Executive Summary of Findings:
Testing Core Community Health Messages
with the Public

Message Testing with the

General and Engaged Public

Conducted by

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EXECUTIVE SUMMARY

Background
The Division of Community Health (DCH) at the Centers for Disease Control and Prevention (CDC) conducted message testing as part of formative evaluation efforts ("audience research") to better understand how to most effectively communicate with the public and interested stakeholders about community health and relevant issues. The message testing assessed the reactions and opinions of key audiences to messages that relate to the scope and objectives of the work of DCH and its programs. The findings will help inform current and future DCH-, partner-, and awardee-lead communication initiatives to increase resonance and understanding.

Methodology
A total of 12 triads or small discussion groups and 24 focus groups were conducted with the public between November 13, 2012 and December 12, 2012 in four regions across the United States (South, Northeast, Midwest, and West). These groups were conducted in compliance with the Paperwork Reduction Act. Specific markets included Fresno, CA, Middlesex County, MA, Jackson County, MO, and Cobb County, GA. These locations are awardee communities of DCH programs. Two hundred twenty-seven individuals—all between the ages of 25 and 65 years—participated, including:

- ***General Public:*** 185 general public participants took part in 24 focus group segmented by race/ethnicity – i.e., non-Hispanic White/Caucasians, non-Hispanic African American/Blacks, and Hispanic/Latinos.
- ***Engaged Public:*** 42 engaged public participants, representing a mix of races/ethnicities, took part in 12 triads. The engaged public participants included individuals who had taken part in two or more community-related activities (i.e., served on a committee of some local organization, served as an officer of some club or organization, attended a public meeting on town or school affairs, wrote a letter to the paper, had written an article for a magazine or newspaper) in the past 12 months.

Participants' interpretation, understanding of, and reactions to multiple messaging concepts and ideas were explored, including:

- *Community*
- *Community health*
- *Healthy communities*
- *Making healthy living easier and more affordable*
- *Health equity*
- *Health disparities*
- *Environmental change(s)*
- *Making the healthy choice the easy choice*
- *Investing in communities*
- *Healthy living*
- *Community approach*
- *Where people live, work, learn, and play*
- *Healthy behaviors/healthy habits*

Highlights of Findings

Reactions to messaging and concepts

- ***Community*** was defined in a number of ways—it was framed in terms of geographic proximity, personal groups/connections, and shared goals.

- *Community health* was associated across groups with low-income communities (e.g., "community health clinics" or "community health centers" in poor and typically minority neighborhoods). It was also often associated with medical care, health education efforts, or health-oriented programs provided in communities (e.g., blood drives, flu shot clinics).
- *Healthy community* was described as a community that, for example, has good physical health and mental health, is safe and well-policed, and is close-knit. To a much lesser extent it was described as one that included, for instance, infrastructure to support healthy behaviors, such as bike paths.
- *Healthy living* was described across groups as being characterized by good diet, exercise/fitness, mental health (e.g., emotional well-being, coping skills, free of stress), access to health care (including preventive care), and access to healthy foods (in grocery stores, via farmers markets).
- *Health disparities* as a term was widely misunderstood across groups. Most associated the term with <u>economic</u> disparities in access to health care. They did <u>not</u> typically associate it with groups having higher disease burden than others.
- *Health equity* was also widely misunderstood across groups. For example, some associated *health equity* with quality of care; a few associated it with universal health care efforts; while some associated *equity* in ways not related to health (e.g., home equity).
- *Investing in communities* was interpreted by most participants as referring to <u>financial</u> investments. Lack of specificity and details were cause for confusion and for suspicion about how funds for such investments would be used. In the absence of specifics, most guessed that *investments in communities* would include communication materials, educational campaigns, and/or community health services and facilities (e.g., clinics). They typically did not assume it would include investments focused on, for example, infrastructure improvements around healthy living.
- *Chronic disease* was a term that was familiar and well understood by the majority of participants across groups. Most viewed obesity as a "chronic disease," although some did not. Whether or not they viewed it as such, most saw obesity as preventable.
- *Environmental change* was interpreted by most as relating to the natural environment – such as air quality, recycling, and "going green" efforts. Very few perceived the term as it was intended – as referring to changing the environment of an area by, for example, building sidewalks, bike trails, and running paths.
- *Healthy behaviors* was commonly associated across all groups with behaviors including diet and exercise, no smoking or recreational drug use, incorporating more activity into daily life (e.g., walk to the store), and getting regular preventive and medical care. When compared to *healthy habits,* participants' comments suggested that behavior is a more holistic term – it represents a broader set of actions and decisions than does the term habit. However, some expressed that *healthy behavior* sounded less ingrained and permanent than did *healthy habits* – which they saw as routine, almost unconscious activities.
- *Community approach* was seen as referring to social support and encouragement from an immediate group of friends or local people. More specifically, the phrase "*a community approach to healthy living can have farther-reaching effects than the efforts of individuals,*" was primarily interpreted as meaning that when groups of people work toward a goal, this is more effective and motivational than when one person does so. They did not immediately think of things like getting schools in the community to make play areas available, or adding bike lanes to roadways. However, many were receptive to such ideas.

