

Market Research Report

Message Testing

On behalf of the
Family Caregiver Self-Awareness & Empowerment Project

A Program of
National Family Caregivers Association

And
National Alliance for Caregiving

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I. Goals & Methodology

Goals

Kohlman Atlee was commissioned to assist in evaluating the communications effectiveness of various proposed messages and materials for a nationwide public education program being developed and conducted by The Family Caregiver Self-Awareness and Empowerment Project. Ultimately, the learning from this work will lead to the development of a message strategy that will serve as the foundation for the creation of a wide variety of program materials.

Specific goals of the study:

- Develop a message strategy and creative approach that is most likely to create awareness and motivate caregivers to seek support
 - Specifically, identify the most compelling and powerful messages and/or creative components, i.e., themelines and headlines that might be used in print ads, brochures and/or on a web site, as well as radio copy and other communications materials
- Gauge responses on a variety of message attributes, i.e., relevance, comprehension, overall appeal, believability and motivational potential
- Assess if there are significant differences attitudinally and in terms of message resonance between target segments, i.e., acknowledged vs. non-acknowledged, intensive vs. supportive caregivers, new vs. ongoing, etc.
- Provide deeper insights into how various target segments think about the concept of “caregiver;” and the barriers and motivators associated with acknowledging their role and asking for help

Methodology

In an effort to fully evaluate the proposed creative materials, Kohlman Atlee was commissioned in September 2001 to conduct in-depth interviews among a mix of ADL and IADL caregivers.

While not statistically projectable unless conducted in very large quantities, in-depth interviews (IDIs) provide rich insight into target audience thinking and perceptions. This methodology allows a skilled interviewer to probe below the surface of a participants’ initial responses (which tend to be rational) and develop true understanding of what is felt in that person’s heart (the emotional place where real attitudes and behaviors are shaped). Given that, IDIs are especially useful when it comes to understanding how to make message strategies and creative approaches more relevant, compelling and, ultimately, more motivating.

Interviews were approximately 30 minutes long and conducted in both Fairfax, Virginia and Baltimore, Maryland. All participants were randomly telephoned and recruited based on their self-reported caregiving activities.

Respondents were further screened to insure a mix of age (although all had to be between 40 and 60 yrs. old), family and employment status, relation to the person they were caring for, and illnesses or disabilities of that person.

II. Key Insights

The caregiving “role”

While many respondents agreed that they served in a caregiving role when that idea was presented to them, **it was clear that they weren’t especially interested in labeling what they do. They’re simply too busy filling the role to think about what it is. Beyond that, they view caregiving in terms of the roles they already fill—as child, spouse, sibling, friend—not as a discrete responsibility.** Caregiving is simply where the existing role evolves if the need arises. Given that, it’s not surprising that the idea of “family caring” resonates far more with them than the designation of “family caregiver.”

That’s not to say they don’t feel challenged by family caring, though. Respondents most often reported time constraints and the multiple demands of daily living as issues for them, along with the attitudes and behaviors of their loved ones and the sheer physical challenges of providing intense personal care. Throughout the interviews, **respondents spoke of feeling overwhelmed. A clear lack of empowerment to change was evident among a number of respondents as well. Beyond that, many were so busy that they’d never even thought about options that might be available.** Often, their lives were literally on automatic pilot.

Even so, it’s worth noting that the few men included in the study seemed far less stressed than the women; they came across as more task oriented and less emotional. Beyond that, there were certainly respondents who are still in the fairly early stages of caregiving, and those who truly had support networks in place, who did not feel nearly as overwhelmed or stressed as the other larger group of respondents who are deeply involved already.

Creative reactions

Over all, **the body of tested work was quite well received, and a number of elements were seen as both highly relevant and motivating** to target audience respondents.

Concepts with particular resonance included messages about:

- **Not being alone**
- **Resources** being available that they may not have thought about or considered before, and
- **Ways to maintain a high level of caregiving without doing everything themselves**

Respondents also reacted favorably to creative elements that communicated a real empathy for and understanding of the caregiving role and its impact on their lives.

Importantly, **these well-received elements clearly helped many respondents recognize that they might be doing more than they needed to do, that they might be overlooking resources, and that getting help could well be in the best interests of their loved ones.**

Beyond that, many respondents were highly motivated to contact www.caregiverscentral.org, and were often surprised and excited to learn that there might actually be an organization devoted to their needs.

Creative elements with the greatest target audience resonance and motivational qualities included:

- Radio announcement: “1 out of 4”
- Headlines: “You can be there for your mom or dad without always having to be there.”, and “Caring for an aging parent? You’re not alone, so don’t go it alone.”
- Themelines: “Family caring. It’s not all up to you.”, “You’re not alone. Don’t go it alone.”, and “You have more help than you know.”
- Message strategies: “Ask for help” and “Take care of yourself.”

Other campaign components that didn’t test as well generally did poorly on one of several fronts: **respondents felt the element induced guilt** by emphasizing their needs over the needs of their loved ones; **the creative idea came across as directive or critical**; or **respondents felt the idea presented caregiving as something that was more dependent on rational thinking than heartfelt caring.**

It’s particularly worth noting **that the headlines and themelines supporting the “Take care of yourself” message strategy weren’t well received on several of those fronts—**especially in terms of elevating the caregivers’ needs above the cared for, and for coming across as rational and even businesslike instead of loving. Importantly, **themes from the message strategy itself were quite well received (especially the idea that better care would be delivered if they took care of themselves, too).**

Interestingly, even though respondents said their concern was all about their loved ones, the forms of help that they seemed most interested in did offer up relief for them—usually in terms of getting more time for themselves and experiencing less stress. They were rarely willing to acknowledge that directly, though. **Interest in finding relief for themselves always came up in an indirect way, as a result of hearing messages that there could be help and that it could benefit their loved ones as well as themselves—**not from hearing messages about taking care of themselves in isolation or seeking direct respite.

