



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30341-3724

Dear Colleague:

January 17, 2003

I am pleased to announce “Physical Activity. The Arthritis Pain Reliever.” a campaign to promote physical activity as a method of arthritis self-management. As you know, physical activity can have an important and beneficial effect on arthritis pain and associated disability. Moreover, research conducted on behalf of the Centers for Disease Control and Prevention (CDC) showed that the campaign audience—lower-income African American and Caucasian persons with arthritis, aged 45-64—identifies pain relief as a key concern and is open to learning appropriate arthritis self-management techniques.

Working together, state arthritis programs and their partners, along with the CDC aim to encourage audience members to begin or increase participation in moderate physical activity. The campaign promotion materials are designed to:

- Raise awareness of physical activity as a way to manage arthritis pain and increase function.
- Increase understanding of how to use physical activity (types and duration) to ease arthritis symptoms and prevent further disability.
- Enhance the confidence or belief of persons with arthritis that they can be physically active.
- Increase trial of physical activity behaviors.

The campaign was pilot tested in six states during the spring and summer of 2002, and was refined based on these experiences. The CDC has developed the information in this package to assist you in disseminating the campaign’s messages, materials, paid advertisements, and public service announcements (PSAs) in your state or local area. You will find:

- Tools to help you plan your campaign, including an audience profile.
- Information about placing PSAs and buying radio airtime.
- Specifications and technical information for localizing and reproducing print materials and radio advertisements.
- Compact disks (CDs) containing master copies of four radio PSAs, two paid radio advertisements, and all print materials.

Thank you for your efforts on behalf of this important campaign. If you have any questions or comments, please feel free to call me at 770-488-5856 or contact me via e-mail at tob9@cdc.gov

Sincerely,

Teresa J. Brady, PhD

Teresa J. Brady, Ph.D., Senior Behavioral Scientist



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September 1, 2005

Dear Colleague:

We have just completed revisions to all the materials for the “*Physical Activity. The Arthritis Pain Reliever.*” health communications campaign. Please use these newly updated materials in your promotion efforts moving forward. Changes include:

- The Arthritis Foundation’s new toll-free information line (1-800-568-4045), reflected in the compact disks (CDs) containing master copies of four radio PSAs, two paid radio advertisements, and all print materials (including print PSAs, brochures, and live-read radio scripts)
- Paid radio advertisements can now be aired through June 26, 2006
- Radio PSAs can now be aired through March 31, 2006
- Additional appendices in the how-to-guide, which include:
 - Appendix H: Frequently Asked Questions
 - Appendix I: Pilot Site Summaries
 - Appendix J: Summary of Controlled Evaluation
 - Appendix K: Campaign Implementation Evaluation Recommendation and Template

For your information, we will be developing new radio spots to be used after March 2006. Those new radio spots are not yet available, so are not included in this revised set of materials.

Thank you for your continued efforts on behalf of this important campaign. If you have any questions or comments, please feel free to call me at 770-488-5856 or contact me via e-mail at tob9@cdc.gov

Sincerely,

Teresa J. Brady, Ph.D., Senior Behavioral Scientist

Physical Activity. The Arthritis Pain Reliever.

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I CAMPAIGN PLANNING

Questions to Consider

As you review this package of materials and begin to plan your campaign, please take the time to think about whom you will try to reach and the best ways to do so. While research conducted by the Centers for Disease Control and Prevention (CDC) and the experiences of the pilot test provide a strong foundation, your campaign will have a greater chance of success if you adapt it to meet local needs and appeal to local audiences. Develop a plan that takes these issues into consideration to help you decide, for example:

- Whether to gear your campaign toward the entire target audience or toward a sub-segment.
- The best media, community channels, and materials with which to reach your audience.
- What support can be provided by other organizations.
- How to reproduce your materials.
- How you will disseminate your campaign materials.

Two documents are provided to help you with this task. Appendix A includes a detailed target audience profile that includes information about health beliefs, concerns about and experiences with arthritis, audience media preferences, and more. Appendix B provides an Implementation Planning Worksheet that you can use to help you plan in advance and decide what makes the most sense for your local campaign.

Materials

The Physical Activity. The Arthritis Pain Reliever. campaign consists of radio advertisements (paid or PSA, taped or live-announcer scripts), a brochure and countertop brochure holder, and print advertisements and posters. Please see Appendix C for a complete listing of campaign materials.

Materials are provided, both in hard copy and on compact disk (CD). You may use any or all of the materials in your campaign, depending on your resources, goals, and specific target audience. Use of these materials is further explained in subsequent sections. Please refer to Appendix E for printing specifications.

Radio Advertisements

Note: The PSA radio ads may be aired through March 31, 2006. The paid radio ads may be aired through June 26, 2006. After these dates, it will be illegal for stations to air these radio ads.

There are several advertisements of varying duration, each of which has a unique identifying broadcast code number (in parenthesis below) that must be used when placing the ads:

- Two 60-second spots to be used as public service announcements **only** (Don't Sit Still/CDC AF National PSA - [RCDC-5216](#); Take a Walk/CDC AF National PSA - [RCDC-5236](#)).
- Two 60-second spots (same content as above) available in a 55/05 format to be used as public service announcements **only**. In this version, the ad runs for 55 seconds and your local organization's personalized information can be added for 5 seconds at the end (Don't Sit Still/Local PSA - [RCDC-5226](#); Take a Walk/Local PSA - [RCDC-5246](#)).
- Two 30-second spots that can either be used as paid ads (Don't Sit Still/CDC AF National Paid Ad - [RCDC-5293](#); Take a Walk/CDC AF National Paid Ad - [RCDC-5313](#)) or as public service announcements (Don't Sit Still/CDC AF National PSA - [RCDC-5253](#); Take a Walk/CDC AF National PSA - [RCDC-5273](#)). The ads to be used as paid versus PSAs are placed on two separate disks.
- Two 30-second spots (same content as above) available in a 25/05 format. In this version, the ad runs for 25 seconds and your local organization's personalized information can be added for 5 seconds at the end. As above, the ads to be used as paid (Don't Sit Still/Local Paid Ad - [RCDC-5303](#); Take a Walk/Local Paid Ad - [RCDC-5323](#)) versus PSAs (Don't Sit Still/Local PSA - [RCDC-5263](#); Take a Walk/Local PSA - [RCDC-5283](#)) are placed on two separate disks.
- A 30-second and 15-second "live-read" public service announcements. These are scripts that radio announcers read live on the air.

You have the option of placing the 30-second spots as PSAs or as paid ads (please use the broadcast code numbers to differentiate the ads). However, it is difficult to run *both* paid ads and PSAs simultaneously in the same market. If you are paying for air time on one station, others will probably be less willing to provide you with free advertising. As with other choices you will make as you plan your campaign, this is a decision that depends on how you want to allocate your resources and where you think you will have the greatest chance of success. Each option has its advantages, and there are strategies for being successful either way. Please see Section II for ideas and suggestions.

Brochures

Two six-panel brochures, which may be printed in color or black and white are available. Please note that the content of the brochures is identical – only the photo arrangement varies. One brochure has a Caucasian woman swimming on the cover; the other feature two African American women walking on the cover.

The Oregon Department of Health Services created a simple brochure insert featuring local PACE resources.

The brochure is designed for placement in community locations where members of the target audience are likely to see and pick it up—like stores, laundromats, community centers, and other locations. See Section III for more ideas on placement.

Brochure Holder



A collapsible cardboard brochure holder designed to accommodate the brochures mentioned above is available. You may order these holders from Screen Art Posters, Inc., 4333 East 10th Lane, Hialeah, FL 33013 (305-681-4641) Ask for BRO-HOLD MODEL # A414-112. Cost will vary according to the quantity ordered; it is generally under \$1.00 per holder.

Two design options are possible for incorporating the “Physical Activity. The Arthritis Pain Reliever.” campaign name and logo on the front panel of the holder:

1. Order the brochure holders and request that the manufacturer print the campaign information on the front panel. This needs to be communicated when the order is made with the company. Find the disk that has the folder called “Brochure Holder Label” and send the files on the CD (via e-mail or non-electronic delivery) to the printer with a photocopy of the sample brochure holder; or
2. Order the plain white holder. Take the label files on the provided disk to your local printer and have them print “crack and peel” stickers. Adhere to the front of the holder. The most appropriate type of stickers to use a 3” x 3.75” rectangle size Avery label. You can also purchase these labels in sheets from an office supply store and print them out with your office laser printer. This option will save money but will likely result in a lower quality product.

Notes:

The same file can be used for the label and for printing directly on the box. Please refer to the enclosed label sheet for reference.

The brochure holder or sticker can only be printed using black ink. Please do not print it in any other color. For option #2, you can choose a colored label if you prefer.

Print Advertisements

Four print advertisements. The ads are entitled: “Don’t sit still for arthritis pain” (with an African American man washing a car), “Reduce arthritis pain?”(two versions; Caucasian couple dancing, Caucasian woman swimming), and “What to take for arthritis pain?”(African American women walking). There are several ads featuring different people and activities, so consider your specific target audience and the physical activities they’re likely to do when deciding which ad(s) to place. Each ad comes in four sizes: 7” X 10”, 5.25” X 6.50”, 2.25” X 10.25”, and 5” X 2.25”, the latter of which is text-only.

