

MEET ME MONDAY: CASE STUDY ON A COMMUNITY HEALTH PROGRAM  
THROUGH THE LENS OF THE ELABORATION LIKELIHOOD MODEL

by

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## DEDICATION

Dedicated to my fiancée, Ashley. Your unwavering encouragement through my graduate studies has been indispensable, and I look forward to spending the rest of our lives together.

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## ABSTRACT

This case study employs the Elaboration Likelihood Model as a framework for understanding one Idaho/Oregon Health System's community health program and weekly walking event. Meet Me Monday, a program started in 2013 due to many organizational and federal goals to improve patient population and community health, has been perceived to have struggled with influencing increased and sustained participation. This study focuses on the communicative efforts of the Meet Me Monday community health program, and looks to gain a fuller understanding of the influences and moderating variables to participation.

Utilizing data sources such as semi-structured interviews with program organizers, surveying of program attendees, data on attendance and structure, and collateral materials showcasing the communicative efforts of the program, this case study examines various factors influencing the delivery and reception of communicative efforts, and their ensuing influences to participate in Meet Me Monday.

The findings show that the program organizers, survey respondents, and the subsequent communicative efforts of Meet Me Monday present a complex relationship of medium preference, message frame, preferred source characteristics, motivations, and personal relevance. The most relevant demographic (MRD) as determined by literature and the program's intent as outlined by organizers had disparate influencers as compared to general medium use, and valued certain source characteristics not consciously employed by the program organizers. Similarly, the MRD also showed preference

towards messages centered on family and relationships, rather than that of exercise and those solely focused on getting healthier. Other factors such as source expertise employed by the program organizers in communicative efforts were not as effective as those employed by other source characteristics, although motivation to participate was increased by employer-driven messages to participate in community health programs.

As such, this study can offer a foundation for dialogue in developing community health program's communicative efforts in the future, considering a better understanding of the influences that affect participation in such programs.

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## LIST OF ABBREVIATIONS

ELM	Elaboration Likelihood Model
MMM	Meet Me Monday
PPACA	Patient Protection and Affordable Care Act of 2008
VBP	Value-Based Purchasing
ACO	Accountable Care Organization
CDC	Centers for Disease Control and Prevention
MRD	Most Relevant Demographic (45-64YO, 50+ attendance at MMM)

## CHAPTER ONE: INTRODUCTION

The United States has faced sea change in the health care industry since the introduction of the Patient Protection and Affordable Care Act (PPACA) in the late 2000's, introduced as a result of pressures upon legislators and healthcare providers to lower healthcare costs and optimize the quality of care. Much public dialogue has since been centered around the health care reform process – how it should work, what it looks like, and the practical implications of changing a complex and resistant healthcare industry. The resistance to the PPACA stemmed from a fundamental change to the way that healthcare providers need to operate to stay financially viable; setting new quality and incentive standards that reward preventative care and consistency in experiences for patients. However reluctantly, the healthcare industry has been working to adapt to the new regulations since the signing of the PPACA in 2010, facing a fair share of bumps and potholes along the way.

The PPACA activates in phases over the course of a number of years, and includes changes to electronic health records, health insurance availability and pricing, and as before, a focus on preventative care and population health. Incentives are provided for keeping patients out of the hospital and healthy, rather than the former incentives of revenue generated from more frequent visits to the hospitals and clinics. Amongst the challenges provided by the PPACA, healthcare providers themselves seemingly face their biggest challenge in providing preventative care, as effectively providing preventative care often means lifestyle changes and accountability on the part

of the *patients* in collaboration with their healthcare providers. While electronic health records and health insurance pricing can be systemically handled internally to the healthcare industry players, accountability and preventative care is an ongoing process of support and reinforcement of certain lifestyles that are conducive to the health of patient populations.

In response to the need for preventative health services, movements by health systems to implement programs that respond to the needs of patient and population lifestyles to reinforce health behaviors have been a popular way to accomplish the goals set by the PPACA. In addition to meeting PPACA objectives, preventative health programs also create public goodwill and help many nonprofit health systems retain their 501(c)(3) tax-exempt status. These programs range from complimentary in-home medication and support counseling, to outreach through printed information and seminars, online health interfaces, and health system-sponsored exercise programs.