Finally, it should also be noted that some of the creative was too well received, and seemed to promise more than an organization can truly deliver (especially in terms of immediate, direct support services). Beyond that, a very few respondents thought the material was sponsored by a service provider that would charge fees for services—not by a non-profit organization.

Barriers to action

While it was clear from the test that this target audience can be moved with the right messages, it was also obvious that there are a number of barriers to action that should be considered in developing a communications campaign aimed at caregivers. Those include:

The mindset/personality of many people who become caregivers. There's a definite psychographic element among a certain segment of these caregivers, driven by the type of personalities they have—personalities that often got them into the caregiving role in the first place, with traits that may keep them from acknowledging the toll that role takes and/or seeking support. This is particularly true of caregivers who've assumed the role when there are other family members who could have done so.

The caregivers observed in this study seemed most likely to fall into one of two general categories:

- **Overachievers**—people who are used to taking on whatever comes their way, often without much thought. These people often don't recognize a need for help and therefore don't seek it; their whole lives tend to revolve around activity and productivity. This segment was especially prominent in the D.C. respondent base.
- **Loyalists**—people with a very strong family orientation who feel they're doing what they've been called to do and see caregiving as an important role in life. These respondents often weren't alone but took on the job anyway, and they often resist even small offers of help. Some are people pleasers—they don't want anyone to get mad at them, or have anyone else feel stressed and overburdened. Others are overly responsible, truly believing that only they can offer the quality of care that's needed--and that no one else could or should. Baltimore respondents were more likely to be classified as loyalists compared to those in D.C.

Guilt. Many of these caregivers feel guilty if they focus on themselves at all, and believe that everything should be about the family member needing care. They really felt selfish or guilty if they looked at the situation in another way. Some seemed to be coming from a religious perspective in their thinking (seeing their caregiving role almost as spiritual in nature); others held strongly to a concept of duty that had little room for what they saw as self indulgence.

Unsuccessful past experience. Some people have looked for help before or tried to draw on resources unsuccessfully, and they certainly expressed some cynicism in hearing messages about the ready availability of help.

Pressure from the loved ones themselves. A number of these respondents reported real pressure to continue in their current roles, with the same level of activity—sometimes in the form of guilt-inducing messages about how uncomfortable they'd be with a stranger (or another relative, for that matter). Some respondents even realized that they were being manipulated to some extent, especially by a parent.

Depression. A few respondents appeared to be somewhat depressed (e.g., unanimated in their responses, displaying a very flat affect) and it's fair to say that it could be difficult to reach them with messages of hope that might or might not even register.

Being overwhelmed. For some respondents, the very notion of embarking on a process to identify help was more overwhelming than they could contemplate. Some were already down a path, felt they were in it too deep to get out, or couldn't even overcome the perceived difficulty of just trying to explain what needed to be done or getting someone else up to speed.

Misconceptions about what constitutes help. Some people couldn't seem to understand that they're not in an "all or nothing" situation—they wanted either total relief or none; a few hours on Sunday afternoon didn't seem to register on them as anything that would actually constitute real relief.

III. Conclusions/Recommendations

Message strategy

Ultimately, the “Ask for Help” message strategy appears to be the most powerful theme tested—essentially because it serves as an umbrella communicating all of the most compelling ideas that surfaced (not being alone, the availability of help/resources, and the possibilities for doing better for a loved one by seeking more help). Importantly, the theme resonates with respondents and has strong motivational qualities in terms of spurring caregivers to specific action. **It truly has the potential to empower respondents virtually anywhere along the continuum of caregiving intensity.**

It’s worth noting that while several creative components supporting the “You’re not alone” strategy tested quite well, they could just as easily have been written to support “Ask for help.” In all cases, those components suggest specific things respondents can do, or a different way they can think—both of which appear motivational enough to encourage a search for additional support.

While the “Take care of yourself” strategy also tested well, its major themes could easily be incorporated into the “Ask for help” umbrella, and it probably should be considered a supporting component of that broad strategy.

Program language

In terms of specific language that should be used in the ongoing development of program materials, keep the following in mind:

- **Be careful about language that could be interpreted as an overpromise,** especially in terms of suggesting that there’s a readily accessible, local solution for everyone. Suggesting that there are organizations that “can probably help” is safer than stating there are organizations that “can help.”
- **Caregivers are extremely sensitive to language that appears in any way to admonish, criticize or direct**—sometimes because they feel like their own loved ones do this to them. It’s relatively easy to put this group on the defensive. Even headlines that would simply be viewed as provocative in other categories have the potential to be off-putting to caregivers—their emotions are often too raw to be captivated by a jolting idea.
- Beyond that, **“don’t” and “shouldn’t” in isolation aren’t well-received words** for people who’ve made caregiving a part of their life’s work (e.g., “You don’t have to go it alone” would be preferred to “Don’t go it alone.”)
- **Be careful with the word stress**—just mentioning it can induce stressful feelings, even when it’s being communicated in a reassuring way.
- **Make sure language is inclusive of the various roles that caregivers occupy**—e.g., loved one works better than parent or even relative. Interestingly, the notion of family is quite inclusive; even non-relatives caring for a friend tend to think of that person as family.

- **“Family caring” is a well-received phrase**—it gives definition and shape to what these caregivers do, and describing what they do works better than labeling them as “caregivers.”
- **Make sure that the non-profit message is prominent** to avoid confusion about whether a paid service provider is the program sponsor.