The Arthritis Foundation’s Eastern Pennsylvania Chapter targeted an audience that was primarily African American. So, they opted to focus their resources on the “Don’t Sit Still” and “What To Take” materials, which feature photographs of African Americans.

Posters

Two posters are available, one featuring a Caucasian woman riding a bicycle, the second depicting two African American women walking. The poster is available in 22” X 34”. Before printing, check to see if the locations at which you plan to display the posters can accommodate them.

The Minnesota Department of Health found the smaller poster size easier to place in a variety of settings.

Reproducing Print Materials for Distribution

As you plan your campaign, consider whether or not you will localize the print materials. If you decide to do so, remember to provide your vendor or art department with your organization’s telephone number, Web site address, program name, or logo, as appropriate. Take a copy of the appropriate specifications sheet (see Appendix E) to your printer with the disk.

The print materials on the CD are provided in both Adobe Portable Document Format™ (PDF) and QuarkXPress™ file formats. QuarkXPress™ files provide the option to localize materials. You may add your organization’s contact name to the list of sponsors after the Department of Health and Human Services and also add your logo in the space indicated. You also may replace the Arthritis Foundation’s national toll-free telephone number with your organization’s phone number or Web site address.

The text-only print PSA is an exception, as it does not allow space for localizing. The press-ready PDF files do not provide the option to localize, and can only be printed as is. You may print these from your computer or take them to a local printer for a higher

quality product. All print materials with the exception of the brochure holder label are available in 4-color process and black and white. Printing in black and white can help to reduce costs, but will obviously be less eye-catching. This is an important tradeoff to consider as you think about allocating your campaign resources.

When to Run Your Campaign

Besides National Arthritis Month in May, you may also want to keep in mind:

- **Seasons.** Depending on where you live, your target audience may or may not be in town. For example, Arizona found that many in the target audience leave town during the summer.
- **Timing.** Consider other community activities to tag on to and competing activities to avoid.

Several states that pilot tested the campaign ran the campaign from late April through May—timed with Arthritis Month. The North Carolina campaign co-coordinated with two national senior physical and fitness events during National Arthritis Month and National Seniors Month.

II ADVERTISING

Public Service Announcements (PSAs)

PSAs are *unpaid* advertisements that promote the programs of organizations serving the public interest. PSAs can be a powerful and economical way to reach audiences. For a message to qualify as a PSA, it must be:

1. Non-commercial in nature.
2. Brief and concise (generally 30 or 60 seconds).
3. Delivered by, or on behalf of, a nonprofit organization, charity, or other important community group.

Placing Radio PSAs

As part of the “Physical Activity. The Arthritis Pain Reliever.” campaign, the CDC has developed four radio PSAs for distribution: “Take a Walk” and “Don’t Sit Still” each in 30- and 60-second formats. Each PSA includes a toll-free telephone number people can call for free information on arthritis.

Because radio stations are no longer required to use PSAs, competition is intense for the time they choose to donate. However, most station media managers want to respond to their community’s concerns and are especially interested in communicating timely and relevant information on public health. This is where you can play a critical role—by meeting or talking to your local station media managers to explain the impact of arthritis on their local audience and the importance of disseminating information on physical activity as a means of reducing pain and disability associated with this condition.

The Illinois Department of Public Health found greater success with live-read scripts.

The North Carolina Division of Public Health was able to place PSAs after meeting with Public Affairs Directors from three radio stations.

Some radio stations may prefer to use live-read announcer scripts for brand identity purposes. In addition, when announcers and disc jockeys read a PSA, the audience identifies the familiar voice and recognizes that the information is a public service message meant to benefit their community and listeners. (See Appendix D for the live-read and recorded radio scripts.) You may photocopy and send the live-read scripts to radio stations as part of the radio PSA promotion.

Note:

Tell PSA directors about the importance of airing the PSAs in the weeks and days leading up to any arthritis-related event in your community. Media managers usually need 2-4 weeks to place a radio PSA into a broadcast rotation cycle, so plan ahead. Encourage stations to air the PSAs at times when the highest numbers of people are most likely to be tuning in. The best periods for radio are during the morning or evening “drive time” (5:00 a.m. – 10:00 a.m. and 4:00 p.m. – 7:00 p.m.).

Reproducing Radio PSAs for Distribution to Radio Stations

To reproduce the radio PSAs, take the master CD (included in this package) to your local CD duplication company, studio, or fulfillment house. To add a local identifier to the 55/05 or 25/05 versions, work with a local recording studio or production house to record the remaining five seconds.

Placing Print Advertisements

The campaign includes four print advertisements; each features a different type of physical activity.

The Arizona Department of Health Services found it most cost effective to reach their audience through local newspapers. For about the cost of one ad in a major city paper, they were able to purchase space in 40 smaller newspapers.

Since newspapers and magazines have a limited number of pages and publish on a certain schedule and frequency, print PSAs can be more difficult to place than radio spots. The competition can be just as intense if not more so. As with radio, successful print placement depends on how well you market or pitch your issue locally. One way to do this is by using statistics or facts on arthritis in your community. For example, how many people

in your community are affected by arthritis? Disabled by arthritis? Getting placement is also much more likely if your PSA meets the publication’s printing requirements. The less work a media outlet has to do to use your PSA, the more likely it is that it will be published. The specifications of the print PSA included in this package are the most commonly requested by print publications.

Note:

You may want to start making calls to newspapers as early as two months in advance to pitch print PSAs. For example, if you would like the PSAs to appear during National Arthritis Month (May), start making calls in March. In general, call newspaper contacts two to three weeks before the date you’d like to see the PSA published. Again, make your calls a few weeks in advance of any arthritis-related event to encourage print placements to appear in the days leading up to the event.

Research conducted for CDC found that the audience for this campaign is more easily reached through newspapers than magazines. The magazines most read by women members of this audience include home, family health-related magazines, and ethnic magazines for African American women.

Making Contact

Personal contact is often the deciding factor in placing a PSA. First, find the appropriate individual at each media outlet. The person in charge of PSAs may have a different title at every media organization, so it may take a few phone calls to figure out the appropriate contact.

- **Radio.** The Programming Director or the Public Affairs or Community Relations Director is usually the person who decides what PSAs will be aired.
- **Print.** For print, the appropriate person may hold the title of Advertising Director, Publisher, Production Director, Production Manager, or even Editor at smaller publications.

Once you have identified the appropriate person at each outlet, send them a letter stating why the PSAs are important to people in your community and request that they air or print the PSAs on their station/in their publication. A sample letter to the public service director is included in this package (see Appendix F). Feel free to personalize this letter to meet your specific needs. It is always a good idea to follow your letter with a phone call to gauge interest and to provide additional information or materials if appropriate. Let your contact know how important their role is in providing the community with this vital information on arthritis. Finally, if your PSA is aired or printed, send a brief letter thanking your contact for his/her help.

Key Points about the Campaign

Following are key messages to include in your discussion with radio and print contacts.

- Physical activity can help persons with arthritis do something themselves to improve their arthritis symptoms.
- Many audience members feel that their condition interferes with work or their personal life. In addition, many think there is not much they can do to improve the pain or disability associated with their symptoms - but this is not true.
- Moderate physical activity has important and beneficial effects on arthritis pain and associated disability. At least 30 minutes a day, three or more days a week, can help relieve arthritis pain and stiffness and provide more energy.
- Regular moderate physical activity can help persons with arthritis do more activities, be more flexible, and feel more energetic and positive.
- Walking, swimming, and biking are particularly good activities for people with arthritis. Everyday activities such as dancing, gardening, and washing the car are also beneficial.

- Most audience members prefer self-management techniques to pharmaceuticals to manage their condition.

Paid Radio Advertising

Purchasing radio time, that is, paying to have your ads aired versus arranging for PSAs, has the advantage of guaranteed placement—assurance that your ad will air. It also allows you to choose when the ads will run. Some aspects to consider include:

- **Strategy.** Arrange for the ads to run on the station(s) that attract your target audience in the time of the day when your target audience is most likely tuned in. You can ask the stations' advertising representatives to run reports on how their listenership compares with your desired target audience.
- **Repetition.** Effective radio ads work by repetition. So if budget allows, arrange to have the ads aired frequently (this applies whether ads are paid or not).

Money Saving Tips

Stations charge different rates, depending on the time of day ads are aired. For instance, morning drive times (5:00 a.m. – 10:00 a.m.) cost more than less listened-to parts of the day, because you can reach a wider audience. Here are some considerations:

- **Buy advertising packages.** Stations will sell you multiple commercials at different times of the day to run over weeks or months. The price of individual spots can drop significantly. Also, consider booking a full year at a time, which is less expensive than month-to-month. You can still pay monthly, and ads run throughout the year. Note: this does not mean you need to, or should, run your campaign constantly over a year's time. In fact, it may be more effective to take breaks between on-air periods. However, you can still negotiate well in advance and buy multiple months at one time.

- **Ask for added value.** Often stations are willing to throw in extras in return for your purchasing airtime. This may come in the form of extra spots, or a traffic or weather sponsorship. This is a 5- to 10-second tag that you provide to them. It is read live on-air before or after a special segment such as traffic or weather and often starts with the line "Brought to you by..."

