**Message Testing for Diabetes Self-Management Education and Support (DSMES) Marketing Support: Card Sort Activity**

**Supplement to the HMTS Expedited Review Form**

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**Appendices**

**Appendix A:** Messages to be Tested

**Attachments:** Materials for Online Survey

1. Survey Screeners
   1. For Diabetes Educators
   2. For People with Diabetes
   3. For Health Care Providers
2. Consent Language for People with Diabetes, Diabetes Educators and Health Care Providers
3. Online Surveys
   1. For Diabetes Educators
   2. For People with Diabetes who have not received DSMES services
   3. For People with Diabetes who have received DSMES services
   4. For Health Care Providers
4. Screenshots of Screener and Survey Questions/Messages to be Shown on Screen (*as will be seen on the online survey platform by participants*)

**Project Summary**

**Goal:** To conduct message testing to help inform communication efforts for identified audiences around key diabetes self-management education and support (DSMES)-related topics.

**How Information Will Be Used**: Findings from this message 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 attributes of DSMES services are most important to each audience will be identified and will serve as the basis for messages developed to promote DSMES services. This work will help increase the likelihood that messages will resonate and be understood as intended.

**Methods**: Messages will be tested via 400 online surveys. The panel survey will be conducted remotely through an online survey platform.

**Respondent Population**: The target audiences are people with diabetes, and health care professionals (certified diabetes educators, physicians, nurse practitioners, advanced practice nurses, and physician assistants) who refer to or offer 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, and race/ethnicity
  + Received DSMES services
  + Have not received DSMES services
* Health care providers, recruited to include a mix by age, age, gender, and race/ethnicity
  + Diabetes educators offering DSMES
  + Physicians who refer to DSMES
  + Specialists who refer to DSMES
  + Nurse practitioners and advanced practice nurses who refer to DSMES
  + Physician assistants who refer to DSMES

**Analysis Techniques:** 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 attribute. 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 audience research to better understand how to most effectively communicate with key stakeholders to increase enrollment in DSMES services. This data collection effort will help inform the DSMES communication efforts with identified audiences around key DSMES-related topics. Specifically, it will examine which qualities of DSMES services are most salient for health care providers, diabetes educators and people with diabetes.

See **Appendix A** for the messages to be tested.

**Methodology**

Data will be collected from people with diabetes, diabetes educators, and health care providers through an online survey that will be conducted with a national sample of 400 respondents. People with diabetes, diabetes educators, and health care providers have been identified as key audiences for message testing because DDT’s efforts ultimately seek to benefit people with diabetes; people with diabetes require a referral from a health care provider to receive services; and diabetes educators ultimately provide these services. Message testing with these audiences will provide valuable insight regarding how people with diabetes, diabetes educators and health care providers understand and react to the message.

For the people with diabetes audience, the online survey will be segmented by those who have received DSMES services and those who have not. For the health care provider audience, the survey will be segmented by profession of health care providers who refer their patients with diabetes to DSMES services and those who offer DSMES services. Segmenting this way will allow for exploring the potential similarities and differences in reactions to DSMES messages between these groups and whether distinct messages may be needed to influence intended attitudes and behaviors.

**Modes for Testing**

DDT is proposing data collection using an online survey. The online survey will be conducted remotely 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 confirmed, participants will continue to the survey questions. Before taking the survey, the first screen will include consent language. Proceeding to take the survey will be confirmation that they have read the consent language and agree to participate. See **Attachments** for instruments and other documentation for the online survey— including the eligibility screener, informed consent, online survey, and screenshots of how the survey and messages will be viewed online by participants.