The need for healthcare providers to meet the objectives set out by the PPACA has created incentive to organize many of these community outreach and preventative health programs. One lifestyle-related issue – obesity – subsists as a primary focus point for many community health and outreach programs. Programs to reduce obesity have been started by organizations such as the New York Department of Health, Children's Hospital of Philadelphia, Tri Valley Health System, St. Joseph Hospital, and many others (St. Joseph Health, n.d.; Tri Valley Health System, n.d.; Children's Hospital of Philadelphia, n.d.).

One likely reason for the prevalence of these type of community health programs is that obesity is one easily traceable health condition that can lead to any number of

health problems – including coronary artery disease, high blood pressure, stroke, type 2 diabetes, metabolic syndromes, cancer, and others (Centers for Disease Control and Prevention, 2014). Obesity has been termed an epidemic by the Centers for Disease Control (CDC) due to its prevalence in the United States, with over one-third (34.9%) of all citizens falling into the category of obese.

According to the Centers for Disease Control (2014), "the estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008...the medical costs for people who are obese were \$1,429 higher than those of normal weight" (Obesity is Common, Serious, and Costly section). This represents a significant expense for the healthcare industry, considering preventative care and reducing inpatient readmissions are the new crux of reimbursement for hospitals and providers. Therefore, from a reimbursement perspective as well as a public health perspective, providers and healthcare organizations would be incentivized to provide avenues and messages consistent with reducing obesity rates within their patient populations.

In order to encourage participation in community health programs, providers and healthcare organizations must start by reaching out to desired populations and persuade them to participate and/or motivate them to change. Considering all of the complications and diseases that are linked to obesity, a one-size-fits-all community health program to address the obesity epidemic would likely be a rational approach. Some healthcare providers have implemented such community health programs to reach out to their patient populations, as these programs can often be tailored to address obesity directly. Although healthcare practitioners are surely aware of the growing problems that obesity in the United States causes, they may be unsure as to how their community health

programs can create sustained behavioral change in order to reduce and prevent obesity in their own community.

Saint Alphonsus, a health system in southwest Idaho and eastern Oregon, has implemented a community health program that centers on the reduction and prevention of obesity within their patient populations and the wider communities they serve. The Meet Me Monday (MMM) program, first implemented in 2012, meets every Monday afternoon throughout the year and invites the general public to meet in downtown Boise to walk or run a one, two, or three mile route throughout the downtown area. Although directly addressing obesity, the potential benefits of the weekly exercise program are threefold – the program seeks to improve the likelihood of healthy behaviors and avoidance of chronic disease associated with obesity and a sedentary lifestyle, meets the requirements for inclusion on the community benefit report that helps to maintain 501(c)(3) nonprofit status, and creates goodwill and brand recognition for current, prospective, and former patients and the overall community. The Meet Me Monday program, now in its third year of operation, has accomplished each of these goals, to a certain extent. However, Saint Alphonsus has been looking to expand its attendance, reach, and sustained behavioral change for current and prospective patients, both across Idaho and Oregon.

The attendance numbers and perceived efficacy of the events from the perspective of the organizers of the Meet Me Monday program ("program organizers") so far indicate that a closer look at the communication tactics utilized to promote participation in the program would be useful in further understanding how publics are reached with the message, how they connect with the program, and how program organizers and the health

systems can motivate publics to engage with health messaging and community health programs, thereby improving their lifestyle and overall health through exercise.

Although the medical, financial, and sociological aspects of the Meet Me Monday program are important, this particular case study examines the communicative aspects of the program's creation, expected goals and inputs, and the subsequent realized outcomes. By utilizing the Elaboration Likelihood Model of Persuasion theory, this study will explore how effectively Saint Alphonsus Health System planned and implemented its public relations, marketing, and other similar communicative strategies relative to the Meet Me Monday program.