The programs in Arizona and Oregon were successful in negotiating matching time. That is, for each ad placement they purchased, they were able to secure another for free.

- **Buy cancellations.** Let radio stations know that you're willing to buy space if there is a last-minute cancellation. This may save money, however you'll need to be prepared to buy the spots whenever they become available, which may not be at your ideal time. This is another tradeoff to consider as you plan and implement your campaign.

III PROMOTION IDEAS

There are many ways to promote the campaign's messages, materials, and ads/PSAs in your community. Listed here are ideas and suggestions on how to promote the campaign in urban, rural, professional, and community settings.

Partnerships

Consider partnering with other organizations that already have relationships with or an interest in your target audience. Encourage partners to help during the weeks leading up to the campaign and throughout the entire campaign. Consider the following types of organizations:

Health-Related

Pharmacies

The Illinois Department of Public Health worked with locally-owned pharmacies to include the brochure as a bag stuffer with arthritis-related prescriptions.

Pharmacies are natural partners in reaching people with arthritis. Whether or not they use prescription medications, many people visit pharmacies on a regular basis. Speak with the owner or pharmacist about displaying campaign materials and making brochures available to customers.

Note: Chain drug stores may require corporate approval for use of materials, so ample lead time is advisable.

Hospitals, Clinics, and Physician's Offices

Ask local hospitals, clinics, or physician's offices to display campaign materials in waiting rooms. The offices of general practitioners, orthopedic specialists, and rheumatologists may be good places to start. In addition, many university hospitals have arthritis centers. Talk to the education director and ask him/her to incorporate campaign materials in a presentation or seminar on arthritis.

Screening Days

Local hospitals, orthopedic medical centers and health plans offer health screenings to the public. Call health organizations to find out when they have screenings scheduled. Ask the sponsor to display the poster, brochure, and brochure holder at the screening location.

Oregon's Department of Health Services developed a partnership with a local health plan, which mailed out brochures to subscribers and Medicare recipients.

Commercial

Contact store managers or human resource professionals in your area to discuss opportunities to provide businesses with arthritis campaign materials for employees. Provide them with posters and brochures to display in their lunchrooms, locker rooms, etc. Ask them to use the brochure or print ad as paycheck or bill stuffers.

Local businesses that may be appropriate to approach include factories, laundromats, sandwich shops, drugstores, and grocery stores. Or, consider partnering with local communication firms to help you place your print or radio spots or develop press kits.

Public or Community-Based

Government Agencies

Other programs within your own department may make good partners. The Arizona Department of Health Services, for example, partnered with their agency's physical activity program, while the Illinois Department of Public Health worked with county health departments. Several states worked with their Area Agency on Aging to reach the target audience.

To reach low-income residents in Arizona, a partnership was developed with the Department of Economic Security. The North Carolina Division of Public Health worked with the Cooperative Extension to distribute materials with home-delivered meals.

Libraries

Local libraries have community rooms where information is displayed. Contact the person in charge of community outreach/education efforts and ask if you can provide the library with campaign materials. There are numerous other community outlets where you might reach your target audience. Here are some ideas:

- Community centers
- Senior centers
- Churches
- Movie theaters
- Local "walks" or community celebration days
- YMCAs and YWCAs
- Elk Lodges and other professional or service organizations

Be creative. The Arthritis Foundation's Eastern Pennsylvania Chapter, found check-cashing locations to be ideal distribution points for campaign materials.

In North Carolina, fire stations were identified as community gathering places in rural communities.

- Bingo halls/bridge club meeting halls
- Bowling alleys
- Beauty shops/barber shops
- Convenience stores/gas stations/general stores
- Special events/health fairs

Responding to Public Inquiries

If your organization has included a local response phone number (as opposed to the national Arthritis Foundation phone number), you need to determine what information you will provide. The Centers for Disease Control and Prevention suggests a cover letter, along with any or all of the following materials available from your local chapter of the Arthritis Foundation:

- *Walking and Arthritis* brochure
- List of pamphlets available
- *Physical Activity. The Arthritis Pain Reliever.* brochure
- Information on *Walk with Ease* book
- *Arthritis Today* subscription information

Be sure to customize the response packet to reflect local programs and services, by including, for example, a listing of where PACE® (People with Arthritis Can Exercise) and Aquatics classes are offered. A sample cover letter is provided in Appendix G.

Notes:

Please refer to Section II for additional information about reaching local media.

Refer to Appendix B—an Implementation Planning Worksheet for Health Communication Campaigns—to help you plan for promoting your campaign.

APPENDIX A – AUDIENCE PROFILE AND MEDIA PREFERENCES

Campaign Target Audience Profile

The “Physical Activity. The Arthritis Pain Reliever.” campaign is designed to reach African Americans and Caucasians with arthritis, ages 45-64, with annual household incomes of \$35,000 or less, and no more than a high school education. This campaign is targeted primarily to persons within this audience whose symptoms have advanced to the point where arthritis is perceived as interfering with one or more life activities, such as work or family obligations.

Research conducted on behalf of the Centers for Disease Control and Prevention (CDC) showed that the campaign audience identifies pain relief as a key concern and is open to learning appropriate arthritis self-management techniques.

To reach these groups through the most appropriate channels, research data was analyzed from multiple sources:

- Porter Novelli’s *HealthStyles* database
- Focus groups conducted on behalf of the CDC
- Boehringer Ingelheim survey of 500 osteoarthritis patients
- Interviews with 18 physicians (internists, family practitioners, general practitioners) who treat persons with arthritis
- An extensive review of the literature
- An analysis of health trends
- A media analysis of 90 general print and broadcast news stories
- Simmons media analysis

The data provided the following insights about the audience.

Health Values and the Impact of Arthritis

- Good health is highly valued by the target audience.
 - 73% say living life in the best possible health is important to them, yet only 16% describe their health as excellent or very good.
 - Four in five agree that their health depends on how well they take care of themselves.
 - More than half say they do everything they can to stay healthy.
- More than half say they have more than one chronic health condition.
- Audience members consider arthritis to be a serious health priority when it interferes with work or their personal life.

Main Problems and Concerns About Arthritis

- Arthritis limits and controls lives by interfering with the ability to work and earn a living, socialize, and fulfill social roles—which can lead to consequences ranging from frustration to depression.
 - Men in particular regret the loss of hobbies like fishing, hunting, bowling and playing sports.
 - Women report interference with social activities they do with family and friends.
 - Both genders describe being unable to play easily with or care for children and grandchildren.
- The impact on one’s ability to work at full capacity, or in some cases at all, is a major concern.
 - Men and women fear loss of independence in the future.

Interest in Self-management

- Pain reduction is viewed as the most important benefit of self-management, followed by greater ease of movement and being able to engage in desired activities.
 - In the minds of audience members, the benefits of reduced pain, ease of movement, and ability to do more activity are intertwined and are related to maintaining independence.
- Most would like to avoid drugs to manage their condition. There is a preference for self-management techniques.
- Perceived barriers to self-management options are time, cost, location and convenience.

Sources of Information about Health and Arthritis

- Peer-to-peer communication may be one of the best ways to persuade the audience to try a new health behavior. Endorsements from “real people,” or people perceived to have experienced arthritis pain themselves, are likely to be most credible.
- Although doctors are the primary source of information, only 43% of audience members say they rely on their doctor to tell them everything they need to know to manage their health.
- Relevant information on arthritis is picked up from a variety of sources including word of mouth, local television and radio health segments, brochures and fliers (in doctor’s offices, pharmacies, clinics), and mailings from health insurance plans or hospitals. Few focus group participants said they seek out information on arthritis. However, all said they welcome the information when they encounter it, particularly if they are experiencing pain at the time.
- 89 % of the target audience say they listen to radio on an average day.

Audience Media Preferences

Following are examples of local radio and print outlets to target in your outreach efforts. As previously mentioned, the target audience for this campaign is lower-income (\$35,000/year or less) African American and Caucasian persons with arthritis, aged 45-64. Keep this audience in mind when developing your list of media outlets.

Radio

89% of the target audience say they listen to the radio on an average day. The most popular radio station formats among audience members are:

- Country (36%)
- Easy Listening (29%)
- Religious/Gospel (27%)
- Soft Rock (21%)
- Rhythm and Blues (21%)

A fifth of the audience members also say they listen to all-news stations.

(Source: HealthStyles, 1999)

Within the target audience, there are also some preferences by race and sex.

- Women and African Americans are more likely to listen to Religious/Gospel stations.
- African Americans in general are more likely to listen to Jazz, Rhythm and Blues, and Urban Contemporary than are Caucasians.
- Caucasians in general are more likely to listen to Country and Classical stations than are African Americans.

Print

Two-thirds of audience members read the newspaper. Examples of publications to contact:

- Regional daily newspapers
- Weekly community newspapers
- Local pennysaver/shopper papers
- Health insurance plan, HMO, or hospital newsletters

(Source: HealthStyles 1999)

APPENDIX B – IMPLEMENTATION PLANNING WORKSHEET

Select Target Audience/Market Segment <i>(The campaign was designed for Caucasian and African American adults, ages 45-64 with incomes below \$35,000, and high school education or less.)</i>	
Does your local audience include the entire segment, or will you focus on a subset? Please specify.	
What do you know about this audience and the community?	
What radio stations do they listen to?	
When do they listen to the radio?	
What community locations do they frequent (potential locations for brochures/poster)?	
What publications do they read?	
Who are your logical partners to help you reach this audience with this message?	
What organizations already have relationships with or interest in your target audience?	
How can you work with them?	
When is a good time to run the campaign?	
Are there any existing events or activities in which you can participate?	
Are there any competing activities to avoid?	