Campaign tone/focus

Overall, the campaign tone needs to be comforting, reassuring and empowering. If the tone is empathetic, and the creative strategy suggests that the sponsoring organization truly understands what it’s like to be a caregiver, then respondents will be much more likely to feel empowered when it comes to taking action. To some extent, the campaign will work best if it helps caregivers reach their own conclusions that they’re doing too much.

Ultimately, it seems as if the campaign needs to the following things in order to really succeed at attitudinal and behavioral change:

- First, **provide reassurance** that it’s okay for caregivers to feel the way they do
- **Provide new ideas** about ways to seek help and support
- **Continually point out that it’s in the best interest of their loved ones** if they seek that help and support

In terms of which behaviors to address, **the campaign should probably start with small things they can do. All these caregivers recognize that they need a break**—that might be the first thing that the campaign should focus on since it’s the one most readily recognized thing they’ll do and only requires them to relinquish a modest amount of time.

Certainly, **the program should incorporate tips about things that no one could put up a barrier to** (e.g., take a walk, take a bath, find someone to do the little things that are easily handled). It will be difficult to convince caregivers to give up the things they feel only love can deliver; but they probably can be convinced to give up the smaller things that others could do.

Website support

Clearly, **a website can function as a powerful tool in this program, potentially providing information/tips, links to various resources and networking/community building opportunities.** Specific ideas for website pages include:

- **Tips/how tos** on all types of fronts—from help with specific processes (e.g., dealing with doctors, handling insurance companies, getting finances in order with checklists to keep track of what’s going on) to ways of getting help from family members and friends (and even empowering the loved one to do more if at all possible)
- **Links to resources** on a national, regional or, ideally, community level
- **Community building/networking**—certainly, there are all kinds of possibilities for creating a supportive network through a website, including bulletin board formats, live chats and open discussion forums, online support groups, etc.

IV. Materials Test

Radio announcements

1 in 4

Although aspects of both radio announcements were well liked, respondents had a decided preference for the “1 in 4” spot (especially in Baltimore)—mostly because it seemed relevant to all of them, no matter where they were on the caregiving continuum.

The announcement’s main message was clear and compelling to most respondents--you’re not alone and there’s help. The use of the 1 in 4 statistic in particular helped them recognize that they’re part of a large group. Beyond that, the announcement was also well received because it strongly implied that a wide range of resources exists and that specific kinds of help are available for caregivers.

The line about loyal sons and daughters was also something that respondents often identified with--it put their caregiving roles in a context in a way that almost all of them relate to themselves. The spot also strongly implied that the sponsor truly understands what it’s like to be a caregiver; that most of the time people do this out of love and loyalty, not because they identify with a generic caregiving role.

While many respondents liked the idea of being “loyal sons or daughters,” it’s also worth noting that respondents who weren’t caring for parents didn’t feel that was applicable to their situation and would prefer broader language.

While there were few negatives associated with the announcement, it’s worth noting that quite a few respondents saw a greater promise in it than the organization may be able to deliver. They’re so thirsty for resources that some of them jumped right to the conclusion that this organization will deliver direct and immediate relief, instead of serving as a tool or resource for locating help. Beyond that, a few respondents who’d unsuccessfully looked for help in the past were cynical about the idea that anyone could help them with their unique situations.

In terms of new learning, and beyond the 1 in 4 statistic, a number of respondents were surprised to learn that there are organizations dedicated to family caregiving. Over all, the spot was most likely to motivate respondents to say they’d visit the website. A few pointed out that they didn’t have Internet access and wanted to see a toll-free number included.

Weekend

The “weekend” announcement was often seen as more emotional, and in some cases more personal, than the “1 in 4” spot—and spoke most profoundly to those who are pretty far along the caregiving continuum.

However, a number of respondents in the earlier stages simply didn't feel that it applied to them because they're not yet literally devoting that much time to caregiving. Even so, quite a few of them could see this stage coming—and for some, the spot did serve as an important reminder that they should start thinking about how they're handling various situations now before things get to the breaking point.

Interestingly, in Baltimore only, there were a number of respondents who didn't care for the "Weekend" spot because they felt it inappropriately focused on their needs—almost to the point where it made them feel guilty. These respondents seem to feel that it's almost a sacred duty or even an honor to give this kind of care; it's just something they do and they're not at all inclined to begrudge it or to examine the impact on their own lives. Those respondents always preferred "1 in 4" because it focused on the person they were caring for (even though some acknowledged that taking care of themselves was a good idea).

Also in Baltimore only, a few respondents felt that the weekend spot was selling a paid service provider; to them, the spot came across a little bit like a sales pitch for getting relief. Finally, a number of respondents had visceral reactions to the line about stress—even though it was meant to be reassuring, it actually deepened the amount of stress they felt about the ideas being presented.

Headlines

In terms of their overall appeal and motivational quality, the headlines fell into three distinct tiers. It's certainly worth noting that the most well received lines supported the "Ask for help" and "You're not alone" message strategies rather than "Take care of yourself." That was clearly because the lines supporting the first two strategies did a better job of capturing the greatest positives associated with those themes—not because "Take care of yourself" was considered an unappealing message strategy (see message strategy section for more information).

Top tier:

- You can be there for you mom or dad without always having to be there.
- Caring for an aging parent? You're not alone, so don't go it alone.

Middle tier:

- Love for an aging parent comes from the heart. Don't forget to use your head, too.
- Worried about a sick or aging relative? How worried would you be if something happened to you?
- Worried about a sick of aging relative? We're worried about you.