The purpose of this case study is to answer two fundamental questions:

1. *What was the realized efficacy of the communicative efforts of the Meet Me Monday program in influencing the likelihood of participation in the program?*
2. *What communicative moderating variables influence the efficacy of the Meet Me Monday program with Saint Alphonsus?*

The study will attempt to understand the influences to participation created by the Meet Me Monday's communicative efforts and subsequent moderating variables by utilizing the framework of the Elaboration Likelihood Model. By employing the Elaboration Likelihood Model, the study will examine the source characteristics of the messages created around the program, the mediums in which the messages are delivered, and how the messages may have influenced the likelihood of participation.

### **Population Health, ACA, and Preventative Health Programs**

Since the passage of the Patient Protection and Affordable Care Act (PPACA), the healthcare industry as a whole has faced tremendous changes. The traditional "sick"

care model, which responded to patients' needs by intervening in people's health at critical moments of illness, has been replaced with a new, preventative and collaborative care model that emphasizes patient engagement, health prevention, and quality of care improvements (Frosch & Elwyn, 2014, p.10; McClellan, McKethan, Lewis, Roski & Fisher, 2010, p. 982-990). Stemming from these changes, the healthcare industry has naturally initiated attempts to stay financially and structurally viable by shifting focus onto adapting to the goals of the PPACA (Jaskie, 2013, para. 4-7). Some of the ways they are adapting include an increased focus on ambulatory (or outpatient) care, robust quality incentive programs, engaging community health programs, and consistent community health education.

Frosch and Elwyn (2014) note generally of the new goals of healthcare organizations brought about by the PPACA, "Strategies are needed to ensure that patients are supported to become engaged, at the level they desire, instead of the status quo, in which patients are rarely actively empowered and encouraged to engage in health care decisions" (p. 10). The task of engaging patients, preventing disease before it strikes, improving quality measures when individuals *do* interact with the healthcare system, and consequently reducing readmissions is a major undertaking for healthcare organizations and providers. However, the benefits of meeting these new standards are necessary to increase public health and maintain financial viability.

Some of the likely challenges healthcare organizations face in their goal of improving the health of the populations they serve include tackling sedentary lifestyles, obesity epidemics, food scarcity, improving access to quality and timely medical care, poverty and the inability to pay for services, and other lifestyle and psychographic

attributes in a society that values individualism and autonomy. Koh and Sebelius (2010)

note that:

Too many people in our country are not reaching their full potential for health because of preventable conditions. Moreover, Americans receive only about half of the preventive services that are recommended — a finding that highlights the national need for improved health promotion. (p. 1,296)

Health promotion requires the use of persuasive communication in order to address and engage with individuals, social norms, and health behaviors. However, as Smith (2011) points out, the competition for impactful and engaging persuasive health messaging is fierce. "[Individuals] are increasingly bombarded with health information from other sources such as the Internet, television, and family or friends. Therefore, individuals must be selective about which messages receive their attention" (p. 200).

Before exploring ways in which health messaging, social health norms, and community health engagement can be approached, a general understanding of changes in reimbursement rates, approach of population health management by insurers and healthcare organizations, and the introduction of Accountable Care Organizations must be understood. All three of these aspects were introduced by the PPACA, and understanding their effect on healthcare organizations will allow a fuller conceptualization of the need for public health programs and the subsequent necessity for patient engagement and communication.

### **Reimbursement Rates and Value Based Purchasing**

First, if the quality indicators for the hospitals, clinics, healthcare providers, and other healthcare organizations are in line with the goals of the PPACA, they stand to benefit – or at least regain, the former revenues that they had prior to the PPACA from two government payers, Medicare and Medicaid. These two payers, while traditionally

offering lower reimbursement rates for services than commercial payers offer, are vitally important to maintain financial solvency at most institutions, as more than \$800 million has been offered in performance incentives based on quality indicators. In addition, stiff financial penalties will affect healthcare organizations that do not meet the outlined quality measures (Centers for Medicare and Medicaid Services, 2009).