Which materials best match your campaign target audience and plans?	
What materials are you planning to use, and why?	
Where will you have the materials printed? Where will you get the radio spot CDs reproduced?	
If you're with a government agency, are you required to use a state sanctioned printer?	
Can your organization reproduce the materials in-house?	
Can your partners do this more easily?	
Is your agency (or proposed vendor) able to reproduce CDs?	
Localizing Materials	
Do you want to localize the materials (i.e., add a local program name)?	
What response mechanism do you want to use in your materials? What are your options? <i>(Generic materials give the Arthritis Foundation's national toll-free 800 line as the number to call for more information. You can use that number, or use a local number.)</i>	
Where should you place the materials you selected? <i>Be specific about where you plan to place which campaign materials</i>	

How will you contact the distribution channels (radio stations, community locations for brochures, posters, and other print media)? Who will actually mail/deliver the materials?	
<i>(Success of PSA placement often depends on developing and maintaining a relationship with the PSA director. Who has or can develop that relationship? Is there someone else who could handle the materials distribution?)</i>	
Material	Distribution Method
What other elements could enhance your campaign? (e.g., Creating drop-in articles, tying campaign to physical activity events, facilitating feature newspaper articles or television stories on arthritis and physical activity)	
Element	Description
Evaluation: How can you tell if your campaign is reaching the target audience, or having any impact?	
Indicator	Description/Notes <i>(What indicators could you use to determine campaign impact?)</i>

APPENDIX C – LIST OF CAMPAIGN MATERIALS

Recorded PSA Radio Spots: for Free/donated/PSA placement only

- Don't Sit Still (60 seconds)
- Talk a Walk (60 seconds)

Recorded Radio spots: for Paid or PSA placement

- Don't Sit Still (30 seconds)
- Talk a Walk (30 seconds)

Live Announcer Scripts for Paid or PSA Placement

- Don't Sit Still (30 and 15 seconds)
- Take a Walk (30 and 15 seconds)

Brochures (text is identical)/Brochure holder

- What to Take for Arthritis Pain? (Cover shot: Caucasian woman swimming)
- What to Take for Arthritis Pain? (Cover shot: African American women walking)
- Brochure holder: *Physical Activity. The Arthritis Pain Reliever.*

Print PSAs

- Don't Sit Still for Arthritis Pain (African American man washing car)
- What to Take for Arthritis Pain? (Two African American women walking dog)
- Reduce Arthritis Pain? (Caucasian couple dancing)
- Reduce Arthritis Pain? (Caucasian woman swimming)

Posters

- Don't Sit Still for Arthritis Pain (Caucasian woman biker)
- Don't Sit Still for Arthritis Pain (Two African American women walking dog)

Note: Hard copy printouts of print advertisements provide file names at the top left corner of the page.

APPENDIX D – RADIO SCRIPTS

Live-Read

Note: You may localize the following radio scripts by replacing the Arthritis Foundation’s national toll-free telephone number with your organization’s name/number. Be sure to maintain the time limit if you make such changes.

:30 “Don’t Sit Still”

Anncr: People with arthritis don’t have to sit still for the pain. Studies show that 30 minutes of moderate physical activity, three or more days a week, can actually help to relieve the pain. And you don’t have to do it all at once.

Swim for 15 minutes in the morning. Walk for 15 minutes after dinner. Go for a 20-minute bike ride – later take a 10-minute walk.

Keep moving and you could be hurting less and have more energy in just four to six weeks. To learn more, call 1-800-568-4045 [*or replace with your local telephone number*].

Physical activity. The arthritis pain reliever. A message from the Centers for Disease Control and Prevention and the Arthritis Foundation.

:30 “Take a Walk”

Anncr: If you have arthritis, you’ve probably tried all kinds of things to relieve the pain. But there’s something else you should be taking three or more days a week.

Take a walk. A swim. Or a bike ride.

Studies show that 30 minutes of moderate physical activity, three or more days a week, can help to reduce arthritis pain. Ask a friend or family member to join you for fun. To learn more, call 1-800-568-4045 [*or replace with your local telephone number*].

Physical activity. The arthritis pain reliever. A message from the Centers for Disease Control and Prevention and the Arthritis Foundation.

:15 “Don’t Sit Still”

Anncr: Have arthritis? Don’t sit still for the pain. Studies show that 30 minutes of moderate physical activity, three or more days a week, can actually help relieve the pain. You could be feeling better in four to six weeks. Physical activity. The arthritis pain reliever. A message from the Centers for Disease Control and Prevention and the Arthritis Foundation 1-800-568-4045 [*or replace with your local telephone number*].

:15 “Take a Walk”

Anncr: If you have arthritis, here’s something to take. Take a walk. A swim. A bike ride. Studies show that 30 minutes of moderate physical activity, three or more days a week, can help reduce arthritis pain. Physical activity. The arthritis pain reliever. A message from the Centers for Disease Control and Prevention and the Arthritis Foundation 1-800-568-4045 [*or replace with your local telephone number*].

Recorded Radio

:60 “Take a Walk”

ANNCR: If you have arthritis pain, there’s something you should be taking three or more days a week.

MAN: Take a walk.

WOMAN 2: Take a swim.

MAN: Take a bike ride.

ANNCR: Studies show that just 30 minutes of moderate physical activity three or more days a week can actually help to reduce arthritis pain. And you can turn physical activity into a fun part of your day.

WOMAN 2: Take a walk with a friend.

WOMAN 1: Take the grandkids to the pool.

ANNCR: It may hurt a little when you start out. So do your 30 minutes 10 or 15 minutes at a time, if you like.

MAN: Take it easy.

ANNCR: Get moving for 30 minutes, three or more days a week. Most people who do, have less arthritis pain and move more easily in just four to six weeks.

WOMAN 1: Take charge.

ANNCR: Physical activity. The arthritis pain reliever.

To learn more, call 1-800-568-4045 [*in the 55/05 version, you may replace with your local telephone number*].

A message from the Centers for Disease Control and Prevention and the Arthritis Foundation.

:60 “Don’t Sit Still”

ANNCR: You hear a lot about what people with arthritis can’t do, but do you know what you can do right now to help relieve the pain?

WOMAN: I swim for 15 minutes in the morning and, after dinner, I walk for 15 minutes with a friend.

ANNCR: Studies show that 30 minutes of moderate physical activity three or more days a week can actually relieve the pain and help you move more easily. You can even do your 30 minutes 10 or 15 minutes at a time.

MAN: My wife and I go for a 20 minute bike ride almost every day—then later I take a 10 minute walk around the block.

ANNCR: Get moving for 30 minutes, three or more days a week and you could be feeling a whole lot better in just four to six weeks.

MAN: You don’t have to sit still for arthritis pain.

ANNCR: Physical activity. The arthritis pain reliever.

For more information, call 1-800-568-4045 [*in the 55/05 version, you may replace with your local telephone number*].

A message from the Centers for Disease Control and Prevention and the Arthritis Foundation.

:30 “Take a Walk”

ANNCR: What should you take for arthritis pain?

WOMAN 1: Take a walk.

WOMAN 2: Take a swim.

MAN: Take a bike ride.

ANNCR: Research shows 30 minutes of moderate physical activity, three or more days a week, can help reduce arthritis pain.

You can do your 30 minutes 10 or 15 minutes at a time if you like.

WOMAN 2: Take charge.

ANNCR: Physical activity. The arthritis pain reliever.

A message from the Centers for Disease Control and Prevention and the Arthritis Foundation. Call 1-800-568-4045 [*in the 25/05 version, you may replace with your local telephone number*].

:30 “Don’t Sit Still”

ANNCR: If you have arthritis, don’t sit still for the pain. Studies show that 30 minutes of physical activity, three or more days a week, can bring some relief.

WOMAN: I swim for 15 minutes in the morning and walk for 15 minutes after dinner.

MAN: I go for a 20-minute bike ride — and later a 10-minute walk.

ANNCR: Ask a friend or family member to join you for fun.
Physical activity. The arthritis pain reliever.

A message from the Centers for Disease Control and Prevention and the Arthritis Foundation. Call 1-800-568-4045 [*in the 25/05 version, you may replace with your local telephone number*].

APPENDIX E – PRINT SPECIFICATIONS

Arthritis Printing Specifications Sheet — 8/10/05

Arthritis Brochure - 6 panel

Four color process or Black & White

Two versions x two design options in 4cp & b/w each

Local = QuarkXPress 6.5 editable file

National = PDF press ready

Headlines:

“What to Take For Arthritis Pain?” - (Walk)

“What to Take for Arthritis Pain?” - (Swim)

Flat Size: 9” x 12”

Finish Size: 4” x 9”

Pages: 2 sides (6 panels)

Art: Hi-res on disk

Bleeds: full

Screens: recommend 133 LS minimum

Halftones: Hi-res on disk

4/C Separations: Hi-res on disk

Screen Builds: yes on 4 cp version

Proofs Required: Blueline & color proof

Text Stock: 80# dull coated (#2 house sheet)

Inks: 4cp/4cp (4 color process) or 1/1 (black ink only)

Coverage: moderate

Registration: close

Bindery: score, trim and fold

Printer responsible for checking registration, setting all traps and adjusting for creepage.