Bottom tier:

- Caring for an aging parent or sick relative? Welcome to the club.
- Caring for a loved one at home? Maybe you're caring too hard.
- Want to take better care of your loved one: Try being less martyr and more manager.
- Caring for an aging parent? Ask your boss to lend a hand.

Top tier:

You can be there for you mom or dad without always having to be there.

This headline was extremely well liked because it's something everyone wants to hear. It relieves guilt and gives hope that life can be different, and also reinforces the idea that specific resources are available. It's a rich headline that operates on multiple dimensions and works no matter how intense the caregiving is.

The idea of "being there" that's expressed in the headline is huge—it's what these caregivers think they do. The headline gives them important permission to still consider themselves as "being there" even if they give themselves a break. That's especially important for a target audience where guilt is so big. Even as much as they give, many of these respondents criticize themselves for what they're not doing. And, they often don't even want to admit that they're resentful or overburdened. This headline actually takes them to a next step in their thinking and helps them pose a question to themselves: If I can still be there without being physically present, what specific steps can I take to provide care without always doing everything myself?

Caring for an aging parent? You're not alone, so don't go it alone.

This headline reinforces the idea expressed in the "1 in 4" radio announcement—you're not alone, you're part of a group, and there are people who can help you. Importantly, it reminded many respondents that there is probably a network of people they could call on and that family and friends could be more involved (although a handful insisted that they truly are alone in terms of a friends/family network). While well received, the headline isn't as rich or layered as "you can be there," and for those who didn't like it the headline seemed to scold or direct rather than invite action.

Middle tier:

Love for an aging parent comes from the heart. Don't forget to use your head too.

On the positive side, the headline stirred up some recognition that it's easy to become too emotional in a situation like this; even that you can sometimes do too much, spread yourself too thin. For those respondents, the headline served as a useful reminder that you have to be rational in your thinking if you want to make really good decisions.

Beyond that, though, some respondents were offended by the notion that they're not using their heads, or felt the headline suggested they were dumb or stupid. A few also felt that the heart should never be subjugated to the head. Interestingly, respondents in Baltimore were less likely to be offended and more likely to see the head as a reminder that being logical instead of passionate can be more effective.

Worried about a sick or aging relative? How worried would you be if something happened to you?

The appeal of this headline lay strictly in its relevance—many respondents did wonder what would happen if they could no longer provide care, and even worried that their children would be greatly burdened and have to pick up all the slack. Even so, the headline didn't offer up any positive ideas for most respondents. It mostly conjured up worry without any real warmth or reassurance, and didn't often lead directly to the conclusion that they should take better care of themselves. A few respondents even thought it sounded like an insurance company trying to sell them a policy. Some felt it didn't apply to them because there were in fact others around to pick up the job.

Worried about a sick or aging relative? We're worried about you.

While this headline wasn't poorly received, it did seem to fall a little flat and respondents didn't have much to say about it. A positive was that it had some compassion, and showed that someone or some organization was concerned about them. Respondents were most likely to react skeptically, though, wondering how someone could worry about them if they didn't even know them. That led to some additional cynicism for some respondents. They wondered aloud: Are these people worried enough to come help? Are they just trying to raise money?

Bottom tier:

Caring for an aging parent or sick relative? Welcome to the club.

When liked, this headline conveyed the message that you're not alone, you're part of a larger group, and, to some extent, that the group might have resources you could tap into. Even so, it wasn't highly rated, and those who didn't like it thought either that it was sarcastic and/or that it didn't offer up any tangible information or new thought.

Caring for a loved one at home? Maybe you're caring too hard.

On the positive side, this headline did spark some recognition that caregivers can do too much (or at least more than they need to do). Even so, few respondents made the connection between caring too hard and taking care of yourself, and the headline wasn't well received in general. That was often because respondents read it as suggesting you could care too much (not too hard), and they simply disagreed with that premise. To

them, the headline came across as cold or maybe even institutional, and implied that they were doing something wrong when it came to caring.

A few respondents even felt offended, like the headline was “blowing off” their loved ones and/or that this implied selfishness on their parts.

There was a decided difference in reaction among respondents who took the phrase “caring too hard” as feeling too much and those who saw it as doing too many tasks. When the caring was seen as describing caregiving tasks, it became much easier for respondents to acknowledge that they could be doing too much. Seen from an emotional perspective, it was difficult for respondents to get past the idea that you can’t care too much.

Interestingly, there was a sense that some of these respondents have heard this message before--perhaps from spouses or kids who think they’re doing too much. Those respondents immediately went on the defensive in reaction to this headline idea.

Want to take better care of your loved one: Try being less martyr and more manager.

This headline was not at all well received, particularly because martyrdom has pretty negative connotations—it seems to imply that the sacrifice being made is not totally without personal reward or affirmation. On the other hand, a few respondents did see the idea of managing as a positive. Even so, it came across in a very cold way and addressed the logistics rather than the caring for many respondents.

Caring for an aging parent? Ask your boss to lend a hand.

There was very little positive reaction to this headline. Among those who work full time, many thought approaching a boss was either a bad idea or not anything they would consider except for emergencies. Some didn’t think they’d get any sympathy; others thought it inappropriate or overstepping boundaries to ask for special treatment, or were very reluctant to bring that kind of personal issue into the workplace. Many people want to maintain a certain image at work and even see a threat to their career paths if they’re labeled as someone who needs different consideration than other workers. Beyond that, a number of respondents were self employed, worked part time or weren’t even employed at all—and therefore had no bosses to approach.

Themelines

Like the headlines, it was clear that the themelines could be grouped into three motivational tiers—although the “winners” weren’t as clear cut as with the headlines, and varied more by market.