### Value Based Purchasing (VBP)

Commercial payers such as Blue Cross/Blue Shield, Aetna, and Humana have also implemented stricter standards for hospitals, providers and healthcare organizations to optimize their reimbursement rates, putting further pressure on health systems to produce across-the-board improvements (Gamble & Herman, 2013). These quality measures, known as Value-Based Purchasing (VBP), place reimbursement in the center of what is referred to as the volume to value shift – wherein healthcare organizations were formerly reimbursed on the *volume* of individuals and diseases they treat, versus the *value* of the new system wherein they are reimbursed based off of metrics calculated to indicate quality, safety, engagement, and patient readmission (Centers For Medicare & Medicaid Services, 2009).

Some of the VBP metrics and quality indicators lie in the quality of services received from inpatient acute care while in the hospital, while others lie in the reduction of readmission after discharge, quality and effectiveness of discharge paperwork and education materials, and other areas of quality (e.g. infection rates, length of stay, patient satisfaction, among others). One metric that is important to consider when discussing community health programs is the readmission rate, which plays a major part in the VBP calculation. The VBP and reimbursement rates relied partly on the adherence to public

reporting of quality and admissions data in the first and second year of the PPACA implementation. Now, the VBP calculation relies entirely on performance – meaning that 100% of the reimbursement and incentive payment to healthcare organizations relies on the VBP calculation (Department of Health & Human Services, 2011).

### Population Health

The formal definition of population health as stated by Kindig and Stoddart (2003) is "the health outcomes of a group of individuals, including the distribution of such outcomes within the group...includ[ing] health outcomes, patterns of health determinants, and policies and interventions that link these two" (p. 280). Population health, while not a specific program or formal rule, provides potential actionable recommendations and meaningful data when stratifying certain populations and their health determinants. The insights gained from these population data points were likely a mitigating factor for determining specific policies within the PPACA. One of the major initiatives of the PPACA was to offer low-income populations with an alternative option for obtaining health insurance. Of course, low-income populations often face the inability to afford health insurance, and may be unable to pay mounting healthcare bills (Weiner, 2001, p. 412-413). This population also likely has fewer access points to health care services, fewer resources for preventative care, and higher incidents of lifestyle-related illnesses (Pagani & Huot, 2007, p. 698-700; UC Davis Center for Poverty Research, n.d.).

Thus, the PPACA introduced health insurance exchanges and certain limitations on commercial payers to address the population of individuals and families that could otherwise not afford health insurance due to limited income or pre-existing conditions

(Centers for Medicare & Medicaid Services, 2010). Further refining population health data by accessing health systems' information infrastructure and electronic health records general data will allow health systems to focus efforts on specific populations, narrowing the approaches required to engage individual populations in the way that is most effective for them. The concept of tailoring population-specific health interventions using insights gained from population health is one option, and Frosch and Elwyn (2014) note that "the health system is responsible for implementing interventions that are suitable for patients at all levels of health literacy and at multiple points of a journey" (p. 12).

The United States Department of Health and Human Services produced a multi-faceted initiative based on population health research and insights called Healthy People 2020, which "is grounded in the principle that setting national objectives and monitoring progress can motivate action..." (Department of Health & Human Services, 2010, para. 6). For example, one of the Healthy People 2020 benchmarks (ECBP-10.9) focuses on the need for physical activity programs – and more specifically, "increas[ing] the number of community-based organizations (including local health departments, Tribal health services, nongovernmental organizations, and State agencies) providing population-based primary prevention services in physical activity" (Department of Health & Human Services, 2015, section EBPB-10). As of 2008, the measured level of prevention services offered by delegated community organizations in physical activity hovered around 80%, with a goal of around a 10% increase by the year 2020.

