

# Brand Concept Testing for Diabetes Self-Management Education and Support Services (DSMES) Marketing Support

## Supplement to the HMTS Expedited Review Form

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### Appendices

#### **Attachments:** Materials for Focus Groups, In-Depth Interviews, and Online Surveys

1. People with Diabetes Focus group Materials
  - a. Informed Consent
  - b. Screener
  - c. Moderator’s Guide
2. People with Diabetes Survey
  - a. Informed Consent
  - b. Screener
  - c. Instrument
  - d. Screenshots
3. Health Care Providers In-depth Interview Materials
  - a. Screener
  - b. Interview Guide
4. Health Care Provider Survey
  - a. Screener
  - b. Informed Consent
  - c. Instrument
  - d. Screenshots

## Project Summary

**Goal:** To conduct brand concept testing to inform promotion efforts for identified audiences around key diabetes self-management education and support (DSMES) services-related topics.

**How Information Will Be Used:** Findings from this brand concept testing effort will be used by the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation (DDT) to inform how best to communicate with key audiences about DSMES services. Specifically, information about which concepts and messages most effectively promote DSMES services will be collected. This work will help increase the likelihood that brand concepts will resonate and be understood as intended and motivate people with diabetes to use these services and qualified health care providers (HCPs) to refer their patients with diabetes to these services.

**Methods:** Brand concept testing will be conducted via focus groups with people with diabetes (n = 12 groups) and in-depth interviews with referring HCPs (n = 24). All data collection will be remote via teleconference.

Brand refinement and message testing will be conducted through online surveys with PWD (n = 300) and HCPs who refer to DSMES services (n = 200; 50 from each segment of providers). Referring HCPs will include:

- Primary care physicians (PCPs)
- Specialists (endocrinologists)
- Nurse Practitioners (NPs) and Advanced Practice Registered Nurse (APRN)
- Physician Assistants (PAs)

**Respondent Population:** For the brand concept testing and refinement testing, the target audiences are people with diabetes and HCPs who can refer to DSMES services.

These audiences are segmented as follows:

- People with diabetes, recruited to include a mix by age, gender, type of diabetes (type 1 or type 2), how long they have had diabetes, having received diabetes education (DSMES services or no diabetes education) and race/ethnicity.
- HCPs who can refer to DSMES, recruited to include a mix by age, gender, and race/ethnicity
  - PCPs
  - Specialists (endocrinologists)
  - NPs and APRN
  - PAs

**Analysis Techniques:** Qualitative data will be collected through focus groups and in-depth interviews. The focus groups and interviews will be audio recorded and there will be a notetaker. Analysis of the raw data will consist of a review of the audio recording, transcripts, and notes from the interviews; a consolidation of main points by audience; a discussion of similarities and differences among audiences; and a summary of preliminary findings developed by the FHI 360 project staff as the interviews are being conducted.

Survey responses will be analyzed with a quantitative software program (e.g., SPSS) to identify the percentage of participants within each segment that chose each response option. Open ended responses will be analyzed using qualitative data techniques to understand the reasons why the set of attributes were chosen. We will examine which attributes were common across each segment and which attributes were different across each segment.

## Background

DDT is conducting concept and message testing to better understand how to most effectively communicate with key stakeholders to increase enrollment in DSMES services and increase referrals from HCPs who can refer to these services. The brand is being developed in partnership with the American Diabetes Association (ADA), the Association of Diabetes Care and Education Specialists (ADCES), and other national organizations who will be implementing the brand. This data collection effort will help inform DSMES service communication efforts with identified audiences around key DSMES service-related topics. Specifically, it will examine how to communicate about DSMES services to people with diabetes and HCPs.

## Methodology

Data will be collected from people with diabetes and HCPs through teleconference focus groups, teleconference in-depth interviews, and online surveys.

Twelve focus groups with 8-10 people with diabetes will be conducted. We anticipate conducting groups in three rounds of four groups each, allowing us to incorporate feedback from the first set of groups into subsequent versions of the concepts. Groups will be segmented by geographic location (urban/suburban vs. rural). Groups will include a mix of men/women, age, race/ethnicity, educational attainment, and type of diabetes (type 1 or type 2). Group sessions will last approximately one hour. Groups will be remote (i.e., each person in their own residence or other location) and will use teleconference software to connect people via computers and telephone lines. Participants will need to have a computer, laptop, or tablet in order to participate. Participants in the focus groups will receive a \$75 token of appreciation.

Twenty-four in-depth telephone interviews will be conducted with HCPs who can refer patients to DSMES. HCPs will be segmented by professional degree (MD vs. NP/APRN/PA), specialty, and type of practice (e.g., solo practice/large health center/Federally Qualified Health Center). Interviews will last approximately one hour. In-depth interviews will be remote (i.e., each person in their own residence or other location) and will use teleconference software to connect people via computers and telephone lines. Participants will need to have a computer, laptop, or tablet in order to participate. HCPs who participate will receive \$150 as a token of appreciation.

