the appropriateness of the term *reliable*.

* **Recommendation:** Using an approachable frame, provide information about the expected HCP role in the National DPP.

HCPs liked inclusion of CDC in the messages. They viewed CDC as a trusted source of information.

* **Recommendation:** Include CDC in text and logo form, as appropriate, in materials to differentiate National DPP from other programs and add credibility to materials.

## Brochure

Overall, HCPs found the brochure to be informative and straightforward. After reading the brochure, some HCPs still had questions about how the program works. Additionally, some reported the material to be “too wordy.”

* **Recommendation:** Information in print for busy providers needs to be brief and formatted with quick reading in mind. However, it must include enough specific information to clarify the program.

HCPs would like to see the CDC logo more prominently featured. The logo was said to distinguish this from other materials.

* **Recommendation:** Feature the CDC logo prominently on HCP materials.

## Promotion

Providers require communication about the program repetitively and using multiple channels, to ensure their awareness and understanding of the Lifestyle Change Program.

* **Recommendation:** Promote the program through various channels including professional organizations, CMEs, enclosures in medical license renewal packets, online sources, in-person meetings, email, and mail. HCPs were not interested in receiving information through social media or video content.

## Overall Reaction to National DPP

Overall, HCPs found the National DPP to be very appealing. Based solely on the information presented during the triad, some HCPs would recommend the program to patients. Yet, most reported they wanted more information about the program.

Several HCPs were skeptical that their patients would be interested in the program because of its time commitment.

HCPs reported time constraints. They were not interested in being National DPP champions, and they wanted a clear explanation of expectations of the role and time commitment of the HCP.

**APPENDIX A**

**Testing of Brand Concepts, Messages and Materials for the National Diabetes Prevention Program**

***Moderator’s Guide for Triads with Health Care Professionals (HCPs)***

**I. Introduction (2 minutes)**

A. Introduction

* *Moderator’s introduction*
* *Welcome participants*

B. Procedural Details

* *Audio Taping (speak one at a time)*
* *The audio recordings will be used to help in writing a summary report. No one outside of this project will listen to the recordings. We will keep what you say secure to the extent permitted by law. We will NOT put your name in the report or on the recordings. We will keep the recordings in a locked cabinet. The recordings will be destroyed by December 2015.*

**II. Self Introductions (4 minutes)**

We’re going to go around to allow everyone to introduce himself. When it’s your turn, please tell us:

* + Your first name
  + Where, if anywhere, you generally recommend your patients look for information about diabetes prevention.

**Public Reporting Burden Statement**

Public reporting burden of this collection of information is estimated to average **60** **minutes** per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0572).

**III. Purpose (2 minutes)**

# 

You’re here today to take part in a small group discussion (or triad). It’s a discussion to find out your opinions – like a survey, but with broad, general questions.

This discussion group is being sponsored by the Centers for Disease Control and Prevention, also known as the CDC.

We’ve asked you to be in this discussion to get your feedback on some messages and materials related to a diabetes prevention program. You are all [insert type of group participants here]. Over the course of our discussion today, I will show you some messages and other materials. After I show them to you, I will ask you a few questions to get your reactions.

What you tell us today will help inform how CDC and its partners can better communicate about a diabetes prevention program. For example, it may help determine how CDC and its partners present information on print materials or on their website.

I personally have no part in developing any communications or materials from the CDC, so feel free to tell me what you really think. All of your comments, whether positive or negative, are welcome.

**IV. Awareness of Topic Area & Information Seeking (7 minutes)**

Before we look at some specific materials or information, I would like us to start by talking, in general, a little bit about the topic of diabetes and diabetes prevention.

1. Have you ever heard of the term “prediabetes”?
   1. What can you tell me about prediabetes?
   2. Do you currently test for prediabetes?
   3. Is “prediabetes” a term you use with your patients? Are there other terms or phrases you use?
   4. What is your current approach to type 2 diabetes prevention for your patients?
2. Is “prediabetes” or diabetes prevention a topic on which you seek out information? If so, how?
   1. What type of information are you seeking?
   2. Where might you seek out information?
      1. What information do you look for or get from professional organizations that you belong to?
      2. What information do you get online or through social sites? (If any) which ones do you turn to and why?
      3. Do you go to CDC to look for information? Why/why not?
   3. Where would you turn first for information?
3. Have you heard of the National Diabetes Prevention Program, sometimes called the National DPP?
   1. What can you tell me about the National DPP?