#### Accountable Care Organizations

One of the concepts presented by the PPACA includes the opportunity for health systems and other healthcare providers to formulate Accountable Care Organizations

(ACOs), which serve to "shift payment incentives, [and make] health care systems responsible for the health outcomes of populations instead of simply rewarding higher volume of health care services" (McClellan et al., 2010, p. 983). Utilizing payment incentives through Medicare to persuade providers to formulate ACOs, the PPACA encourages voluntary participation in an ACO by healthcare providers. By combining the two previous changes of shifting reimbursements and population health management, the ACO ideally formulates continuums of care and standard quality measures across healthcare organizations – even if they are competitors in the same marketplace. ACOs, commonly referred to as "coordinated care", are officially defined as:

Groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients...ensur[ing] that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. (Department of Health & Human Services, 2010)

While the efficacy of the ACO is yet to be seen, numerous providers and healthcare organizations across the U.S. have formed ACOs in efforts to better coordinate care and impose quality standards across networks of providers. The ACO model is particularly relevant, as it represents another piece of the PPACA goal to increase efficiency, cost savings, quality, and seamlessness between providers and other healthcare resources.

### **Community Health Programs**

By requiring higher standards of the healthcare system through these major changes, the PPACA has effectively transformed the foundation of how healthcare is delivered in the United States: from a volume to value system. Preventative and collaborative care are the new keys to success for providers, healthcare organizations, and

health systems alike. But collaboration and prevention cannot happen solely on the shoulders of the health systems and providers. Patients, too, must be actively engaged in their own health in order to reduce hospital readmissions and effectiveness of care – or, at least, have the proper motivation and tools to begin engaging with their health. Thus, healthcare organizations and providers find themselves in a conundrum: while they can increase efficiency and quality in the care they provide, they cannot force their patients to comply with lifestyle and behavioral changes to become healthier and avoid over-utilization and readmission.

Frosch and Elwyn (2014) give insight on how this challenge shapes the new view of the healthcare provider:

The incentive to effectively engage patients in their care is increasing, as a growing body of evidence suggests that related interventions can help patients achieve both improved health outcomes and receive care consistent with their individual preferences, potentially leading to lower costs. (p. 11)

There are numerous ways that healthcare organizations and providers can potentially reach out to their patients to engage them in their own health – for example, providing post-discharge education, offering hospital-to-home transition nurses, and providing workplace incentives and wellness programs (Anderko, Roffenbender, Goetzel, Millard, Wildenhaus, Desantis, & Novelli, 2012). Many health systems would likely see benefits from incorporating these types of interventions simultaneously, in order to have a multi-faceted approach to improving patient and community health engagement.

Another way that health systems have reached out to their communities to provide preventative care is to engage in large-scale messaging campaigns – including advertising, education courses, seminars, and physical activity programs (such as local health fairs, online health education, and postcards about wellness exams and screenings).

Some of these programs serve more than the sole purpose of providing preventative health, as well. Some healthcare institutions and health systems are certified as 501(c)(3) not-for-profit organizations, which require them to provide a certain amount of local community benefit to maintain their tax exempt status. From the United States' Congressional Budget Office report on community benefits, "nonprofit hospitals receive various tax exemptions from federal, state, and local governments with the expectation that, in return, they will provide benefits to the community" (Marron, 2006, p.1). Physical activity-based community health programs are a likely fit, as they serve the twofold purpose of contributing to the benefit of the community while also providing an outlet for potential and current patients to engage in exercise and preventative activities.

### **History of Persuasive Health Communication/Behavioral Change Models**

There are a number of persuasive techniques and mediums healthcare organizations and providers may utilize to engage their served populations. More importantly, however, is how effective each persuasive medium and message can be in engaging populations, and what approaches encourage participation and create measurable change in the rates of obesity. DiClemente, Crosby, and Kegler (2002) reiterate the importance of finding a way to engage populations about their own health, stating that "one job of those interested in health promotion is to determine which attitudes are the most important for predicting a particular health behavior and which procedures are best used for changing those attitudes and obtaining sustained behavior change [sic]" (p. 71).

A logical approach healthcare organizations may utilize to provide persuasive messaging is accessing touch points between the provider and patient, and between

organization and the community. This messaging and ensuing engagement with patient populations may manifest itself in many forms – education, marketing, events,

screenings, patient-provider communication, community health initiatives, and more.

One thing is clear, however, and that is the use of persuasive communication to motivate and create sustained behavioral change is vital to the sustainability of healthcare organizations and healthcare provider systems.