Top tier:

- Family caring. It's not all up to you. (especially in Baltimore)
- You're not alone. Don't go it alone. (especially in Baltimore)
- You have more help than you know. (especially in D.C.)

NOTE: The difference in reaction by market was probably related to the greater presence of loyalists in Baltimore (who were comforted by the idea that family members could help and/or that they weren't really alone) and over-achievers in D.C. (who often hadn't taken the time to consider their options for help, either from family members or via other types of resources).

Middle tier:

- To care better, care smarter.

Bottom tier:

- How are you managing?
- To open your heart, use your head

Top tier:

Family caring. It's not all up to you.

This slogan was quite well liked, mostly because it served as a simple but compelling reminder that they're not alone and that specific help could be available (especially from other family members). The line literally encouraged respondents to seek help, and seemed to have a motivational quality to it greater than the other lines tested. The line worked whether respondents had a support system in place or not—either acknowledging their current situation if they have help, or suggesting that help should be sought if they are doing it all.

In addition, the “family caring” phrase came across as warm and compassionate, and described what they were doing (and even seemed to extend to people caring for a friend). Over all, the line encouraged respondents to take a break or ask for help without inducing guilt. Ultimately, it reassured them that the feelings they had and weren't expressing were okay and maybe even good, and gave them permission to act.

You're not alone. Don't go it alone.

Reactions to this themeline were very similar to “family care,” with the line conveying the message that help is out there. The line is even more broad based, though, implying that help might come both from inside and outside the family.

Interestingly, some people objected to the line on the grounds that they aren't alone and the theme wasn't that relevant. These respondents didn't seem to want to take too much credit for their own roles (even when they were the primary caregivers and clearly doing far more than others in their support systems). Beyond that, some respondents took the line as too directive in nature, implying that they shouldn't be doing something rather than encouraging them in a warmer or more comforting fashion.

You have more help than you know.

On the positive side, this line also conveys the message that there's help; it also implies the availability of resources and options that respondents may not already know about (especially resources outside the family). The line intrigued some respondents who really wanted to know what form that help might take.

Even so, it was clear that respondents reacted to this line on a very rational level, discussing it without much passion. Again, that could be because the line comes across to some respondents as directive, and more about what they should be doing and what they should know than about providing support or reassurance. Beyond that, a few respondents simply don't believe there is more help than they know about (especially for those who've looked for help in the past and not found any).

Middle tier:

To care better, care smarter.

This line met with a great deal of mixed reaction. Respondents who liked it thought it suggested there was real merit in stepping back and not being so emotionally involved; some of them acknowledged that there are so many details to take care of that keeping your wits is good strategy.

On the other hand, many respondents thought the line implied that they're not approaching the situation intelligently now, that they're somehow falling short, and/or that there's some undefined standard of "smartness" that has to be met. That created even more pressure on them, as if it isn't enough just to love the person you're caring for--now you have to be really smart, too.

Bottom tier:

How are you managing?

This line was not especially well received, coming across as a real "downer" for some, implying that things must be really bad because that's when this kind of question is posed. To those respondents, the line felt cold and even businesslike (like a sales pitch), asking a question that isn't all that sincere or one to which a real answer isn't truly sought. Importantly, it doesn't suggest that there are resources or real help like some of the other lines.

A few respondents did feel that it was a supportive line, and the question like something a friend would ask them; a handful also felt like it would make them think through how they were handling the situation. Again, this kind of idea was much less objectionable to respondents when it was seen as task oriented. When respondents interpreted the line as probing how they're doing or coping, it was always less well received. Again, a few people objected to the focus being put on them instead of the person being cared for.

To open your heart, use your head.

This line was not at all well received, coming across as directive and implying that respondents don't have open hearts now or that their hearts aren't already in the work of caregiving. That came across as absolutely untrue and even offensive to some. Only a few agreed that you even need to use your head in a caregiving situation, and it was quite unclear if they felt using your head would in turn help you open your heart.

Message strategies

Respondents were equally likely to choose any one of the three message strategies as the most compelling. It was clear that many respondents liked all three strategies, and that they all contained good and important message points. Even so, it's well worth noting that "Ask for help" and "Take care of yourself" seemed far more likely to change attitudes and behaviors than "You're not alone," and that respondents who were willing to consider change were more attracted to those two strategies as well.

Ask for help

When "Ask for help" was liked, it was generally for one of two reasons:

- The strategy linked asking for help to a network of resources (family or otherwise) that would ultimately benefit the person being cared for—which didn't conjure those selfish feelings that sometimes emerged when caregivers were encouraged to look for help. When respondents could think to themselves "I really think Mom would be better if..." then "managing" was seen as much more of a positive than when it was contrasted with the notion of martyrdom. In that context, the benefit of "managing" could be seen as effectiveness.
- It suggested some new ideas for finding resources. Ultimately, it encouraged caregivers to be more resourceful in terms of where they look for help and even what kind of help could be asked for or sought.

A few respondents were motivated enough by the strategy to suggest several things they were literally going to do within the next day or so. Clearly, that was because the strategy told them it was both okay and necessary to look for help, and it let them off the hook—allowing them to rationalize that they're helping their loved ones without having to admit they really need help themselves.

Another group of respondents felt that the message strategy fortified them and reminded them that they really should insist that other family members help more—and it gave them the “excuse” that those requests could be framed in the best interests of the relative (i.e., “It would be better Mom if she saw us all helping.”). Some even saw how the message strategy could give them permission to ask the parent or loved one to be somewhat more self sufficient.