The survey of people with diabetes and healthcare providers will be conducted online using a professional marketing firm's software and recruitment opt-in panels. Surveys will last

approximately 15 minutes. For the people with diabetes survey, people will be segmented by type of diabetes, sex, race/ethnicity and geographic location. Participants with diabetes will receive \$10 for their time. For the healthcare provider survey, providers will be segmented by professional degree (MD vs. NP/APRN/PA) and geographic location (e.g., urban/suburban vs. rural). Health care providers who participate in the online survey will receive \$45 for PCPs, APNs, PAs, and NPs and \$65 for specialists (e.g., endocrinologists).

## Modes for Testing

DDT is proposing data collection using focus groups, in-depth interviews, and an online survey. The focus groups will be conducted via telephone using online meeting software such as GoToMeeting to show materials when needed. The in-depth interviews also will be conducted via telephone and through online meeting software such as GoToMeeting. Potentially eligible participants will complete a screening questionnaire to confirm their eligibility prior to participating in the focus groups or in-depth interviews. Before participating in the focus groups, participants will confirm that they have read the consent language and agree to participate. For telephone interviews, the interviewer will read the consent language; participants in telephone interviews will provide oral consent. If the participants do not agree to be recorded, no recording will be made— the recorder will be turned off and the note taker will take detailed notes to use for the analysis.

The online survey will be conducted through an online survey platform. Standard procedures will be used by the online survey company to contact likely eligible online panel participants to confirm they meet the study criteria. Potentially eligible participants will complete an online screening questionnaire to confirm their eligibility prior to taking the survey. Once participants are confirmed as eligible, the survey will route them to the consent form and then, if they agree to participate, to the survey.

See **Attachments** for instruments and other documentation for the survey, focus groups, and in-depth interviews— including the eligibility screeners, informed consent, focus group guide, in-depth interview guide, online surveys, and screenshots of how the survey will be viewed online by participants.

## Overview of Data Collection

Audience	Data Collection Methodology	Participants	Type of Location	Total
PEOPLE WITH DIABETES	Focus Groups	People with diabetes	8-10 people in 12 groups via telephone (over recruit by 2 to seat 8-10)	120
HEALTH CARE PROVIDERS	In-Depth Interviews	PCPs	Telephone	24

Audience	Data Collection Methodology	Participants	Type of Location	Total
PEOPLE WITH DIABETES	Online Survey	People with diabetes	Online At least 30 urban and 30 rural. At least 50 with type 1 diabetes	300
HEALTH CARE PROVIDERS	Online Survey	PCPs	Online	50
		Endocrinologists	A mix of urban and rural participants will be selected.	50
		NPs & APRNs		50
		PAs		50

## Incentives

Appropriate incentives are key to the success of research efforts and to prevent over-burdening the public. Even when individuals initially agree to participate, an incentive that is perceived as “insufficient” (e.g., too little money) may result in a greater likelihood of people who opt not to proceed.

People with diabetes who participate in the focus groups will receive \$75 (data collection materials in Attachments 1a, 1b, 1c). Participants will be recruited through a professional market research firm. HCPs will be recruited through a professional recruiting firm. HCPs who participate in the in-depth interviews will receive \$150 (Attachments 3a and 3b).

People with diabetes who participate in the online survey will receive \$10 or points equivalent to \$10 from the survey company (Attachments 2a, 2b, 2c, 2d; note that incentive is paid for completing the survey in 2c, not for participating in the screening process). PCPs, APNs, PAs, and NPs will be recruited through online panels. Health care providers who participate in the online survey will receive \$45 for PCPs, APNs, PAs, and NPs and \$65 for specialists (e.g., endocrinologists) (Attachments 4a, 4b, 4c, 4d; note that incentive is paid for completing the survey in 4c, not for participating in the screening process).

These incentive amounts are used in market research for these audiences and FHI 360 has used these amounts in other CDC projects. Lower amounts result in lower participation rates and higher recruitment costs. The lower participation rates lead to delays in data collection and in providing timely results. The higher recruitment costs can outweigh cost savings from reduced incentives.

## Duration of Focus Groups and In-Depth Interviews

- The screener for the focus groups and in-depth interviews will take approximately 5 minutes to complete.
- The focus groups and in-depth interviews will take approximately 1 hour to complete.
- The screener for the online survey will take approximately 5 minutes to complete.
- The online survey will take approximately 15 minutes to complete.

## Burden

A total of 477 burden hours is requested. Burden calculations are below.

### Focus groups and in-depth interviews

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Burden per Response (in min)	Total Burden (in hr)
People with Diabetes	Eligibility Screener	400	1	5/60	33
	Focus Groups	120	1	60/60	120
Health Care Providers	Eligibility Screener	100	1	5/60	8
	In-depth Interviews	24	1	60/60	24
<b>Total: 185 HOURS</b>					

### Online survey

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Burden per Response (in min)	Total Burden (in hr)
People with Diabetes and Health Care Providers	Eligibility Screener for Online Survey	2,000	1	5/60	167
	Online Survey	500	1	15/60	125
<b>Total: 292 HOURS</b>					