

Grant Outcomes Report

A Social Marketing Campaign to Underscore the Diabetes Epidemic in New York State

The Problem

Nearly 1.8 million New Yorkers suffer from diabetes, 4.2 million others have prediabetes, and disease-related costs for the State are estimated at \$12.9 billion annually.¹ The epidemic affects individuals' health and also takes a toll on health care institutions, health plans, and the State's budget.

To address this crisis, the New York State Health Foundation (NYSHealth) invested in a \$35 million diabetes campaign with the goal of reversing the epidemic. The NYSHealth Diabetes Campaign started in 2008 and focuses on improving clinical care and patient outcomes; mobilizing communities to prevent diabetes and support diabetes self-management; and promoting policies that sustain comprehensive and effective care for people with diabetes. To support the Campaign's clinical care goals, NYSHealth awarded grants to the New York State Academy of Family Physicians; the Community Health Care Association of New York State; and the Healthcare Association of New York State.² These organizations were specifically tasked with recruiting and providing technical assistance to physicians to help them achieve National Committee for Quality Assurance (NCQA) or Bridges to Excellence (BTE) recognition as providers of excellence in diabetes care.³ The Foundation also awarded a grant to the Institute for Leadership (IFL) to address the Campaign's community prevention

KEY INFORMATION:

GRANTEE

Better World Advertising, Inc.

GRANT TITLE

New York State Diabetes Social Marketing Campaign

DATES

Phase 1: 2009–2011

GRANT AMOUNT

Phase1: \$1,399,941

FUNDING

Diabetes Campaign-Solicited

¹ New York State Department of Health, "The State of Diabetes in New York State: A Surveillance Report," New York State Department of Health Website, http://www.health.ny.gov/statistics/diseases/conditions/diabetes/docs/1997-2004_surveillance_report.pdf, accessed May 2012; Full Accounting of Diabetes and Pre-Diabetes in the U.S. population in 1988-1994 and 2005-2006. Cowie, C. et al. Diabetes Care, 2008 Feb; 32(2): 287-294; *The Estimated Prevalence and Cost of Diabetes in New York*, American Diabetes Association, <http://www.diabetesarchive.net/advocacy-and-legalresources/cost-of-diabetes-results.jsp?state=New+York&district=0&DistName=New+York+%28Entire+State%29>, accessed May 2012.

² Information on these grants is available at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/better-world-advertising>

³ Recognition is achieved by evaluating 10 evidence-based measures that reflect excellence in diabetes care, including controlling blood sugar (HbA1C), blood pressure, and cholesterol levels, along with timely screenings for kidney disease and eye exams. Patients who achieve controlled levels of these measures have a reduced risk of complications associated with diabetes, such as heart disease, stroke, kidney disease, and blindness. Achieving good outcomes across these health indicators can also reduce the financial cost of treating these diabetes-related complications.

goals. IFL's main activity is spreading self-management programs in faith-based organizations across New York State to help congregants manage their risk for or condition of diabetes.⁴

Despite the growing scope of the problem, and solid knowledge about what it takes to prevent and manage diabetes, New York State lacked the sense of urgency required to mobilize leaders in the clinical setting and in the community to take action. Therefore, a cornerstone activity of the NYSHHealth Diabetes Campaign was to elevate the importance of addressing the diabetes epidemic among key stakeholders, including physicians, community leaders, and policymakers, through a targeted statewide social marketing campaign. Social marketing is the application of commercial marketing practices (e.g., market research and targeted communications) to change specific practices for a social good. NYSHHealth awarded Better World Advertising, Inc. (BWA) a grant to develop a social marketing campaign to motivate health care providers and faith-based organizations to implement interventions known to improve diabetes care and outcomes. The BWA grant complemented the grants made to support the Foundation's overall Campaign strategies.

The two-year initiative targeted two different populations: primary care physicians and faith-based leaders. The overall goal of the media campaign was to elevate the urgency of the diabetes epidemic and generate the will to act among the target population.

Grant Activities and Outcomes

During the grant period, BWA accomplished the following:

- Conducted research and developed creative concepts for two advertising campaigns—one targeting health care providers and another targeting leaders of faith-based congregations.
- Tested creative concepts through focus groups with health care providers and faith-based leaders.
- Developed creative designs and media strategies for both campaigns.
- Launched both advertising campaigns.
- Created websites related to each campaign: www.FullDiabetesCare.org and www.FaithFightsDiabetes.org.
- Developed additional print and collateral material to support the campaigns.

