

# A Whole Woman Strategy and Action Plan to Raise National Awareness About Osteoporosis

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## **Executive Summary**

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## Executive Summary

The University of Maine Center on Aging, in partnership with the Maine Center for Osteoporosis Research and Education, was one of three grantees taking part in a U.S. Administration on Aging-funded project to develop a national osteoporosis awareness and action plan targeting postmenopausal women. While proceeding with the Center's segment of the project, we collaborated regularly with the other two grantees, the National Osteoporosis Foundation (NOF) and the Foundation for Osteoporosis Research and Education (FORE).

### *Methodology*

The University of Maine Center on Aging's portion of the research entailed several phases of activity. Initially, focus groups were conducted with 147 ethnically and racially diverse older women around the country (Maine, New York, Pennsylvania, California, and Kansas) to determine where older women obtain their health information, what they consider reliable and unreliable informational sources, and where they've gotten information in the past that has resulted in changes in their health behavior.

The second phase focused on researching existing osteoporosis education programs and previous or ongoing campaigns to ascertain what programmatic elements have been most and least effective. Sixteen telephone and three in-person interviews were conducted with professionals throughout the United States having special expertise in the field of osteoporosis education, and working with aging and underserved populations. In addition, informal discussions were held with a large number of other individuals while in attendance at the two FORE Summits and through e-mail.

Phase three entailed obtaining feedback from 13 focus groups with 122 ethnically and racially diverse older women around the country (California, Illinois, Georgia, Maine, and New York), concerning mock brochures, graphics, and messages for the campaign as well as ideas about spokespeople and promotional items. The mock brochures and graphics were developed in consultation with marketing and design consultants. Additionally, we worked with local and national marketing consultants to develop theoretical and conceptual foundations for framing and informing the campaign.

Throughout the research project we received feedback and recommendations from two national expert blue ribbon panels in the areas of osteoporosis education and research and aging, women, and minority populations. In addition, we met with our local advisory board of experts periodically.

It should be noted that while recommendations offered have considerable value in informing a campaign that reaches specialized segments of the older female population, the limited number of key informants interviewed, focus groups conducted, and older female study participants recruited, requires caution in terms of application. Ongoing inquiry is essential to continually refine campaign recommendations as they apply to special subgroups of ethnically, racially, and functionally diverse elder women populations.

## *Project Findings*

### **Phase I**

Findings from this phase of the project are broken down by study question area with the results briefly summarized.

#### *Sources of Health Information*

Although elder women get their health information from a variety of sources, some sources emerged from the focus groups as being particularly important. Results were consistent among groups, with the only major exception of print media not being as important to the women with visual impairments. The most frequently cited sources are as follows:

- Health providers
  - Physicians
  - Pharmacists
  - Nutritionists
  - Nurses, Nurse Practitioners
- Publications
  - Newsletters-both health and general with health articles
  - Magazines - “Prevention” and “Modern Maturity” most mentioned
  - Pamphlets from doctors’ offices, health fairs, mail
  - Books
  - Newspapers
- Broadcast media
  - Television – particularly health segments on newscasts
  - Radio-particularly important in rural Midwest
- Formal health lectures
- Family
- Internet
- Telephone information lines

#### *Sources Considered Reliable*

Sources cited as reliable were generally the same as above. Those most often cited as reliable are as follows:

- Health providers
  - Physicians
  - Pharmacists
  - Nurses

- Internet
- Publications
  - Books
  - Magazines - particularly “Prevention”
  - Newspapers
  - Newsletters - particularly insurance company generated
- Family
- Formal health lectures - particularly hospital-based
- Television - particularly newscast health segments
- Radio

#### *Sources Considered Unreliable*

The majority of focus group participants were unable to identify unreliable resources with one woman even stating that she had never thought about health information being anything but reliable. Among those who did question a source’s reliability, the following were most frequently identified as unreliable:

- Ads, commercials, infomercials
- Some friends, family, neighbors
- Some newspaper articles, magazines and tabloids
- Anything published by pharmaceutical companies

#### *Sources of Information Resulting in Changed Health Behavior*

Women gave the following responses, in decreasing frequency, when asked where they had received health information in the past that resulted in their changing their behavior:

- Health professionals
  - Self-initiative
- Media
  - Family/Friends
  - Health lectures

#### *Past or Current Behavior to Reduce Impact of Osteoporosis*

Many participants were already doing something to prevent or treat osteoporosis.