Please note: color copy proofs supplied are NOT 100% color correct and should not be used as a matchprint.

Important: Local versions: Quark documents have been supplied with a Magenta area designated for local information and chapter logo. Please have printer change type from Magenta to black and advise on how to print chapter logo.

National versions: PDFs have been created with the Arthritis Foundation national toll-free telephone number.

File Info: Mac. System OSX 10.3.8, QuarkXPress 6.5 - Doc. FLIGHTCHECKED and includes all necessary fonts and related links

Arthritis Printing Specifications Sheet — 8/10/05

Arthritis Print Advertising - 4 versions available in both local and national formats and in color or b/w.

Headlines:

“Don’t Sit Still For Arthritis Pain.” - (Car)

“Reduce Arthritis Pain?” - (Dance)

“Reduce Arthritis Pain?” - (Swim)

“What to Take For Arthritis Pain?” - (Walk)

Local = QuarkXPress 6.5 editable file

National = PDF press ready

Flat Size: 7” x 10”; 5.25” x 6.5”;

Finish Size: 5” x 2.25”; 2.25” x 10.25”

Pages: 1

Art: Hi-res on disk

Bleeds: full

Screens: up to 150 LS or use pub standard

Reverses: yes

Halftones: Hi-res on disk

4/C Separations: Hi-res on disk

Screen Builds: yes on 4 cp version

Proofs Required: Industry Standard

Inks: 4cp/4cp (4 color process) or 1/1 (black ink only)

Coverage: moderate

Registration: close

Printer responsible for checking registration, setting all traps and adjusting for creepage.

Please note: color copy proofs supplied are NOT 100% color correct and should not be used as a matchprint.

Float print ad(s) as appropriate in publication trim space.

Important:

Local versions: Quark documents have been supplied with a Magenta area designated for local information and chapter logo. Please have printer change type from Magenta to black and advise on how to print chapter logo.

National versions: PDFs have been created with the Arthritis Foundation national toll-free telephone number.

File Info: Mac. System OSX 10.3.8, QuarkXPress 6.5 - Doc. FLIGHTCHECKED and includes all necessary fonts and related links

Arthritis Printing Specifications Sheet — 8/10/05

P.S. Number: 3

Arthritis Poster - 2 versions available in both Local and National formats and in color or b/w.

“Don’t Sit Still for Arthritis Pain.” (Bicycle)

“Don’t Sit Still for Arthritis Pain.” (Walk)

Flat Size: 22” x 34”

Finish Size: leave flat; roll up; or fold to 8.5” x 11”

Pages 1 side

Folds: (as above if needed)

Art: Hi-res on disk

Bleeds: 2 sides

Screens: up to 133 LS

Reverses: yes

Halftones: Hi-res on disk

4/C Separations: Hi-res on disk

Screen Builds: yes on 4 cp version

Proofs Required: Blueline or color proof

Text Stock: 100# dull coated (#2 house sheet)

Inks: 4cp/4cp (4 color process) or 1/1 (black ink only)

Coverage: moderate

Registration: close

Printer responsible for checking registration, setting all traps and adjusting for creepage.

Please note: color copy proofs supplied are NOT 100% color correct and should not be used as a matchprint.

Important:

Local versions: Quark documents have been supplied with a Magenta area designated for local information and chapter logo. Please have printer change type from Magenta to black and advise on how to print chapter logo.

National versions: PDFs have been created with the Arthritis Foundation national toll-free telephone number.

File Info: Mac. System OSX 10.3.8, QuarkXPress 6.5 - Doc. FLIGHTCHECKED and includes all necessary fonts and related links

APPENDIX F – SAMPLE LETTER TO PUBLIC SERVICE DIRECTOR

(Feel free to personalize and retype on your organization's letterhead)

Date

Public Service Director's Name

Address

Dear Mr./Ms. _____:

[insert your state statistic] people in **[insert state name]** have arthritis. They are among the 43 million Americans with arthritis who have tried various ways to relieve their pain associated with the condition. What some don't know or think possible, is that moderate physical activity for just 30 minutes a day, three or more times a week, can not only lessen pain, but can also help them become more active and energetic.

Being able to work for a living, play with children or grandchildren, do chores around the house, or just maintain independence, are among the concerns of people with arthritis.

[Name of your organization] wants your **[listeners/readers]** to know that arthritis pain and disability can be improved by moderate physical activity.

The enclosed PSA(s) will help your **[listeners/readers]** learn more about what they can do themselves to relieve pain, stiffness, and disability associated with arthritis. Included is a toll-free [or local] telephone number that your **[listeners/readers]** can call to get more information, 1-800-568-4045 [*or replace this with your local telephone number*]. We hope that you will help us encourage the many people in your community who have arthritis pain and disability to become more active and participate in work and leisure activities, which are critical to quality of life. I will follow this letter with a phone call in the next week at which time I can provide you with any further information or materials you may need. Thank you for your interest.

Sincerely,

[Name, Title]

Enclosure

APPENDIX G – SAMPLE LETTER FOR RESPONSE TO PUBLIC INQUIRIES

Dear Mr./Ms. _____:

Congratulations on taking the first step toward relieving your arthritis pain. Keep going and you could be hurting less, moving more easily, and feeling more energetic in just 4 to 6 weeks.

Recent studies have shown that moderate physical activity 3 or more days a week can help relieve arthritis pain, give you more energy, lift your mood, and make you feel more positive. Low impact activities at a moderate pace work best for people with arthritis. These include walking, biking, swimming, and everyday activities like gardening, dancing, and washing the car.

You may hurt a little at first, especially if you are not regularly physically active. But most people who stick with a program feel better within 4 to 6 weeks.

You can be active on your own, or join a group. We've enclosed some information to help you get started.

The *Walk with Ease* book shows you how to create a walking plan that is safe, convenient, keeps you motivated, and helps you manage your pain. Walking is easy: you can walk whenever you can fit it into your day, and you can invite friends and family along for fun.

PACE is a physical activity program just for people with arthritis. You'll be shown how to do gentle activities to help increase joint flexibility and maintain muscle strength.

The Arthritis Foundation Aquatic Program (AFAP) features water exercises that are especially good because they don't put excess strain on joints and muscles. You'll do gentle activities in warm water.

We've also included information about other free services available from the Arthritis Foundation, plus subscription information on *Arthritis Today*, the award-winning magazine that features the latest tips on living with arthritis.

Again, congratulations on your decision to take a walk, a bike ride, or swim. People with arthritis don't have to sit still for pain. Physical activity is the arthritis pain reliever.

Sincerely,

INSERT STATE HEALTH OFFICER/STATE ARTHRITIS COORDINATOR –
AND/OR ARTHRITIS FOUNDATION CHAPTER PRESIDENT

APPENDIX H – FREQUENTLY ASKED QUESTIONS

“Physical Activity. The Arthritis Pain Reliever”

Frequently Asked Questions

1. What is “Physical Activity. The Arthritis Pain Reliever”?

A: “Physical Activity. The Arthritis Pain Reliever” is a health communications campaign designed to promote physical activity among Caucasian and African American people who are 45 to 64 years old and have arthritis. Campaign materials include radio spots, brochures, print ads, and posters.

2. What is the target audience for “Physical Activity. The Arthritis Pain Reliever”?

A: The campaign’s target audience is people with arthritis who are 45 to 64 years old. The campaign was designed to appeal to Caucasians and African Americans with a high school education or less and an income less than \$35,000/year.

3. What products are available under the “Physical Activity. The Arthritis Pain Reliever” campaign?

A: Campaign elements include radio spots for paid or public service announcements, radio announcer scripts, brochures and countertop brochure holders, printed public service announcements, and posters. A “how to” guide is also available.

4. What are the minimum materials suggested for implementing the campaign?

A: Organizations should partner with a state health department to implement the campaign and at least use radio spots and brochures, and brochure holders. Pilot test results suggested that print advertisements were also effective in reaching the target population for this campaign.

5. Are there any TV spots for the “Physical Activity. The Arthritis Pain Reliever” campaign?

A: At this time, campaign materials have not been designed or tested for TV. We recommend focusing efforts on placement of brochures, print ads, and radio spots.

6. Are states authorized to use the campaign graphics to create new products?

A: No. The only modification allowed the addition of the health department or program logo and replacement of the national 1-800 telephone number with a local response number.

7. Can the materials be localized?

A: You can add the local program logo and the local toll-free telephone number for

arthritis information. A Web site address for a site that offers opportunities for physical activity can also be added.

8. Can corporate logos be added to the campaign materials?

A: Health departments, arthritis programs, or arthritis partnership name(s) and logo(s) can be added to the materials. It is possible to add corporate logos, but because the CDC logo is embedded in the materials, the process of seeking approval for this change is complicated and time-consuming.