- *Make the healthy choice the easy choice* – Participants generally liked this phrase because it sounded memorable and "catchy." The concept of making healthier choices *easy* was appealing, compelling, and acknowledged that there are barriers to healthier living (i.e., that it is difficult). Participants were also receptive to this statement because it was representative of small, digestible steps to healthier living – e.g., one choice at a time. Some participants appreciated a reference to *choice* because it acknowledged their power to make better decisions (or to not do so) and it was important to them that they always have personal choice regarding healthy lifestyle decisions. However, while the concept of making healthier choices *easy* was appealing, many were skeptical that it was an achievable goal. For some the term *choice* in the phrase suggested a government-sponsored program intended to influence their personal choices; most of these participants expressed their disagreement with this idea.
- *Making healthy living easier* – Overall, many participants agreed with the premise that healthy living is not "easy" – because less healthy choices were more convenient, easier, more affordable, and more readily available. Some liked it because they perceived it as simple and holistic in tone. This phrase was appealing to some because it did not use the term *choice*— without the term *choice*, the phrase did not come across as an organization influencing (and possibly interfering with) personal choices.
- *Where people live, work, learn and play* was seen as an appropriate, accurate way to describe a person's environment.
- *Making healthy living easier and more affordable where people live, work, learn and play* – When added, the term *affordable* in this phrase was attention getting for many – affordability around health was a primary concern across groups.

Attitudes and perceptions related to the promotion of healthy living in communities

- Participants were receptive to, and saw a need to make healthy living easier in their communities – particularly around diet and exercise.
- Barriers that participants consistently cited with respect to making healthy choices included: Higher cost of healthy foods, low cost and convenient access to unhealthy foods (e.g., chips at the corner store, the dollar menu at from a fast food outlet) no/limited access to healthier food options (e.g., in grocery stores, farm stands, etc.) in lower-income neighborhoods; time constraints in households where both or a single parent (no partner) are working; desire for speed and convenience among busy working people and families; lack of domestic, cooking, and parenting skills; unsafe neighborhoods and outdoor spaces in the community (e.g., high crime incidence, poor lighting, etc.); and unmet transportation needs that keep individuals from grocery stores, parks, etc. Cost and safety were two key barriers to exercise for many participants.
- Across groups, a number of participants associated organic foods from specialty grocers with healthy eating. Therefore, eating healthy seemed unattainable if individuals did not have access to or could not afford organic foods especially from large organic food grocery stores.
- Perceptions regarding ways in which healthy living could be made easier included: make healthy foods more affordable, educate people about physical and mental health, increase access to healthy lifestyle benefits through employers (e.g., subsidize gym memberships), and make it easier to get outside (e.g. better parks, more recreational opportunities).
- Across groups, participants interpreted the idea of *promoting healthy living* in one or more of the following ways: encouraging/supporting the idea through access to healthy living

choices, programs, community efforts, and in a few cases, infrastructure change; communication messages about healthy living, usually in the form of advertising (e.g., TV, radio, billboards, etc.); educating /teaching healthy living in the home, schools, and other community settings; and, individuals engaging in healthy behaviors. Overall, a majority saw "promoting" as referring to encouraging healthy living, but the impression of advertising and communication was strong.