The most common responses were as follows, again in descending order of frequency:

- Followed physician’s recommendations
- Had bone density testing

- Take calcium supplements
- Exercise regularly
- Try to practice good nutrition
- Take hormone replacements
- Attend health fair screenings
- Listen to own body

### *Motivation*

While motivators of change in behavior were not solicited separately, probes were employed to get at this issue. The following is a list of factors identified by participants in descending order of frequency:

- Fear
- Desire to be healthier and feel better in general
- Family
- Self-efficacy
- Desire to support spouse's personal health care plan
- Simplicity and cost of recommended treatment
- Vanity

### *Conclusion*

Despite the diversity of the participants, their responses were remarkably similar. Although many of the participants in this phase of the project were from underserved groups (ethnic, socioeconomic, inner city, rural), the focus groups were organized through Area Agencies on Aging or senior citizen centers. The participants were therefore, all, at the very least, connected with one of these community agencies. Their views may not represent those subgroup members totally disconnected from such resources.

## **Phase II**

From December, 2002 until May, 2003, a total of 16 telephone and 3 in-person interviews were conducted with authorities in the fields of osteoporosis and aging. Through the use of the internet, referrals from other professionals, the U.S. Surgeon General's Report, and the National Osteoporosis Foundation literature search, professionals were identified in the fields of multicultural health and women's issues. Two categories of interview questions were asked depending upon the interviewee's area of professional expertise. One set was for those individuals involved with existing campaigns or educational programs and the other for experts in specific related fields, as delineated above.

The interviews confirmed much of the information gathered during our first round of focus groups concerning where and how elder women obtain health information. Clearly, health care professionals and various media venues are the most important sources outside family. The interviewees' strong recommendation to keep messages simple and to the point while adapting slightly for different subgroups is reiterated by many participants in our Phase III focus groups.

Although osteoporosis educational information and programs are plentiful, it is clear there are a significant number of elder women who have not had access to such material and programming for various reasons. To reach these women, our interviewees made a strong recommendation to take the message to them in their communities. This might be through mobile screening machines, exercise classes held in housing projects or senior centers, or calcium education in grocery stores. Interviewees provided many creative recommendations to accomplish this goal.

The importance of using a wide variety of venues and channels for communicating our message is evident from the interviews, and a vast array of possibilities exists. Making use of elder women themselves to help reach their peers emerged as an inexpensive and potentially highly effective model. Because far too few health care professionals understand the importance of bone density screening for this age group, targeting this group for education must be a part of an effective campaign as well. Potential national professional organizations and associations were identified for collaboration. Partnering with existing social service and ethnic networks will help to reach diverse groups of women.

Interviewees' experiences, both effective and ineffective, reaching underserved populations provided a wealth of information to improve chances for an ultimately successful campaign. Clearly, it is imperative that individual communities guide the campaigns for their particular represented groups.

Universally, these professionals welcomed the prospect of a national osteoporosis education and prevention campaign for postmenopausal women. They are eager to be involved and to be kept up-to-date on the progress. There is much to be learned from existing programs and campaigns as we move forward

### **Phase III**

The responses from participants in this round of focus groups are summarized by the question asked.

#### ***Mock Brochures***

The majority of participants chose one of two brochures, both of which were the bold blue with yellow writing. In each case, the message ("Bone Up on Bone Loss" and "Tone Your Bones! Battle Bone Loss with Exercise") was most often identified as what caught participants' attention. The majority of respondents stated they made their brochure selection based on the message rather than the graphic. Color was a factor frequently, though less often than the message. Very few respondents reported making the choice based on the graphic alone.