The CDC Office of Technology Transfer needs to approve placement of any corporate logo with the CDC logo. A written request for approval must be submitted. The request should specify a clear plan that identifies the intervention and rationale for addition of the logo and the purpose of the corporate sponsor. These requests generally require several rounds of questions from the Technology Transfer Office. In general, CDC may approve requests related to activities of the corporate sponsor as “good corporate citizenship,” but is reluctant to approve request with aim of a clear gain for the corporate partner.

9. Can the materials be printed on noncommercial desktop printers?

A: The brochures and materials can be printed on a laser jet printer, but the quality will be reduced. The general versions of the materials are already in a PDF file that can be printed by anyone with Adobe Acrobat, but the materials may need to be taken to a commercial printer to remove crop marks which are used to trim illustrations and line up the print run. The PDF files are not localizable. Before investing time and money in this option, it is recommended that the print quality of the desktop printer be carefully inspected. Another option is to find a local printer willing to donate printing or reduce the costs.


10. Can phrases from the campaign (i.e., “take a walk,” “take a ride,” and “take a swim”) be used to promote hospital-based People with Arthritis Can Exercise (PACE) or Arthritis Self Help Course (ASHC) training?

A: Use of the campaign phrases is not restricted because they are not trademarked but there is no evidence that the phrases alone are effective in reaching the target population or promoting physical activity.

11. How often should the ad materials be featured?

A: The more ads run, materials disseminated, and/or radio spots secured the more effective the campaign will be in reaching the target audience. It is best to saturate areas with many placements in a time-limited period (i.e., 4 to 6 weeks) than it is to spread a limited number of ads over long periods of time. If your budget permits, you can run the campaign for 4 weeks, stop for 8 to 12 weeks, and rerun the ads for another 4 weeks.

12. What are the expectations about rigorous evaluation of the health communication campaign? If current evaluations of the effects show that the campaign works, does evaluation continue in future years?

A: The CDC Arthritis Program Implementation  [Logic Model](#) (PDF-46K) outlines five questions to guide evaluation of the campaign: 1. Were the campaign materials distributed? (To communication channels such as radio stations, community centers, and/or newspapers, etc.) 2. Were the materials used? (Did the radio stations air the spots? Did the newspaper print the PSAs? Were the posters, flyers, and/or counter-top brochure holders used in their community locations?) 3. Did the materials reach the target audience? (What was the listener-ship in the target audience at the time the spots aired? What is the profile of the readership? How many brochures were picked up from community locations or sent to members of the target audience?) 4. Were the materials read and/or understood by the target audience? 5. Did the campaign produce changes in knowledge, attitudes or beliefs, or behavior?

States should concentrate evaluation efforts on assessing campaign implementation (questions 1 through 3) rather than campaign impact (questions 4 and 5). Although it is not required, you can do a community survey to assess the outcomes of your efforts.

A community survey was used at the pilot sites to help in evaluating the implementation and the effects of the campaign. CDC is funding a more rigorous, controlled trial to gather more data on the effectiveness of the campaign, but the agency is not expecting states to assess impact. Some states have planned to do special projects, such as comparing the results of the health communications campaign with other interventions. Such projects may require a community survey.

APPENDIX I – PILOT SITE SUMMARIES

Implementation Planning Worksheet “Physical Activity. The Arthritis Pain Reliever.”

Pilot Site Experiences

1. Select Target Audience/Market Segment

(Campaign was designed for Caucasian and African-American adults, age 45-64 with incomes below 35,000, and high school education or less. Do you want to try to reach this whole audience, or a subset?)

AZ	No subset selected, ran campaign in Tucson; approximately 40% of the residents match the target audience
IL	Targeted smaller town (Quincy, population 40,300) in West Central Illinois (Adams County, population 72,000-- more rural part of state). 19% of county are in target audience age range.
MN	Targeted one rural county in north central Minnesota (Crow Wing county population 56,000) and one county that is a first ring suburb of Minneapolis/St. Paul metro area (Anoka county population 300,000). Crow Wing county is largely Caucasian. Anoka county is more diverse.
NC	Targeted three rural counties in the northern part of North Carolina. Total population for three counties is just over 111,000. About 50% population in this area were Caucasian, 45.6% African-American. Income per capita for adults over 25 averages \$17,111.
OR	Targeted rural county in Central Oregon, specifically one of the larger cities, Bend, with a population of 52,000. 95% of residents living in Deschutes County are Caucasian, over 25% are between the ages of 45-64. Targeted those who meet Federal Poverty Guidelines.
PA	Two low income (70% below \$30,000/household) areas of Philadelphia: West Philadelphia, population 198,000, primarily African American; Lower North Philadelphia/Kensington, population 41,000. 46 and 27% respectively with high school diploma or less.

2. What do you know about this audience and the community?

(What type of radio stations do they listen to? When do they listen to the radio? What community locations do they frequent (potential locations for counter cards/poster)? What publications are they likely to read?)

AZ	<ul style="list-style-type: none"> • Used marketing firm to place radio spots at stations with large target audience listenership • Purchased print ads in small local papers rather than metropolitan paper through the Arizona Newspaper Association
IL	<ul style="list-style-type: none"> • Used Radio stations appealing to target audience; talk radio, easy listening, and Christian stations • Quincy Medical Group main clinic in town, YMCA and Senior Center well used by community
MN	<ul style="list-style-type: none"> • We broadcast the radio spots statewide using a statewide network of local radio stations. These stations have the greatest reach with a 40+ age demographic. Of the two stations in the Mpls/St. Paul broadcast area, one is an all news stations with frequent traffic and weather updates and the other targets older populations.
NC	<ul style="list-style-type: none"> • Three radio stations in listening area • Local informant said people in community gather at fire station • Gas/convenience stores, county senior centers popular
OR	<ul style="list-style-type: none"> • Utilized media contractor to place paid material with a PSA match targeting radio stations that target audience listens to. • Targeted pharmacies, physician offices for print material. • Targeted largest local newspaper for paid print ads.
PA	<ul style="list-style-type: none"> • Certain radio stations target African Americans; news station has broader demographic appeal. • Target population frequently use check cashing centers • Target populations likely to use neighborhood pharmacies and medical clinics • Significant differences in newspaper readership

3. Who are your logical partners to help you reach this audience with this message?

(What organizations already have relationships with your target audience, or have an interest in your target audience? e.g.; faith communities, businesses, health systems)

AZ	Other DHS programs (i.e. physical activity program) Department of Economic Security Area Agencies on Aging Arthritis Foundation
IL	Area Health Education Center was contractor for entire project. Project Active, a program of the County health department Arthritis Foundation
MN	Our local chapter of the Arthritis Foundation was a key partner in this campaign. We used their 800 number on all the materials and they distributed information in response to calls and tracked calls. In the two counties, the local public health agencies were our primary partners in distributing the materials. Their intern worked with their partners in placing materials in worksites, pharmacies, clinics and other retail locations.
NC	Utilized Cooperative Extension agents to distribute brochures Area Agency on Aging
OR	Local health plan; mailed out brochures (and PACE class listing insert) to those who are Oregon Health Plan members (those meeting the Federal Poverty Level Guidelines) and Medicare members who reside in Deschutes county; placed an article in their Medicare newsletter and helped the AP Coordinator make connections to various media contacts.
PA	Pharmacies and clinics. Radio. Community centers.

4. When is a good time to run the campaign?

(Any logical community activity to tag onto? Any competing activities to avoid?)

AZ	Arthritis Month—ran campaign late April through May. Need to run campaign before it gets too hot. Snowbirds are starting to leave by then.
IL	Implemented campaign in June
MN	Implemented during May. The local AF chapter delayed their promotions for National Arthritis Month to assist us in this campaign. This year, we intend to run the campaign in April to lead into National Arthritis Month and local AF activities.
NC	Implemented during May, National Arthritis Month and National Seniors Month,

	participated in 2 national senior physical and fitness events.
OR	Planned for early summer but implemented in August due to logistical difficulties. Tagged campaign to PACE classes that were being launched; included a promotional offer sponsored by local health plan. May be too hot for people to trial physical activity. Also, major forest fire near the Bend area contributed to poor air quality and occupied many media outlets.
PA	Arthritis Month (May); possibly early Fall.

5. Which materials best match your campaign target audience and plans? (What are you planning to use, and why? See list of materials on attached page.)

AZ	Target audience primarily Caucasian (area only 3% African American), so did not use poster or print ads with African Americans featured; used the rest of the materials.
IL	Used Live announcer radio scripts (preferred by station public affairs directors); used only black and white print materials to reduce costs, Brochures and counter cards, small number of flyers.
MN	In addition to radio spots, we used brochures, some posters—small ones were easier to place. We didn't have much luck with print PSAs.
NC	Radio spots; both posters; brochures; counter cards; Newspaper PSAs
OR	Radio spots; counter cards, brochures; newspaper PSAs; (tried flyers)
PA	Used Women Walking and Man washing car flyers, both for race depicted and because these are activities that resonate with target audience. Used flyer of Caucasian couple dancing in Lower North Philadelphia/Kensington (sizeable Caucasian population). Used radio spots on three station, brochures, newspaper ads, and small posters.

6. Where will you have the brochures, counter cards, (and posters, print PSAs if you plan to use them) printed? Where will you get the Radio spot CD's reproduced?

(Are you required to use a state sanctioned printer? Can your partners do this more easily with less bureaucracy? Does the state have capacity to reproduce CDs?)