BWA conducted two phases of each campaign in order to allow for changes and improvements over time. Recognizing that members of the target audience would vary in their readiness and commitment

⁴ Information on this grant is available at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/institute-for-leadership-inc1>

to engage with the Diabetes Campaign, each social marketing effort offered three distinct ways to get involved. For physicians:

- **Join the Diabetes Campaign:** The least intensive action step involved going to the Campaign's Full Diabetes Care website and signing up to be on the listserv. Those who joined received information about the Diabetes Campaign, invitations to participate in webinars and other educational activities, and opportunities to become part of their professional or trade associations' efforts to improve diabetes care. Raising awareness about the Campaign and its resources could serve as a first step toward clinicians' deeper involvement.
- **Know your numbers:** The second level of the Campaign attempted to motivate physicians to assess their own practice against standard measures of diabetes care and outcomes. The goal was for clinicians to know how they were doing with their patients with diabetes relative to national standards and benchmarks. Most physicians assume they are doing better than they are; measuring their actual performance may motivate them to focus on improving the quality of care they deliver.
- **Control your ABCs:** The third, most intensive level of the social marketing campaign encouraged physicians to ensure their patients with diabetes were controlling their condition on three core outcome measures: Hemoglobin A1Cs (blood sugar), blood pressure, and LDL cholesterol. This set of measures has been identified as the most important for diabetes and already has been branded in the field as the "ABCs."

For faith leaders, the Campaign used a similar three-level approach:

- **Join the Diabetes Campaign:** The least intensive action step involved going to the Campaign's Faith Fights Diabetes website and signing up to be on the listserv. Those who joined received information about the Diabetes Campaign and opportunities to help their congregations lead healthier lives. This strategy focused on raising awareness about the Campaign and the role that ministers, priests, rabbis, and imams could play in reducing the impact of diabetes on their congregations.
- **Know your numbers:** The second level of the Campaign motivated faith-based leaders to assess how diabetes was affecting their congregants. How many have diabetes? How many are at risk? How many have complications? Understanding the risk and prevalence of diabetes within their faith community could instill a sense of urgency among faith leaders.
- **Get the support you need:** The third and most intensive level of the faith-based campaign engaged faith leaders in raising awareness and encouraging action among their congregants. Faith leaders could play an important role in educating their members about diabetes and its complications, what to do to take care of themselves, and how to get needed clinical care to manage their diabetes.

Better World Advertising anticipated reaching 10–30% of all primary care physicians throughout New York State through the social marketing campaign. Of those reached, 30–50% were expected to report that the ads made them think about doing more to improve their care for patients with diabetes. In the first six months of the campaign, 3,000 to 5,000 clinicians were expected to visit the Full Diabetes Care website, generating 10,000 to 20,000 page views. BWA also planned to distribute 40,000–80,000 printed educational and promotional materials to the target population. Materials included a clinical care guide, which featured the national guidelines to help patients control their diabetes; a poster with details on how to conduct foot exams during a primary care visit; and Half the Care postcards that provided information on how physicians could join the efforts of the NYSHealth Diabetes Campaign. Only 2,865 unique visitors viewed the site in the first six months of the campaign, visiting the site a total of 4,371 times. Although fewer people than expected visited the site, the campaign did meet its target for page views, with nearly 16,000 in the first six months. Over the full 18 months of the campaign, between November 2009 and May 2011, 7,254 people made 10,500 visits to FullDiabetesCare.org, with 36,467 page views. Visitors downloaded 3,957 materials—including clinical guidelines, fact sheets, and patient-education materials—from the website.

Through the Faith Fights Diabetes campaign, BWA anticipated reaching 20–40% of the faith-based organizations across New York State. Of those reached, 40–60% were expected to report that the ads made them think about doing more to help their members with diabetes. BWA anticipated that in the first six months of the campaign, 1,000–3,000 unique visitors would visit the campaign website with a total of 5,000–10,000 page views and that 4,000–7,000 Campaign materials would be distributed to faith-based organizations networks.

The project did not reach its goals in terms of expected website visits and page views during the first six months of the campaign. In addition, NYSHealth did not plan for an evaluation component of the social marketing campaign, and therefore could not assess whether the ultimate goal of changing attitudes and behaviors was achieved. Although the Foundation could measure how many physicians and faith leaders received Campaign materials, it could not capture information about whether those materials significantly raised awareness about diabetes, motivated the target audiences to reach out to their congregations or focus on clinical improvements, or spurred additional activities.

The Foundation learned some important lessons about grantmaking strategy and process from this initiative. When the social marketing campaign was conceived and developed, the Foundation's key diabetes initiatives were still in their infancy, and specific goals and strategies were still under development. The social marketing campaign was developed and implemented alongside several other large investments in programs to improve the care and management of diabetes in clinical and faith-based community settings. In hindsight, the campaign would likely have been more successful had it been integrated into a more mature program strategy, with a clearer connection between the

social marketing efforts and the overall goals of the NYSHHealth Diabetes Campaign. As the Foundation developed very specific targets for its work on diabetes prevention and management (for example, helping 3,000 physicians achieve national recognition for delivering excellent diabetes care, and working with 275 faith congregations to implement diabetes prevention programs), a disconnect emerged with the social marketing campaign's less focused, less intensive approach to engaging the target audience.