Key phrases that were especially well liked in this message strategy include:

- It’s okay and even necessary to ask (for help)
- Not asking for help often limits the quality (of care)
- There’s extra support within your own family
- To maximize your own effectiveness...
- Approaching your caregiving role as a one person role...

Take care of yourself

This message strategy was most often preferred when respondents reacted to the idea that if they didn’t take care of themselves they could compromise their loved one’s care. In this case, where the message looped back to the loved one, it was far more palatable than in the “Weekend” radio spot, which seemed much more focused on addressing the caregiver’s stress in isolation. This strategy also reminded them of what could happen to a loved one if they became seriously ill, and/or about the burden that might place on their own children.

Certainly, the great strength in the strategy is the notion of “feel better to do better”—an idea that wasn’t prominent in the headlines or themelines, and undoubtedly explains why the creative supporting this strategy wasn’t as compelling as the strategy itself.

Many of these respondents really hadn’t thought about the impact of caregiving on their own health. Given that, it’s not surprising that the strategy was most likely to motivate them either to monitor their own physical health more closely and/or to take more time for themselves so stress doesn’t build up (with managing stress coming up far more often than focusing on other physical symptoms). They clearly saw the relationship between stress and their ability to do a good job as a caregiver (i.e., “stress means I’m snappy and ill tempered,” “stress means I might make a bad decision”). Respondents were less likely to equate stress with an increased risk for illness or disease, though—or to see themselves as more at risk than others.

Key phrases that come out of this strategy include:

- Can take a toll—physically. . .
- Can’t do your best unless you feel your best...
- Feeling overwhelmed. . .

You're not alone

Respondents who preferred this message strategy often related to it because they do feel that their circumstances are unique; the strategy clearly conveyed an understanding of their mindsets. At the same time, it made some respondents feel less alone and that there were others who had similar if not exactly the same circumstances.

Certainly, the idea of seeking support and resources from people in similar circumstances was the most motivating aspect of the strategy. Even so, while this message strategy was seen as relevant by many, it didn't really end up coming across as very compelling—mostly because it seemed to suggest a diagnosis (“you're a caregiver”) rather than an action plan.

Beyond that, for some, this strategy actually reinforced that they were the only ones who could give the best level of care. While it may have made them feel understood, it didn't compel them to do anything or to change their attitudes about how much they should take on themselves. In fact, the strategy was often chosen by respondents who seemed most resistant to changing anything or admitting that they should.

Appendix A Recruitment Screener

Respondent name: _____
Company: _____
Address: _____
Interviewer: _____
Confirmation date: _____
Telephone: _____

Definition of segments:

RESPONDENTS SHOULD REPRESENT A MIX OF TWO SEGMENTS:

- ADLs (intense personal caregivers who help with the fundamentals of daily living such as bathing and dressing): must do at least one of the items in Q.7
- IADLs (less intensive caregivers who help with life management activities such as finances and housework): must do at least 2 activities listed in Q.6.

IDEAL MIX WOULD BE 50% ADLs AND 50% IADLs; HOWEVER, IT WILL PROBABLY BE MORE DIFFICULT TO FIND AND RECRUIT ADLs. PLEASE MONITOR MIX AND REPORT REGULARLY.

PROSPECT DIALOG:

Hello. This is (name) and I'm calling for (recruitment firm name). We are conducting a study about some issues facing families these days. For this project we are conducting individual interviews with people from all over the area. Those who participate will be paid \$ ____ for their time. This is not a sales call or an attempt to sell you anything. To see if you or anyone in your household qualifies, I first have some questions. . . .

1. Do you have an aging, ill or disabled adult family member or friend who you care for on a regular basis? This could be someone who just needs a little help, someone in declining health, or someone who is seriously or chronically ill.

Yes CONTINUE
No THANK AND TERMINATE

- Yes..... No..... DK..... RF
- b. Housework such as doing dishes, laundry
or straightening up 1..... 2..... 3..... 4
- c. Preparing meals 1..... 2..... 3..... 4
- d. Transportation, either by driving them or
helping them use public transportation 1..... 2..... 3..... 4
- e. Home maintenance such as mowing the
lawn, painting, making repairs
or finding someone else to do those things 1..... 2..... 3..... 4
- f. Managing health or home, such as
finding, scheduling and in some
cases directing healthcare
professionals or household
service providers 1..... 2..... 3..... 4
- g. Helping with medications, such as picking
up prescriptions or reminding the person to
take medication 1..... 2..... 3..... 4
7. Do you help him/her...
- | | Yes.. | No | Dk | Rf |
|--|--------|--------|--------|----|
| a. Get dressed..... | 1..... | 2..... | 3..... | 4 |
| b. Bathe or shower | 1..... | 2..... | 3..... | 4 |
| c. By giving injections or dressing wounds | 1..... | 2..... | 3..... | 4 |

IF RESPONDENT SAYS NO TO ALL ITEMS IN Q.6 AND Q.7: TERMINATE

IF RESPONDENT SAYS YES TO AT LEAST TWO ITEMS IN Q.6 AND NO TO ALL
ITEMS IN Q.7: RECRUIT AS IADL

IF RESPONDENT SAYS YES TO ANY ITEM IN Q.7 (NO MATTER HOW THEY
RESPONDED TO Q 6): RECRUIT AS ADL

IF RESPONDENT SAYS YES TO ONLY 1 ITEM IN Q.6 AND NO TO ALL ITEMS
IN Q.7: TERMINATE

INVITATION: Thank you for answering all my questions. As I told you, we're conducting informal one-on-one interviews with people caring for aging, ill or disabled adult family members or friends, and would like to include you. The interview session will consist of you and a moderator, and will last about 30 minutes. Nothing will be sold during the interview; we're simply interested in your opinions and your experiences so we can better learn how to help others in your situation. If you're able to participate, you'll be paid \$ ____ for your time. Will you participate?