#### ***Graphics***

The design concept featured skeleton x-rays performing various activities. This was an attempt to use a graphic idea that would be different from the vast majority of material currently available to consumers

about osteoporosis. In addition, it was theorized that skeletons were relevant for a bone disease and would also catch the attention of the consumer. The four pictures tested appeared on the mock brochures. Major findings were as follows:

- The two full skeleton pictures were preferred over the partial skeleton ones.
- The whimsical nature of the preferred graphics appealed to many, but other women found them silly or inappropriate for this kind of campaign.
- The full skeleton graphics, for the most part, did catch participants' attention.

### *Messages*

Participants were shown four messages individually and asked several questions about their reactions to the phrases. The messages generally represented plays on words, again in an attempt to attract a woman's attention. Significant findings are as follows:

- These messages elicited a wide variety of reactions from laughter to confusion to, in two cases, irritation.
- "Tone Your Bones" and "Bone Up on Bone Loss" were the most popular, and many felt they conveyed a positive self-efficacy message.
- Most participants felt messages should be concise and to the point. This was felt to be particularly true for women with English as a second language.

### *Spokespersons*

Participants were asked questions about categories of potential spokespersons for a national campaign. Although individual suggestions were offered by those taking part, the goal was to ascertain what type of person would be most effective. The major findings are as follows:

- Females were overwhelmingly preferred over males.
- Participants preferred someone their general age.
- Of the five choices for spokesperson category, "physician" was most popular and "politician" least.
- There was a strong feeling that a spokesperson should be one with personal experience with osteoporosis or decreasing bone density.
- Many participants preferred an "ordinary woman" over a celebrity as their choice of spokesperson.

### ***Promotional Items***

Women were asked to discuss promotional items they had received in the past with emphasis on those they looked at several times a week. Key findings are as follows:

- Participants had received many promotional items, but most of them were unable to remember what message was associated with any particular item.
- Very few reported looking at the message several times a week.
- Magnets were most frequently identified as promotional items women liked to receive followed by pens, pill boxes, notepads, and key chains.

### **Development Strategies**

The following recommendations are based on our research as well as our collaboration with FORE. Each recommendation is described in detail in the formal grant report. What follows are short summaries of the salient points.

#### ***Advisory Board***

To assure the campaign's broad reach, we strongly recommend the formation of a multidisciplinary advisory board. The Board's duties will be to monitor the campaign, periodically evaluate its effectiveness, and make recommendations for changes to enable the momentum to be sustained. As baby boomers become elder women over the course of the campaign, strategies will need to change to reach this group with markedly different characteristics than their elders.

#### ***Spokespeople***

Having a celebrity spokesperson with which elder women can identify will give credibility to the campaign as well as add media interest. Oprah Winfrey was identified by participants in our Phase III focus groups as well as by some of those who attended the second FORE Summit. She seems to be someone whose popularity crosses racial and ethnic lines. In addition, she recently, very publicly, reached a pivotal age for bone loss concerns. Regardless of the choice, it is clear elder women want a spokesperson that has a personal interest in osteoporosis.

In addition to a national celebrity spokesperson, our research points to the benefits of using one or more "ordinary" women to serve as campaign figures. We suggest using a group of ethnically diverse women who engage in a variety of activities related to the overall messages of the campaign.

#### ***Dissemination of the Message***

It is critical for the campaign's success to have messages disseminated by many groups in as wide a variety of venues as possible. Women need to keep "running into" these messages. For economy and efficiency, existing channels should be used whenever possible. Some of these channels are listed below.

### Health Care Providers

Although our research did not focus on this group, FORE considered how to educate and change the behavior of health care providers around telling women about osteoporosis and ordering bone density exams. We encourage the collaboration with selected professional organizations to further this goal.