**V. Reactions to Messages and Materials (30 minutes)**

CDC and its partners are trying to make health care professionals more aware about a lifestyle change program that was demonstrated to be effective, through work overseen by the National Institutes of Health, in preventing or delaying type two diabetes onset when participants diagnosed with prediabetes made modest reductions in their weight and increased their level of physical activity.

The CDC is overseeing the National DPP’s Lifestyle Change Program. We would like to get your input on some high level messages for health care professionals like you about the Lifestyle Change Program. We would like to know what type of information health care professionals like you need to consider recommending that your patients with prediabetes attend a lifestyle change program like that associated with the National DPP.

Please take a look at the following general messages: [put all four messages on the screen]

1. **Health care providers are encouraged to assess patients for prediabetes or risk for type 2 diabetes to prevent or delay onset.**

NOTE: PROBE ON WHETHER THE MESSAGE SHOULD BE “HEALTH CARE PROVIDERS ARE ENCOURAGED (PASSIVE)…” RATHER THAN “HEALTH CARE PROVIDERS SHOULD…” – DO THIS LATER BUT KEEP THIS IN MIND WHEN LISTENING TO

1. **CDC’s proven effective, evidence-based Lifestyle Change Program helps reduce the risk of type 2 diabetes patients with prediabetes.**
2. **Your patients count on you for guidance and advice to maintain their health and prevent chronic diseases.**
3. **Recommend that your patients with prediabetes take part in the Lifestyle Change Program – it’s simple, effective, and reliable.**
4. [for each message] What information do you need to need to make this message persuasive?
5. Are there any words or phrases here that you think are especially attention-getting or appealing?

If information as we just discussed were coupled with the following [show on screen]

**The Lifestyle Change Program is a scientifically-proven program to prevent or delay type 2 diabetes through modest, achievable, and realistic lifestyle changes. For patients at high risk for type 2 diabetes who may be motivated to make changes in their lives, this program empowers them to take charge of their health and well-being. Recommending that patients attend the program can greatly increase intention to participate in lifestyle change programs and adherence to lifestyle changes.**

1. If you saw or heard these messages, would they get your attention? Why or why not?
2. Do these messages make you want to do anything?
   1. Would they make you think more about the importance of lifestyle change programs for diabetes prevention?
3. Are these messages believable or not? Why or why not?
   1. [If not believable] What additional information would you need in order to more strongly believe this/these message(s)?
4. How could these messages be improved?
5. Did any of the concepts turn you off? What was it about the messages that turned you off?

Next, I would like to show you something that has been developed to provide information about the National DPP lifestyle change program to health care professionals**. [Show brochure now]**

1. Overall reaction to material
2. How does it make you feel?[Listen for positive/negative reactions]
   1. Is there anything you especially liked about this brochure?
   2. Is there anything you would change about this brochure?
3. Do you like the way it is written? [Probe: tone, language/style, etc.] Is it easy to read?
   1. Is it easy or difficult to read? [Probe: Font too big? Too small? Too dense]?
4. Is there anything confusing, unclear or hard to understand?
   1. How could this information be conveyed more effectively**?**
5. What is your general reaction to the way this looks?
   1. Would it catch your attention if you saw it somewhere?
6. What would you think of having the visual identity – or logo - of CDC and/or a partner (e.g., the Y) on these? Would it make them more believable? Would you think more about looking into the program?

Now, thinking about the messages and the brochure and the information they are trying to convey -

1. Is there anything else you would add?
   1. Is there anything you want to know that the brochure or messages do not tell you?
2. Are there clear benefits to you for recommending the program that are clear in these messages/materials?
3. Is there anything that could be changed in the brochure/messages to make it more likely you would be motivated to recommend to your patients that they participate in the National DPP lifestyle change program?
4. What barriers do you see with regard to recommending this program – as described in the messages and brochure? [probe on time, someone else in the practice has this responsibility, someone else in the practice would be more appropriate]

Next, I would like to show you messages about the National DPP lifestyle change program and get your reactions. These messages are for potential participants, for example, possibly your patients, and would be included in brochures, flyers, and other materials. [NOTE: THERE ARE TWO SETS OF MESSAGES AVAILABLE. PLEASE ROTATE USE]