_____ yes PROVIDE INFORMATION
_____ no THANK AND TERMINATE

For our records, I have just a few other questions.

8. How is the person you're caring for related to you? RECRUIT A MIX OF RELATIONSHIPS

Your mother
Your father
Your grandparent
Your spouse
Your mother in-law
Your father-in-law
Your friend
You're adult child
OTHER (RECORD):

IF RESPONDENT CANNOT IDENTIFY RELATIONSHIP WITH THIS PERSON:
TERMINATE

9. IF ADULT CHILD, how old is this child?

RECORD SPECIFIC AGE:

10. Why does this person require care or help? Is there a specific illness or disability or is there some other reason?

RECORD SPECIFIC ANSWER:

11. Which of the following statements best describes your family status?

- Single, no minor children at home
- Single, with minor children at home
- Married, no minor children at home
- Married, with minor children at home

12. Into which of the following categories does your age fall? Would that be...

- 40-45
- 46-50
- 51-55
- 55-60

RECRUIT A MIX

13. Which of the following phrases best describes your current working status? Are you ... (READ LIST)?

- Employed part time
- Retired
- A homemaker
- Not working right now
- A student
- OTHER (RECORD):
- REFUSED

14. Finally, which of the following best describes your ethnic background?

- White/Caucasian
- African American
- Hispanic
- Asian
- OTHER (RECORD):
- REFUSED

15. RECORD GENDER:

- Male
- Female

Appendix B Discussion Guide

I. Introduction

Hi, I'm _____. Thank you for coming. You should have been given a handout that described what we'll be doing today, but I'll reiterate a few points as we go along.

The purpose of today's discussion is to get your opinions about a public service campaign designed to offer information and support to people who care for or provide extensive help to disabled, ill or aging family members or friends.

First, would you say that you are currently in a caregiving role, or is there some other way you'd describe what you do for your friend or relative?

MODERATOR WILL PROBE FURTHER IF NECESSARY TO UNDERSTAND RESPONDENT'S SELF-PERCEPTION/ACKNOWLEDGEMENT OF CAREGIVING ROLE.

What would you say is your greatest challenge in that role?

II. Radio Testing

First I'm going to play you some sample public service radio announcements that could be used in this campaign. Again, since these aren't finished announcements, I don't want you to judge the quality of the recording; focus on what's being said, not how it's being said. Please think about each announcement separately as I play it for you, and then I'll give you a chance to compare them.

MODERATOR ASKS SAME QUESTIONS FOR BOTH SPOTS:

What's the main message of this announcement?

What if, anything, do you like about this announcement?

Is there anything you don't like?

Is there any new information here, or anything you hadn't thought about before?

Is the information in this announcement relevant to you personally? Why or why not?

Does this announcement motivate you to take any action? What type of action?

MODERATOR ASKS RESPONDENT TO CHOOSE PREFERRED RADIO SPOT.

Now I'd like you to compare the radio announcements you heard.

Which of the two announcements do you like best? Why?

III. Headline Testing

Now I'm going to show you six different headlines that might be used in print public service advertisements for this campaign. I'm only going to show you headline ideas today, not full advertisements. Remember that a headline usually appears in very large type in an ad and is meant to either summarize the ad's overall theme and/or to interest you in reading the rest of the advertisement.

Please arrange these six headlines in your order of preference from the most compelling to the least compelling.

MODERATOR HANDS HEADLINE CARDS TO RESPONDENT AND PROBES FOR REACTIONS AFTER RESPONDENT HAS COMPLETED RANKING.

Now, tell me about how you ranked the headlines.

MODERATOR REPEATS FOR EACH RANKING: Which did you rank #1?
Why?

MODERATOR RECORDS RANKINGS ON WORKSHEET:

RANK #1
RANK #2
RANK #3
RANK #4
RANK #5
RANK #6

IV. Themeline Testing

Now let me show you six different slogans that might be used in the campaign. Remember that a slogan is a line that would appear at the bottom of an advertisement or the end of a radio announcement that sums up the idea of the campaign.

Please arrange these six slogans in your order of preference from one you like best to one you like least.

MODERATOR HANDS TAGLINE CARDS TO RESPONDENT AND PROBES FOR REACTIONS AFTER RESPONDENT HAS COMPLETED RANKING.

Now, tell me about how you ranked the slogans.

MODERATOR REPEATS FOR EACH RANKING: Which did you rank #1?
Why?

MODERATOR RECORDS RANKINGS ON WORKSHEET:

RANK #1
RANK #2
RANK #3
RANK #4
RANK #5
RANK #6

V. Message Platforms

The last items I'm going to show you are three different sheets that summarize all the information that might be included in the public service campaign. Each one of these sheets describes the same idea using a different theme or angle, and I'd like to get your opinion on the effectiveness of each approach.

Remember, these aren't the exact words that would appear in a finished brochure or an advertisement—they're just a summary of the kinds of information that would need to be included in the program overall. Please read all three and fill out the rating scale at the bottom of the sheet. Then, choose the one that you find most relevant to you personally.

MODERATOR HANDS ALL THREE MESSAGE STRATEGIES TO RESPONDENT FOR REVIEW AND RATINGS.