- Attitudes about the role of the community versus the role of the individual in healthy living efforts varied. Overall, most participants seemed to consider that it was possible to have community/government leadership involved in healthy living efforts – especially larger-scale efforts such as creating bike paths – while still allowing for individual choice. However, there was sensitivity to the idea that a community or government could somehow interfere too much with individuals' decisions about whether or not to engage in healthier behaviors.
- Across all groups, there was skepticism about a local community's ability to actually mobilize and create change related to healthy living. To some, this seemed unrealistic given people's busy lives and the many barriers to healthy living that are present in modern life. There were questions about how any program could accomplish such a broad goal of *making healthy living easier*.
- Most participants were optimistic about the possibility of improving community health. They were, however, less optimistic about their own personal ability to impact community health— many said they would not know where to start.
- While the vast majority of participants had heard of the CDC, their primary perception going into the message testing was that this is an agency that responds to disease situations (e.g., outbreaks, new viruses, etc.). It was typically not seen as an organization focused on community education and outreach. Overall, participants seemed surprised that CDC would play a role at the local community level.

Highlights of Finding by Ethnic, Regional and Public Segments

Race/Ethnicity segments
   Non-Hispanic Caucasians, non-Hispanic African Americans, and Hispanics shared many of the same overall attitudes; however, some differences emerged by segment. For example:
- Non-Hispanic Caucasians and non-Hispanic African Americans were interested in, but also skeptical about the potential for success with community approaches to healthy living.
- Non-Hispanic Caucasians had the highest incidence of concerns about government overreach into personal decisions. Non-Hispanic African Americans were generally not as concerned about this issue – although a very few were. Hispanics rarely mentioned this issue.
- Non-Hispanic Caucasians were the most interested in/had the most questions about government spending and use of tax dollars for healthy living programs/efforts.
- Non-Hispanic African Americans and Hispanics described significant barriers to healthy living in their communities. As a segment, non-Hispanic African Americans were the most vocal and frustrated about around access to healthy living in their communities.
- Hispanics were the most enthusiastic about community efforts around healthy living compared to other segments – less overall cynicism than other segments.

Regional segments
- Concerns about government interference in personal choice and government spending was highest in Cobb County, Georgia, and Jackson County, Missouri.
- Middlesex County, Massachusetts, participants reported highest awareness of environmental change efforts in their communities, while awareness of these was limited in other markets.

Public segments
- Overall, there were not substantial differences between the Engaged Public segment and the general consumer segments. However, overall, the Engaged Public tended to mention administrative and governmental topics more frequently than did other groups.

Conclusions and Recommendations

- A number of concepts and messages tested were misinterpreted in ways that could affect understanding and acceptance of messaging related to the scope of DCH's programs and efforts. In general many of the concepts and phrases tested were not meaningful without additional context. Examples or details are required across the board to make communication more meaningful to public audiences.
- Participants across segments and markets shared similar reactions and attitudes with respect to the concepts and messaging tested, suggesting that it is possible to create some communication around healthy living with mass appeal and relevance. However, particular issues of concern emerged for specific segments and markets during message testing, suggesting opportunities for developing, tailoring, or adapting communication efforts in ways that may make them more likely to resonate with specific audiences.
- Participants' tendency to think first about health care and medical costs suggests this may be a potential distraction in terms of understanding, and acceptance, of messaging around healthy living in general. This should be a consideration in communication efforts.
- There is frustration among consumers, especially non-Hispanic African Americans and Hispanics. regarding barriers to healthy living,. The findings suggest a need to help consumers understand what kinds of solutions might be possible by, for example, including concrete, relatable examples of ways to remove barriers to healthy living.
- Affordability around healthy living emerged as a key issue for consumers, who perceive significant cost barriers to healthy living, especially to healthy foods and exercise opportunities. Communication could engage consumers by acknowledging the affordability barrier and then showing ways to surmount it and live healthier.
- The findings suggests that, in communication, it may be beneficial to position efforts to make healthy living easier and more affordable as ways to increase <u>access</u> to healthy living. An emphasis in the benefits of improved access is likely to have broad appeal and could defuse concerns raised by some participants about government interference.
- Consumers tend to think about healthy living around personal activities (e.g., joining a gym) or small group efforts on a very small scale (e.g., like walking groups in their neighborhoods). They also do not tend to connect the term *healthy communities* with environmental improvements, although the concept is compelling to most once they understand it. Messaging and other communication efforts to broaden consumers' views

and understanding of how community environments could be changed to support healthy living (i.e., the benefits of environmental improvements) are likely to be beneficial.

- Providing encouragement in messaging about individuals' ability to create change and providing specific examples of ways to get involved may be helpful in addressing limitations in consumers' self-efficacy with respect to their ability to individually affect change to promote healthy living in their communities.

Disclaimer

Word Cloud – Words Used When Envisioning a Healthy, Vibrant Community