### Non-Profit Organizations and Public Agencies

There are numerous non-profit organizations and federal departments that have local distribution channels throughout the country. While the Area Agencies on Aging network is the most obvious, there are many others as well. Some of these, such as Senior Corps, already have a network of volunteers in place. By using as wide a variety as possible, the campaign is assured the farthest reach. We particularly encourage consideration be given to forming alliances with organizations that represent the underserved.

### For-Profit Channels

Although a potential source for partnering, these organizations can play an important role in disseminating the message as well. In particular, businesses that serve a disproportionate number of lower socioeconomic women have the potential to reach these women who have traditionally been overlooked by health care messages.

### ***Special Events***

To attract media attention, we suggest the campaign kickoff be “splashy” and coincide with a high visibility event. The spokesperson(s) should be introduced and the multiethnic nature of the campaign be demonstrated.

### ***Marketing***

It is imperative that our target population continually come into contact with messages about osteoporosis. To achieve this, a large variety of venues should be utilized for marketing the campaign. The following components should be considered:

#### Media

Our research indicated that elder women receive a significant amount of health care information from various media venues. These include print as well as broadcast media sources. Magazines and health newsletters from a variety of sources were identified frequently as was television. In isolated rural areas, radio is a vital resource.

#### Internet

Although currently used by a minority of elder women, this will become an increasingly more important source of message dissemination in the years to come. A campaign website will not only be valuable for those elder women who do use computers but will also be a resource for adult children looking for information for their mother. Targeting adult children with the campaign message is a vital conduit to elder women.

### Toll-free Telephone Number

If available in several languages, a toll-free information line could serve as an entry point in particular for women having no regular health care provider. Consideration could be given to tying into an existing information line, like Medicare or the National Osteoporosis Foundation.

### Identity Program

It is imperative that this campaign have an identity that is recognizable wherever and whenever the consumer crosses its path. Although it is also essential that the campaign be adapted by individual communities, a constant logo or graphic will assure the campaign has a national identity. The most successful national health campaigns have utilized a unifying theme.

The development of materials must conform to recommendations for age-related visual changes as well as the literacy level of consumers. As much as possible, materials should be able to be read by all groups to necessitate as little adaptation as possible. The shorter the messages, the less the adaptation and translation needed.

A “Bone Building Kit”, should be developed to distribute to women. Included in this should be promotional items that stand out from the many elder women encounter.

### Volunteers

Frequently in our research, we heard about the effectiveness of using elder women to deliver health messages to their peers. Though functioning primarily at a local level, it would be important to make these women feel part of a national group with a name like “Bone Brigade”. Local volunteers could be given awards on a national level. There are many functions volunteers could serve.

## **Local Implementation**

Repeatedly in our research, we heard the message that no national campaign would be successful in changing women’s health behavior without involving local communities. This is particularly true of most ethnic communities. Past campaigns have failed when organizers assumed they knew what a community needed. The level of awareness about osteoporosis varies dramatically among locales, and this factor alone necessitates different strategies and messages locally. What follows are some recommendations for the local level of the osteoporosis awareness campaign.

### ***Spokesperson***

Although it is hoped that the chosen national spokesperson would appeal across ethnic lines, in some cases a local spokesperson with credibility to a particular target group should be considered.

### ***Dissemination***

Well chosen national channels will facilitate the dissemination of osteoporosis information at the local level. In addition, strategic locations in a given community for posting campaign information will need

to be identified. Again, the goal is to use as many different venues as possible to insure that women continually cross paths with the message.

### ***Marketing***

In addition to local broadcast and print media, other excellent venues for marketing on a local level include health fairs, cultural celebrations, grocery stores, and faith-based organizations.

### **Partnering and Joint Ventures**

Successful national health campaigns have generally had a strategic partnership to help secure the campaign funding, increased visibility and even credibility. Some suggestions for partners for this campaign are pharmaceutical companies (possible the Alliance for Better Bone Health, an existing partnership between Aventis and Proctor and Gamble), a food corporation manufacturing high calcium products, and geriatric education academic programs.