1. How would you sum up in just a few words your impression of these messages?
2. How well do you think the main idea comes across?
3. Do you see these messages as containing information that would be attention-getting or appealing to your patients who are diagnosed with prediabetes?
4. Do you like the way the messages are written? [Probe: tone, language/style, etc.] Is it easy to read?
   1. Is there anything confusing, unclear, or hard to understand?
   2. Are there any words or phrases that bother you or that you think should be said differently?
5. How could these messages be improved?
   1. What could be changed to make them more effective?
   2. Is there a way to say this differently that would make your patients more likely to think about the messages?
   3. Is there anything your patients would likely want to know that these messages do not convey?
   4. Is there anything that could be changed to make it more likely you would be motivated to recommend a National DPP lifestyle change program to your patients with prediabetes?

1. Do any companies or organizations say something like this now? Which ones?

**VI. Promotion channels for the NDPP Lifestyle Change Program**

**(4 minutes)**

The CDC and its partners are working to promote the lifestyle change program across the country to encourage individuals who may benefit from it to participate. In addition to undertaking efforts to promote it directly to potential participants, they are also particularly interested in engaging health care providers such as yourself in disseminating information about this resource to their patients. I would now like to ask you some questions to get your feedback on how you think the CDC and its partners may be able to best promote this lifestyle intervention and engage health care providers such as yourself in the effort to disseminate information about this available resource to those who may benefit most from it.

1. What are some places where you might notice messages like these about the lifestyle change program?
   1. Where would you expect to see them?
   2. Where would it need to be so you would pay attention to it?
   3. Would you expect to get information like this from professional organizations you are a member of?
      1. What are some of these organizations?
   4. Would you look for this type of information:
      1. On-line? Through social sites? During a CME?
2. If you were trying to make up your mind about recommending this program to your patients with prediabetes, who would influence you?
   1. What if the CDC was to say something like this? Would it make any of them more or less believable? More or less appealing?
      1. How do you feel about CDC as the source of this information?
         1. Are they a good source of information?
         2. Do they seem trustworthy?
   2. What if a health insurance company said something like this? Would that change the way you look at these statements? Would it make any of them more or less believable? More or less appealing? Would you be less likely to recommend the program to your patients?
3. What types of information would you like to receive regarding the National DPP lifestyle change program? What would be the most effective way or format to provide this information? (Probes: Video? Educational pamphlets? Professional meetings? Internet?)

If you were to recommend a National DPP lifestyle change program to your patients with prediabetes,…

1. What kind of promotional items for your patients would you consider using?

**VII. Overall reactions to the National DPP Lifestyle Change Program**

**(5 minutes)**

We are almost done. To finish, I would like to ask you a few questions about your general reactions to the National DPP lifestyle change program based on what we have seen and discussed today.

1. How appealing is the program to you as a way to control the risk of developing diabetes among your patients who are prediabetes or at risk for developing prediabetes?
2. Who do you believe would benefit most from participating in the National DPP lifestyle change program?

Now, in terms of recommending a National DPP lifestyle change program to your patients… based on what we have seen and discussed today…

1. Do you see yourself doing this…or something like it? Why/why not?
   1. Do you plan to recommend a National DPP lifestyle change program?

**AND/OR**

* 1. Do you plan to seek more information about the National DPP lifestyle change program?

1. How feasible is it that you would make this recommendation? Please explain**.**
   1. What makes it hard to do this?
   2. What would make it easier for you to do?

Finally, thinking about all the information and materials you have seen today…

1. Is there anything that could be changed to make it more likely you would be motivated to recommend a National DPP lifestyle change program to your patients?
2. What are the alternatives you see to recommending a National lifestyle change program to your patients who have prediabetes??

**VIII. THANK YOU (1 minute)**

**APPENDIX B**

****

1. Centers for Disease Control and Prevention (CDC) (2007). *CDCynergy Social Marketing Edition:Your Guide to Audience-Based Social Marketing* (Version 2). Retrieved from: http://www.orau.gov/cdcynergy/soc2web/Content/activeinformation/tools/toolscontent/ triads.htm [↑](#footnote-ref-1)