Moreover, because the social marketing campaign focused on broader messages to raise awareness and encourage physicians to take the first steps to learn more about the problem, many physicians responding to the ads may not have been ready to pursue diabetes recognition by NCQA or BTE. Raising broad awareness is a key first step to generating a will to act, but it is perhaps not the most efficient or effective way to engage 3,000 physicians who are poised to achieve recognition for delivering excellent diabetes care. Ultimately, the Foundation and BWA shifted the focus of the clinical campaign in the second year, placing more emphasis on developing practical tools and materials to help physicians improve their practice and make progress toward achieving diabetes recognition.

The faith-based campaign presented its own timing and alignment challenges. The Foundation awarded a grant to the Institute for Leadership (IFL) to educate its constituency (faith-based organizations across denominations throughout the State) about the problem of diabetes, encourage them to know how many of their members were at risk for diabetes, and implement a self-management program. In the first year of the project, IFL had the capacity to work with only 25 congregations. When the social marketing campaign for faith-based leaders launched, IFL was already at capacity with training faith-based organizations to implement self management programs, and no additional technical support was available that year. Although the Faith Fights Diabetes website offered tools and resources to help faith leaders begin to address diabetes in their congregations, there were limited options to offer leaders who were motivated and doing more at their places of worship. Again, the Foundation and BWA shifted focus to adapt to the needs of the evolving program strategy. Rather than run a second set of ads targeting faith leaders, BWA placed more emphasis on developing materials for the IFL training programs and building out additional Web-based materials to help faith leaders and their congregants take steps to improve the prevention and management of diabetes.

Underpinning the challenges described above were a number of organizational changes the Foundation undertook at the time of the campaign. The management of the overall diabetes strategy, which included the BWA grant, clinical work, faith-based community organization work, and complementary policy work, was initially housed offsite at the Institute for Family Health.⁵ Midway through the social marketing campaign, the Foundation brought the management of all these initiatives in-house to

⁵ Information on this grant is available at: <http://nyshealthfoundation.org/our-grantees/grantee-profile/institute-for-family-health>

streamline operations and better integrate the Diabetes Campaign into the day-to-day work of the Foundation. The changes in the Diabetes Campaign's structure and staff, as well as the maturing overall program strategy, created discontinuity throughout the life of the BWA grant.

Ultimately, these organizational changes and the timing of the Campaign's implementation may have affected the overall effectiveness of the social marketing campaign.

Future

Although the two diabetes media campaigns have ended, the two websites developed under the grant—www.FullDiabetesCare.org and www.FaithFightsDiabetes.org—are still maintained by the Foundation staff and IFL staff, respectively. The tools and materials developed under the grant will continue to be available through these websites, and the Foundation and its grantee can add new content and engage new users over time.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

Since 1996, Better World Advertising (BWA) has worked with nonprofit organizations, educational institutions and government agencies to develop and implement social marketing services that advance health care, public health, and social welfare initiatives, including suicide prevention, foster care and adoption, domestic violence, child abuse, HIV/STDs, substance use, and tobacco cessation. BWA developed campaigns targeting health care providers and community-based organizations, including *Don't Be Silent About Smoking*, a New York State Department of Health campaign motivating New York primary care providers to increase smoking cessation interventions, and the *Foster Kids Are Our Kids* campaign to activate community- and faith-based organizations in Illinois to improve the foster care system. For the former, an independent evaluation found that after six months, the campaign reached four out of 10 primary care physicians in the State and approximately one-quarter of nurse practitioners and physician assistants. Eighty-percent of clinicians said the ads grabbed their attention, and 65% believed the ads made them think about doing more to help their patients quit smoking. Those providers exposed to the ads also reported an increase in their likelihood of asking patients about tobacco use and helping them quit.

BWA's staff includes professionals with expertise in marketing and communications, public relations, campaign strategy, community organizing and outreach, message development, public policy, television and radio production, graphic/Web design, program development, media buying, and program evaluation.

GRANTEE CONTACT

John Leonard
Senior Vice President
Better World Advertising, Inc.
731 Market Street, Suite 220
San Francisco, CA 94103

Phone: (415) 979-9775
E-mail: johnl@socialmarketing.com
Website: <http://www.socialmarketing.com/>

NYSHEALTH CONTACT

Jacqueline Martinez Garcel

GRANT ID

3015457