EACH SHEET INCLUDES FULL MESSAGE STRATEGY AND THE FOLLOWING RATING SCALE FOR RESPONDENT TO FILL OUT:

On a scale of 1 to 7, where 1 means not at all and 7 means a great deal, to what extent do you feel that this statement:

Is meant for someone like you
Helps you recognize that you may need support or help in your role
Motivates you to seek out that support or help

WHEN RESPONDENT HAS COMPLETED RATING EACH MESSAGE STRATEGY,
MODERATOR ASKS THE FOLLOWING QUESTIONS:

Which one of the three do you find most relevant? Why?
Did it help you recognize that you may need support or help? Why or why not?

Did it motivate you to seek out support or help? Why or why not?

Which words or phrases on this sheet do you particularly like?

Are there any words or phrases that you find objectionable or don't like?

Thank you/conclusion.

Appendix C

Message Strategies Tested

I. OTHERS LIKE YOU

If you're caring for an aging or chronically-ill family member, you might feel alone in your role. You don't think anyone else could possibly understand the special needs you fill and the responsibilities you've taken on.

1. In fact, three out of ten Americans are serving in some sort of home caregiving role.
 - You would be surprised at the number of your friends, co-workers, or other acquaintances who care for a loved one as you do for yours.
2. Ask your doctor for support resources. City Hall has a list of community organizations and volunteer groups. Many relevant organizations have Web sites.
 - Some of the best advice and support will come from speaking with folks who have been, or are going through, the same caregiving role as you.

II. TAKE CARE OF YOURSELF, TOO

Caring for a loved one can take a toll on you -- mentally, physically, and emotionally. Doing your best as a home caregiver begins with monitoring your own health and taking good care of yourself.

- Consider how serious things might become for your loved one if something happened to you.
- Sleep, diet, exercise, relaxation. Monitor your own habits and rearrange your schedule to prioritize your own health.
- Symptoms of your own declining health may be subtle and hard to detect. Take time out for a complete physical.

III. ASK FOR HELP

It's okay, and even necessary, to talk with friends, co-workers, fellow congregation members and other acquaintances to learn from their experiences with home caregiving. In fact, not asking for help often limits the quality of care a home caregiver can provide.

- Talk to your boss at work. Many employers are willing to make "flex time" concessions to meet the needs of their employees who are home caregivers.
- There are community organizations that specialize in supporting home caregivers. They can supply home services for your loved one, plus fortify you with new ideas and concepts for improving your own efforts. They can even tell you if you're eligible to receive financial aid from the government.
- To maximize your own effectiveness as a home caregiver, think of changing your role from "personal nurse" to "compassionate manager" in charge of directing a group of support services for your loved one.
- Often, there is extra support available from within your own family. Have you actually spoken with relatives about getting them more involved?
- Approaching your caregiving role as a "one-man job" only compromises the level of care you can provide.

Appendix D

Headlines Tested

I. OTHERS LIKE YOU.

Caring for an aging parent or sick relative? You're not alone, so don't go it alone.

Caring for a sick or aging family member? You can learn a lot from folks in the same shoes as you.

Caring for an aging parent or sick relative? Welcome to the club.

II. TAKE CARE OF YOURSELF, TOO.

Caring for an aging parent? Maybe you're caring too hard.

You're watching over an aging parent. Who's watching over you?

Taking care of an aging parent begins with taking care of yourself.

Worried about a sick or aging relative? How worried would you be if something happened to you?

Want to take better care of your loved one? Try being less martyr and more manager.

Caring for a loved one at home? You're caring hard enough. Now care smarter.

III. ASK FOR HELP.

You can be there for your mom or dad without always having to be there.

Love for an aging parent comes from the heart. Don't forget to use your head, too.

Caring for an aging parent? Sometimes, doing a little less can accomplish a lot more.

Appendix D

Themelines Tested

You're not alone. Don't go it alone.

Home caring. It's not a one-man job.

How are you managing?

Open your heart. Use your head.

You have more help than you know.

Smarter care is better care.

Appendix E

Radio Spots Tested

Family Caregiver Project
:60 Radio
"One Out Of Four" Rev. 1
November 20, 2001

ANNCR: One out of four Americans. That's a lot of people, and you might be one of them. It's the number of adults who take on the role of caring for a sick or aging family member -- in their home, or yours. What's unusual here, is that most family caregivers don't see themselves as caregivers, but simply as loyal sons, daughters, spouses and parents -- doing what any loving family member would do. If this is you, then you know the feeling of taking it all on yourself -- of doing all you can, day in, day out -- and still not thinking it's enough. In fact, you *can* do more for your loved one. But you can't do it alone. Chances are, there are organizations, right in your own community, that can support you with just the help you need, to help you do your best. One first step any caregiver can take is to visit caregiverscentral.org. This nonprofit site was created to help caregivers like you do their best for loved ones like yours. That's www.caregiverscentral.org. A public service message from the National Family Caregivers Association and the National Alliance for Caregiving.

Family Caregiver Project
:60 Radio
"Weekends" Rev. 1
November 20, 2001

ANNCR: How do you spend your weekends? How about your evenings and the rest of your spare time? For one out of four Americans, much of this time is spent caring for a sick or aging family member -- in their home or yours. If this is your life, then you should know there's one more person you need to look after. That's yourself. In fact, family caregivers are especially vulnerable to emotional and physical problems themselves. We're not telling you this to cause more stress, but to help you reduce it. Chances are, there are organizations right in your own community, created to help caregivers like you care for loved ones like yours. To deliver the best care, you need to take care of yourself, too. And that means getting a little help from your friends. For starters, visit caregiverscentral.org. This nonprofit site was created to help caregivers deliver better care, and take better care of themselves. That's www.caregiverscentral.org. A public service message from the National Family Caregivers Association and the National Alliance for Caregiving.