### **Message Development**

It is clear from our expert interviews that the overall campaign message should be that osteoporosis is a preventable and treatable disease that can rob a woman of her independence. Emphasis needs to focus on the fact that it is never too late to take action. Repeatedly, it has been emphasized that the message should be simple, direct, and tell a woman what to do. While the message should be positive, the consequences of not acting need to be emphasized as well.

Although there are a variety of risk factors relevant to the development of osteoporosis, our experts agreed that three main messages should be emphasized. They are: 1) to get a bone density test of some sort; 2) to increase calcium intake; and 3) to engage in weight-bearing activity.

In addition to the message testing reported above, we participated in the FORE Summit at which a major activity was the development of campaign messages. Those recommendations are included in the FORE report.

### **Strategies to Reach Minority and Lower Economic Populations**

It is clear that previous campaigns have failed to adequately reach minority and lower economic elder women. It is imperative that this campaign direct particular attention to strategies geared towards educating these underserved populations and, more importantly, to motivating them to change health behavior. Recommendations that follow are based on feedback from both key informant and elder female focus group participants representative of such populations. Caution is urged against overgeneralization given the necessarily limited number of study participants and the changing profiles of these special population groups.

- An overall campaign cannot reach all ethnic subgroups of women without adaptation by individual communities to the specific needs of their residents. It is vital that local leaders be identified who can take the lead in translating materials and/or making them culturally relevant and appropriate. Some of these groups historically have mistrusted the majority health care system and need to hear the message from members of their own community. It is critical to remember that even within some ethnic sub-

groups (such as Latino, Native American, and Asian/Pacific Islander), there are many different cultures and, in some cases, languages spoken.

- Elder members of particular ethnic subgroups may not speak English and may not be oriented towards preventative care. Messages have to be in their language and speak to their values.
- Because family has major importance to many of these groups, family members should be targeted and urged to get their relatives tested. Women can also be urged to take the suggested steps in order to remain healthy for and available to their grandchildren.
- Faith-based affiliations may assume more importance with selected subgroups than with the elder population in general. This may be particularly true in African American communities. It could be advantageous to work through these organizations to reach the target population.
- Photonovelas (stories told through pictures) and telenovelas (Spanish soap operas) have been found to be effective ways to get messages across for segments of the Spanish-speaking population.
- Although perhaps the most difficult subgroup to reach, it is essential that strategies be employed to successfully educate low income older women. The attention of these women may be more focused on getting their basic needs met, and preventative health care may consequently be of relatively lower priority.

We must take our message to women in housing projects, via food stamp mailings, in discount stores, Meals on Wheels trays, etc. and convince them that their lives will be impacted positively as a result of adhering to campaign recommendations.

Piggybacking onto other messages received is recommended for this group.

Whenever possible, providing free gifts such as food, coupons, promotional items, etc. will help attract women to health talks and other campaign-related events. Campaign activities, including exercise classes, should be free of charge if at all possible.

Television may be an excellent venue for getting the message across to this group.

## **Conclusion**

University of Maine Center on Aging staff investigated where elder women obtain health information as well as when and why they make changes in health behavior and life style. By talking with older women themselves and interviewing experts around the country, we sought to determine what information and education strategies are and are not working in existing programs as well as to learn those approaches for reaching underserved populations of elder women. Working with marketing experts, we developed foundations upon which a national osteoporosis campaign could be built. Lastly, we tested selected materials to elicit feedback on preferences of elder

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women concerning graphics, messages, spokespeople, and promotional items. The latter stages of the research were partially guided and informed by the FORE Summits and the professional contacts forged there.

It is clear that with a large cohort of baby-boomers poised to enter their elder years and with the momentum growing to educate people about osteoporosis, the time for a national awareness and action campaign for elder women is now. We have attempted to lay out our study-based recommendations for making this campaign a success. It is our hope that our findings, together with those of the National Osteoporosis Foundation and the Foundation for Osteoporosis Research and Education, will become the guide for this very important campaign.

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