AZ	Used State Print Shop and Marketing Firm
IL	Local printing
MN	We were able to get help from partners to complete commercial printing. This is a big hurdle.

NC	Used Health Department to duplicate CDs, but they had wrong software; eventually went to commercial vendor
OR	Utilized state sanctioned printer for brochure and cardholder printing. This took 3 months. Tried creating flyers from PDF version and home printing. These turned out to be of lesser quality.
PA	Used commercial printer

7. Do you want to localize the materials (i.e. add a local program name)? If so, what name do you want to use? (*Generic materials say “A message from the Centers for Disease Control and Prevention and the Arthritis Foundation”*)

AZ	Added Arizona Department of Health Services name and logo
IL	Added Illinois Department of Health, Arthritis Initiative
MN	Added MN Department of Health logo and local AF chapter phone number, some materials included MDH website url.
NC	Added Division of Public Health’s logo to the brochures and NC Division of Public Health’s Arthritis Program to end of recorded radio spots.
OR	Added Oregon Arthritis Coalition’s logo and Department of Human Service’s logo to brochure. Added Oregon Arthritis Coalition to recorded radio spots.
PA	Added Arthritis Foundation, Eastern Pennsylvania Chapter

8. What response mechanism do you want to use? What are your options? (*Generic materials give the Arthritis Foundation’s 800 line as the number to call for more information.*)

AZ	Left Arthritis Foundation, National Office number on materials. Added health department website.
IL	Left Arthritis Foundation, National Office number on materials
MN	Used local AF 800 number and MN health Department web address
NC	Left Arthritis Foundation, National Office number on materials
OR	Used local Arthritis Foundation’s Chapter’s 800 number
PA	Used Arthritis Foundation, Eastern Pennsylvania Chapter number

9. Where should you place the materials you selected? – Be specific. (*Where is your target audience likely to encounter the message–which radio stations do they listen to? Where do they go in the community...stores? churches? community centers? pharmacies? Doctor’s offices? What newspapers/newsletters*)

do they look at? Be specific about where you plan to place which campaign materials)

AZ	<ul style="list-style-type: none"> • Churches, Community Centers, Clinics, Office Buildings • Smaller community newspapers
IL	<ul style="list-style-type: none"> • Senior Centers, Convenience stores, Clinics, Grocery Store, Pharmacies, Laundromat, Libraries, Banks • The Senior Center, and Project Active both placed information in their newsletters
MN	<ul style="list-style-type: none"> • Pharmacies, senior centers, worksites, convenience stores, churches, clinics
NC	<ul style="list-style-type: none"> • Senior Center (1); Convenience Stores (13); Pharmacies (1); Restaurant (1); Special Events (3); Churches (7); Community Centers (1); Doctors/Clinics (5); Fire Stations (3); Grocery stores (2); Pharmacies (14); Libraries (3) • Place paid ads in 4 newspapers (11 placements total)
OR	<ul style="list-style-type: none"> • Community Center (1); Senior Center (1); Convenience store (1); Diner (1); Clinics (4); Pharmacies (9); Health Departments (1); Hospital (1); Therapy clinic (1) • Place paid ads in 1 major newspaper (4 placements total) • Drop-in article utilized by 2 smaller local newspapers (article about arthritis and exercise and the PACE program).
PA	<ul style="list-style-type: none"> • Pharmacies, Clinics, Check-cashing centers, YMCAs, Grocery Stores, Libraries. • Print PSA in 4 community newspapers

10. How will you contact the distribution channels (radio stations, community locations for counter cards and posters, print media etc.)? Who will actually mail/deliver the materials?

(Success of PSA placement often depends on developing and maintaining a relationship with the PSA director, who has or can develop that relationship? Is there someone else who could handle the materials distribution?)

AZ	<ul style="list-style-type: none"> • Public Relations firm placed radio spots • Arthritis Foundation volunteers distributed posters and brochures with holders to community locations
IL	<ul style="list-style-type: none"> • Contractor (AHEC) placed materials, also used students from community nursing class
MN	<ul style="list-style-type: none"> • Used paid placement of radio spots through a statewide radio network. Local public health staff did local placement of materials. State arthritis program staff and AF chapter staff provided materials on request.

NC	<ul style="list-style-type: none"> • AP staff placed PSAs with three radio stations, local newspapers, and multiple community locations (Dr. office, convenience stores).
OR	<ul style="list-style-type: none"> • Utilized media contractor to place ads. Contract took about 6-7 weeks to be written and approved (this was not in original grant). Media contractor responsible for selecting appropriate radio stations based on target population, placing ads with selected stations, place PSAs with all stations, tracking ads placed and other pertinent data required for piloting materials. • AP staff placed most print materials in community site. Health Plan placed print material in their contracted providers' offices (4 large clinics and pharmaceutical coalition partner helped place print materials in many pharmacies).
PA	<ul style="list-style-type: none"> • Used Arthritis Foundation's public relations contractor. Newspapers placed by AF staff

11. What other elements could enhance your campaign? *(Create drop-in articles, tie campaign to physical local events, facilitate newspaper articles or television stories on arthritis and physical activity)*

AZ	<ul style="list-style-type: none"> • Took materials to a health fair • Public Relations firm (contractor) developed press kits • Article in Prevention newsletter
IL	<ul style="list-style-type: none"> • Radio interviews on two stations with orthopedic surgeon • Insert in pharmacy bags for arthritis related medications • Press releases to newspapers and radio stations • Community fair at mall • Info card placed in Meals on Wheels bags
MN	<ul style="list-style-type: none"> • Radio interviews
NC	<ul style="list-style-type: none"> • Included materials with home delivered meals • Vista distributed at local recruitment events • Took materials to county Senior Health and Fitness events
OR	<ul style="list-style-type: none"> • Created drop-in articles for local newspapers. • Interview with local cable television show. • Completed PACE training before campaign; created brochure insert with local PACE resources to complement brochures.
PA	<ul style="list-style-type: none"> • Modified (reduced) poster size to increase placement options.

12. Evaluation: How can you tell if your campaign is reaching the target audience, or having any impact? *(What indicators could you use to determine campaign impact?)*

AZ	Number of brochures picked up at sites
IL	Community survey, number of brochures picked up
MN	Phone survey, number of brochures picked up, calls to the AF chapter, comments of those distributing and displaying materials, response to mail survey question on AF materials distribution follow-up survey
NC	Community Survey; number of brochures picked up at sites
OR	Community Survey; number of calls to the local Chapter; number of participants who joined PACE or Aquatics program since the beginning of campaign; number of brochures picked at sites
PA	Community survey. Number of brochures picked up at drop sites.

Other Lessons Learned by Pilot States:

- Allow plenty of time to prepare before implementing campaign (cannot be emphasized enough).
- Rely on local partners for insight into how to run a successful local campaign.
- Working with partners helpful to extend reach, also challenging to assure follow-through
- Laundromats and check-cashing locations receptive
- Some locations (i.e. check-cashing stations) not have room for brochure holder on counter
- In general chain stores harder to work with because they needed corporate approval
- Church racks were good for brochure distribution
- Full size posters (36 “ x 24”) were too large for man locations, but flyers printed on 8 1/2” x 11” worked well
- Helpful to have written dissemination plan outlining activities and roles.
- Using state printing requires lots of extra time; could have partner print and DOH purchase from them.
- Can make contact with community sites by phone ahead of time, most useful to make site visits when you have materials in hand—easier to get sites to agree when they can see materials.
- Need early and careful collaboration with Arthritis Foundation to make sure campaign any their activities complement each other
- Can add local physical activity options (PACE programs, walking clubs etc) as brochure insert or list in response packet.
- Placing print ads in smaller newspapers is better value, more coverage, or frequent placement for less money.
- Small newspaper may not be able to use Quark printer files, and could require PDF files.
- Cost per brochure goes down when larger quantities are printed.

APPENDIX J – SUMMARY OF CONTROLLED EVALUATION

SUMMARY REPORT

“Physical Activity: The Arthritis Pain Reliever”

ARTHRITIS CAMPAIGN EVALUATION

CENTERS FOR DISEASE CONTROL AND PREVENTION

Prepared by:

Aeffect, Inc.

APRIL 2005

EXECUTIVE SUMMARY

CDC's Arthritis Program (AP) released a campaign in early 2003, designed to encourage lower SES African American (AA) and Caucasian individuals with arthritis to engage in physical activity. The following summary report details and highlights evaluation findings from the pre-campaign benchmark data collection conducted in April 2004, the post-campaign collection completed in June 2004, and the six-month follow-up completed in January 2005. The evaluation seeks to determine if core campaign messages are reaching the target audience, and if so, how they are affecting the behaviors and lives of lower SES people with arthritis (PWA).

Consistent with previous reports, based on current findings a communications campaign emphasizing the importance of physical activity in managing arthritis for lower SES audiences is warranted. In the six-month follow-up, over half of all respondents (53% FL, 58% SC, 51% control) incorrectly agree that "any physical activity that causes pain or discomfort should be stopped." Similarly, only half of all respondents (52% FL, 65% SC, 56% control) report "it is possible to reduce arthritis pain without medication." Based on these perceptions there is still a need for educating lower SES PWA on how physical activity can be utilized to manage arthritis.