**Overview of Data Collection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Audience** | **Data Collection Methodology** | **Participants** | **Type of Location** | **Totals** |
| **PEOPLE WITH DIABETES** | **Online Survey** | People with type 1 diabetes | At least 30 urban and 30 rural. At least 100 will also have had DSMES services. | **200** |
| People with type 2 diabetes |
| **Health care providers** | **Online Survey** | Medical doctors (general practice) | Amix of urban and rural participants will be selected. | **40** |
| Endocrinologists | **40** |
| Nurse practitioners or advance practice nurses | **40** |
| Diabetes educators | **40** |
| Physician assistants | **40** |
| **Total** | | |  | **400**  **Surveys** |

**Incentives**

Appropriate incentives are key to the success of research efforts and to preventing over-burdening the public. In other words, even when individuals agree to participate, an incentive that is perceived as “insufficient” (e.g., too little money) may result in a greater likelihood of people who qualify opting not to participate.

People with diabetes who participate in the online survey will receive $5 or points equivalent to $5 from the survey company. Participants will be recruited in one of two ways. First, people with diabetes who have had DSMES services will be recruited from existing lists from CDC’s partners who offer accredited or recognized programs (e.g., American Association of Diabetes Educators; American Diabetes Association). People with diabetes who have not had DSMES services will be recruited from an online panel of potential participants who have agreed to receive $5 or points equivalent to $5 for completing surveys which they can accumulate and exchange for rewards.

Diabetes educators will be recruited through the American Diabetes Association and American Association of Diabetes Educators’ membership lists. Physicians, advanced practice nurses, physician assistants, and nurse practitioners will be recruited through online panels. Health care providers who participate in the online survey will receive $35 for primary care physicians, advanced practice nurses, physician assistants, and nurse practitioners and $45 for specialists (e.g., endocrinologists). These incentive amounts are used in market research for these audiences and FHI 360 is using these amounts in another CDC project.

**Duration of Survey and Focus Groups**

* The screener for the online survey will take approximately 5 minutes to complete
* The online survey will take approximately 10 minutes to complete.

**Burden**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Respondents | Form Name | Number of Respondents | Number of Responses per Respondent | Burden per Response (in hr) | Total Burden (in hr) |
| People with diabetes and Health care providers | Eligibility Screener for Online Survey | 1,000 | 1 | 5/60 | 83 |
| Online Survey | 400 | 1 | 10/60 | 67 |
| **Total: 150 HOURS** | | | | | |

**Appendix A**

**Messages to be tested**

**Plain Language Description of DSMS**

Diabetes self-management education and support (DSMES) services empower people to live well with diabetes throughout their life. DSMES is provided by a diabetes educator. Educators help people with diabetes eat healthy, be active, track blood sugar, take medicines correctly, and reduce risk of illness and complications. They answer questions, share resources, and help people with diabetes learn coping skills, solve problems, and set goals to help them now and in the future.

DSMES is specific to a person’s needs. The diabetes educator and person with diabetes will review and update an action plan at each visit. People may get the services long term or as needed; by themselves, with a group of other people with diabetes, or online.

**Positive**

1. Accessible
2. Affordable
3. Collaborative
4. Convenient
5. Creative
6. Culturally-relevant
7. Customizable
8. Effective
9. Empowering
10. Enjoyable
11. Essential
12. Expert
13. Flexible
14. Helpful
15. Hopeful
16. Inspiring
17. Informative
18. Interesting
19. Knowledgeable
20. Manageable
21. Meaningful
22. Motivating
23. Personalized
24. Professional
25. Relevant
26. Skill-building
27. Supportive
28. Sustainable
29. Understandable
30. Useful
31. Valuable

**Negative**

1. Boring
2. Complicated
3. Confusing
4. Depressing
5. Difficult
6. Embarrassing
7. Expensive
8. Frustrating
9. Hopeless
10. Intimidating
11. Judgmental
12. Low-quality
13. Low-priority
14. Overwhelming
15. Patronizing
16. Pessimistic
17. Prescriptive
18. Repetitive
19. Rigid
20. Stressful
21. Time-consuming
22. Uncomfortable
23. Unrealistic
24. Inflexible
25. Worthless