Strategies to Engage Lower-SES, Working-Age Adults in Health Research: Results from the SMART Life Study

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THE SMART LIFE STUDY

- SMART Life is a CDC-funded RCT testing the effects of the Chronic Disease Self-Management Program (CDSMP) on work productivity, health, and healthcare utilization among working-age, lower-to-middle wage earning adults.
- While the CDSMP has been associated with positive health outcomes among working-age participants, the program has traditionally been implemented among aging, highersocioeconomic (SES) populations.
- As a result, CDSMP recruitment materials overwhelmingly reflect the interests of older, higher-SES participants.
- In order to engage lower-SES, working age adults, we consulted with an advisory panel to develop recruitment materials tailored to the interests of this target population.

RECRUITMENT MATERIAL DEVELOPMENT

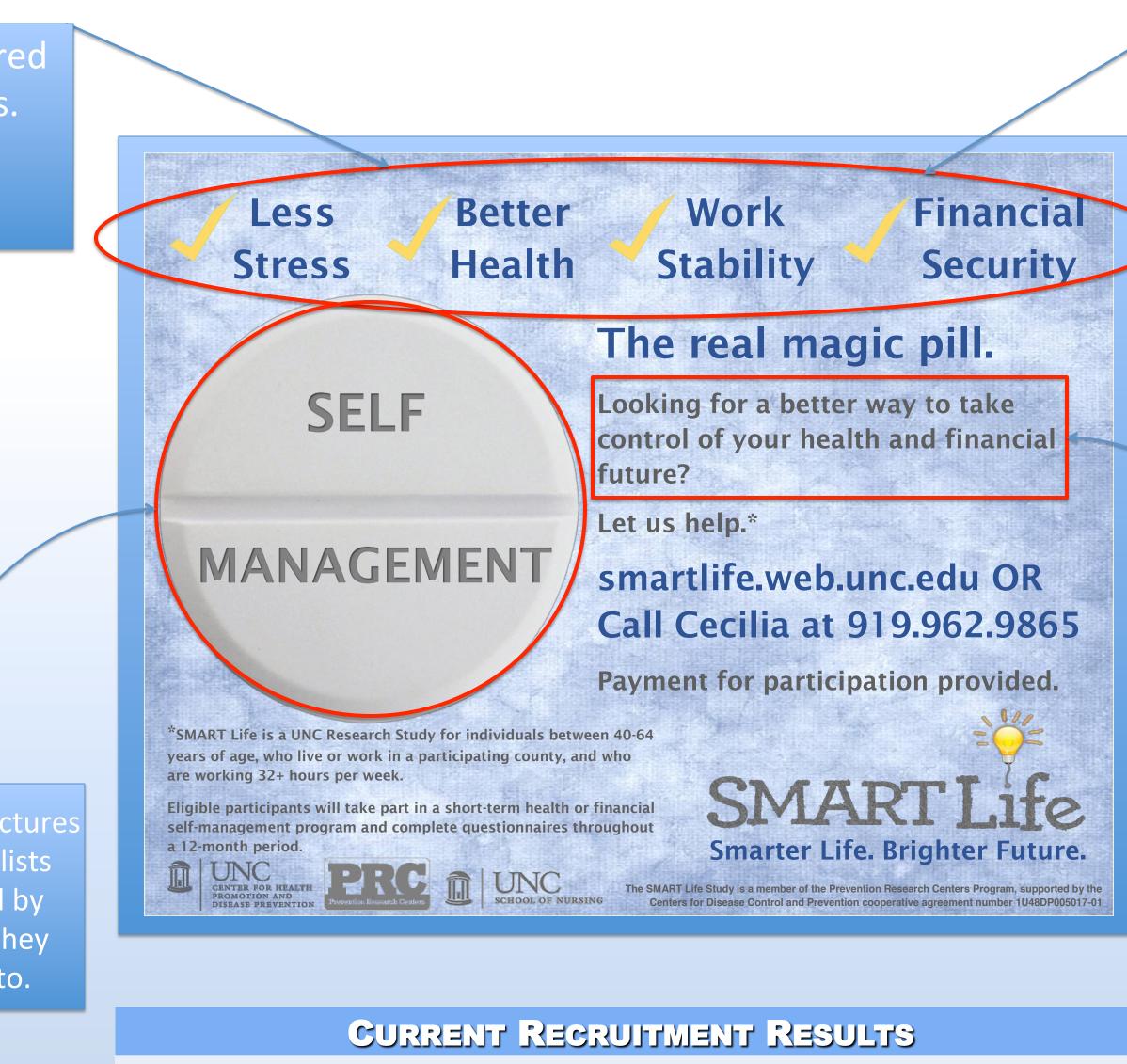
- The study team consulted an advisory panel of 20 adults who matched the target study population according to the following inclusion criteria:
 - Age (40-64 years old)

SCHOOL OF NURSING

- Income (<\$60,000 annually)
- Place of residence (live or work in study counties)
- Five panelists viewed nine prototype advertisements from previous CDSMP dissemination efforts.
- Study advertisements were developed according to the five panelists' feedback and then revised through an iterative feedback process with all 20 panel members
- Findings from the panelists' feedback are listed to the right and may help inform future program recruitment materials targeting lower-SES, working age adults

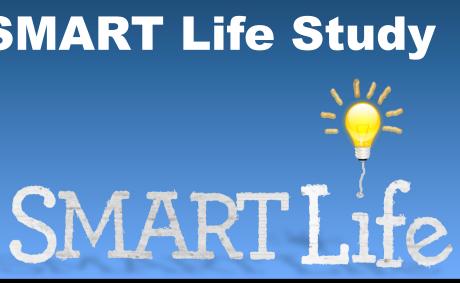
Panelists preferred gain-framed vs. loss framed messages.

The team avoided pictures of people, as panelists were not engaged by pictures of those they could not relate to.



- Over 1,100 adults have accessed the registration survey
- Approximately 86% of respondents are female, 44% identify with a minority racial status, and 5% identify as Hispanic, 48% report an annual household income less than \$60,000, and the mean age is 48.3 years old

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They were persuaded by messages related to their unique financial, physical and emotional concerns.

Panelists appreciated messages that spoke to building stability while they served a provider role.