Results from the post-campaign evaluation suggested the initial impact of the arthritis campaign executed in May 2004 in Tallahassee, FL and Columbia, SC was minimal. However, over time, results from the six-month follow-up period are more encouraging particularly in Columbia, SC. More specifically, in the post-campaign period, for nearly all measures of short and intermediate outcomes, there were few to no significant changes across time periods or when comparing target versus control markets. However, in the six-month follow-up period in SC, directional to significant improvements were identified in terms of knowledge about how to manage arthritis through physical activity and participation in moderate physical activity. For example, in SC, significantly more respondents were likely to agree in the six-month follow-up period that "moderate physical activity can reduce arthritis pain" (73% Pre vs. 87% Post2), "moderate physical activity can be helpful even if done for 10 minutes" (90% Pre vs. 99% Post2), and "it is possible to reduce arthritis pain without medication" (48% Pre vs. 65% Post2).

Despite these improvements in knowledge, overall, campaign awareness levels remained steady across all time periods and markets with approximately one-third of all respondents saying they recalled the phrase "Physical activity. The arthritis pain reliever." In the six-month follow-up period, respondents from SC were more likely to recall the same phrase than their counterparts in FL or the control market (39% SC, 24% FL, 27% control). However, response to calls-to-action (e.g. thinking about becoming physically active,

talking to a friend or physician about physical activity, etc.) showed no significant changes from the pre to six-month follow-up period within either target market.

Self-reported levels of moderate and vigorous physical activity among the target audience remained unchanged in Florida and the control market. However, in South Carolina, participation in moderate physical activity significantly increased from 74% in the pre-campaign measure to 84% in the six-month follow-up period. These results are particularly encouraging given the potential for seasonality (winter) to have had an impact on reported physical activity in the six-month follow-up. These findings again suggest AP messaging requires greater penetration, repetition, or time in market in order to affect the lives of lower SES PWA.

Although results from South Carolina in the six-month follow-up period are encouraging, results were not favorable in Florida or overall in terms of awareness, changing attitudes and perceptions, and long-term behavior change. Thus, two possible confounding factors must be considered while reviewing evaluation results.

- First, it is entirely possible that the relatively limited budgets of the campaigns in FL and SC resulted in fairly low penetration and thus the evaluation data collection was unable to capture enough respondents who had been exposed to the campaign. As stated from the start of the evaluation, the purpose of this project is to evaluate the effects of the campaign and not to critique how each state executed the campaign.
- Second, as noted in the benchmark topline report, initial reports of campaign recognition in the pre-campaign period were artificially high. That is, prior to launching the campaign, nearly one-third of all respondents (31% Pre) already reported having been exposed to the campaign tagline. This high amount of “ghost effect” or errant tagline awareness suggests that there may be confusion in the target audience. Typical ghost effect numbers are around five percent or less. This suggests respondents may either be getting the tagline confused with other campaigns, or perhaps the relatively generic nature of the tagline does not differentiate itself from other messages and thus allows for significantly higher rates of false-positives.

Differences in response by gender and ethnicity still remain. Females are significantly more likely than males to be aware of information on all health topics in general. In particular, females are significantly more aware of information on arthritis than males (Post2 69% female vs. 59% male). Interestingly, there are no significant differences between males and females with regard to knowledge about arthritis. However, in terms of perceptions, females are significantly less likely to agree that “it is easy for me to engage

in physical activity (Post2 47% females vs. 67% males). On the other hand, males are significantly more likely to be engaging in vigorous physical activity (Post 56% vs. 32%), although there are no differences in participation in moderate physical activity.

In terms of ethnicity, for a few of the knowledge and perception statements, there was some evidence the campaign may have tended to resonate more with Caucasian rather than African American audiences. More specifically, in the six-month follow-up period, Caucasians were significantly more likely than AA to agree that “moderate physical activity can reduce arthritis pain” (89% Caucasian vs. 76% AA) and “it is possible to reduce arthritis pain without medication (66% Caucasian vs. 47% AA). Nearly three-fourths of AA respondents (73%) versus less than half of Caucasian respondents (45%) still incorrectly agree that “any physical activity that causes pain or discomfort should be stopped.” Looking at the same statement by the original target demographics (lower age and income ranges) reveals even more striking results with over three-quarters of AA respondents agreeing (79%) and less than half of Caucasian respondents (45%) saying the same. AA respondents are also significantly less likely than Caucasians to report “I can reduce my arthritis or joint pain by being physically active” (Post 2 76% Caucasian vs. 65% AA).

APPENDIX K – CAMPAIGN IMPLEMENTATION EVALUATION RECOMMENDATION AND TEMPLATE

Physical Activity: The Arthritis Pain Reliever Campaign Campaign Activity Summary (Templates)

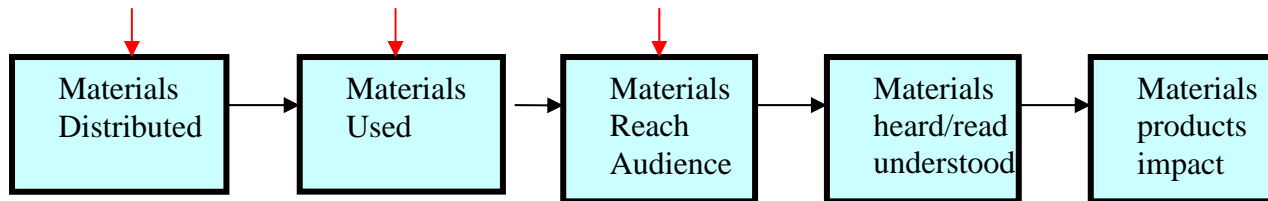
Introduction

The following templates have been developed to assist those implementing this campaign to track or keep records of campaign activities within your state. Collecting these data in an organized manner should help in reporting progress as well as in planning subsequent campaign efforts. These tables were created in MS Word; therefore, they can be completed on screen and modified or expanded as needed.

The CDC recommends that you evaluate the first three phases of the implementation logic model (see below), so you can answer these three questions:

- 1) *Did the campaign materials reach the intended source for distribution?*
(i.e. community sites, radio stations.....)
- 2) *Did the site use or disseminate the indented campaign materials?*
(i.e. radio spots were run, the community center did display the brochures)
- 3) *Can you estimate the reach/impressions of various campaign materials implemented?*

Implementation / Evaluation Logic Model



Program Evaluation Indicators:

Report of distribution

Airtime reports

“Have you heard?”

Content questions

Changes in:
Knowledge
Beliefs
Confidence
Behavior

Brochures displayed

Brochures picked up

Calls

Post card insert

Summary of Campaign Materials Placement and Reach

Media Type	Placement Totals	Estimated Reach/Impressions
Radio (see radio placements summary)		
Brochures (see print materials tracking form)		
Print (see print media placements table)		
Other Efforts (i.e. campaign with another organization)		

Radio Placements Summary (_____ 200 - _____, 200)
 m/d/y m/d/y

Radio Station	Market	Type / Length (Paid/PSA) (30 sec/60 sec)	Date Aired	Time of Day	Listenership
WABE	Portland	120 x 60 sec paid, 35 x 30 sec/psa	4/23/03	12:29pm, 3:30pm	50,000 listeners per week
Total # of Stations		Total # of Paid Spots		Total # PSA Total # Donated	Cumulative Impressions

Brochure/Poster Tracking Forms

200_ Campaign (Month) _____ Town/City _____ County _____

Site Partner (ex. name of specific pharmacy, store, healthcare facility, senior center, laundromat, library...)	Delivery Method (ex. mail, in person)	Date Placed	# of Brochures, Holders, Posters Placed	Date of Final Visit	# of Public Pick Up
ex. Dave's Pharmacy	in person	4/23/04	50 bro, 1 holder, 1 poster	6/23/04	45 brochures
Total # of Sites			Total # of Materials Placed		Total # Picked –Up

Print Media Placements (Newspapers & Newsletters)

Location	Newspaper	Date	Section	Content	Distribution of Newsprint
Portland	Portland Tribune	5/23/03	Living	May is arthritis awareness month	60,000 in Portland area
Salem	Salem County Shopper	5/30/03	In the News	Quarter Page PSA	45,000 households
	Total # of Ads/Articles Placed				Total Estimated Print Media Impressions

200 Campaign Budget Summary

Budget Item	Quantity	Total Cost	Cost per Item	Total Cost
Media Contractor & Placement of Spots <ul style="list-style-type: none"> Radio spot placement 	_____ # of spots	\$ _____	Approx: \$ _____ per spot	\$ _____
<ul style="list-style-type: none"> Media contractor commission (____%) 	--	\$ _____	--	\$ _____
Brochures <ul style="list-style-type: none"> Community Sites Partner Dissemination Total # brochures		\$ _____	_____ \$ per brochure	\$ _____
Print PSA's/Flyers		\$ _____		\$ _____
Counter Card Holders	# _____	\$ _____		\$ _____
Posters		\$ _____		\$ _____
Brochure Inserts		\$ _____		\$ _____
Printer Service Charge		\$ _____		\$ _____
Total		\$ _____		\$ _____

200 Campaign Findings/Insights/Recommendations for Future Efforts

Campaign Material Utilized	Findings – Insights - Recommendations
Radio Spots	
Brochures	
Print PSA	
Posters	
Other Activities/ Community Events	