## CHAPTER TWO: LITERATURE REVIEW

### **The Elaboration Likelihood Model**

Regardless of the method chosen to engage, one common theoretical way to formulate and measure the efficacy of health messaging has been the Elaboration Likelihood Model of Persuasion (ELM), which outlines the different ways that persons and populations are engaged, motivated, and persuaded – including changes in health behaviors (Van Lange, Paul, Kruglanski, Arie, Higgins & Tory, 2011, p. 235). Price et al. (2011) expound on the ELM's importance to the healthcare community:

Communication theories, such as the elaboration likelihood model, are commonly used to develop persuasive health messages...and posits that attitude change, and ultimately behavior change, depends on the likelihood that a topic will be thought about (i.e., elaborated on) by the intended audience. (p. 16)

In other words, this theory is particularly useful in numerous ways relating to persuasive communications and healthcare communications in general, as it allows for a degree of pragmatism and breadth to address different and complex theoretical frameworks that fall under the study of persuasive communication.

The Elaboration Likelihood Model proposes that there are two routes to persuasion: the central route and the peripheral route. According to Petty & Cacioppo (1986), these two routes of persuasion are determined by how much the recipient "elaborates" with the message, or engages in "issue-relevant thinking or critical evaluation of messages" (cited in Schroeder, 2005, p. 230-231). It is important to note that while there are two distinctly identifiable routes of persuasion (central and

peripheral), these routes should be seen as a continuum rather than a simply dichotomous model. Part of the reason that the ELM is so effective in capturing differing moderating variables and variables in persuasion is due to its wide continuum between the central and peripheral routes (Petty & Cacioppo, 1984, p. 668). Also important to note is that the "types of thought that occur in central and peripheral routes [of persuasion] can be the same, but the amount of cognitive activity can vary" (Stephens, Sloboda, Grey, Stephens, Hammond, Hawthorne, Teasdale & Williams, 2009, p. 725), and that the routes are based on "how the information is processed rather than on the type of information itself" (DiClemente et al., 2002, p. 75).

At one end of the ELM continuum is the central route of persuasion, which consists of persuasive messages and communication that is highly elaborative on the part of the message recipient. In other words, the recipient of the message through the central route of persuasion is actively engaged or able and willing to think about the message more in-depth (Schroeder, 2005, p. 231). The central route also causes recipients to "engage in more effortful processing of the content" (Coulter, 2005, p. 32) within the persuasive message. DiClemente et al. (2002) note that generally, "attitudes that result from central route processes tend to be stronger than those from peripheral route processes...because they persist over time and resist change" (p. 77).

At the other end of the ELM continuum is the peripheral route of persuasion, which consists of persuasive messages and communication that provides little to no elaboration with the recipient, but rather relies on the use of "simple association processes [such as] various mental shortcuts and heuristics" (DiClemente et al., 2002, p. 73). Naturally, the peripheral route requires less effortful thinking and may even create

persuasion with message recipients through subliminal means, or what Lutz (1985) refers to as "nonconscious affect transfer" (cited in Coulter, 2005, p. 32). Attitudes that result from the peripheral route tend to be "much less likely to lead to lasting attitude or behavioral change" (Stephens et al., 2009, p. 725) due to the lack of cognition on the part of the message recipient. DiClemente et al. (2002) explain that attitudes cultivated by the central route of persuasion are traditionally difficult to achieve for health promotion researchers and practitioners, and that one possible solution would be to use hybrid strategies that combine the central route with the peripheral route of persuasion to achieve results in public health attitudes (p. 77). However, peripheral route persuasion can still be effective to the extent that it creates *some* persuasion on behalf of the recipient, and may set the stage for further message elaboration when faced with continual exposure to the message or within a context that encourages more effortful processing of the message.

Overall, both the central route and the peripheral route can lead to persuasion and behavioral change on the part of the message recipient. However, "attitudes resulting from more effortful thinking better predict behavioral intention and guide actions than do attitudes resulting from little thinking" (DiClemente et al., 2002, p. 78). This would suggest that all persuasion efforts in changing health behaviors should be primarily developed towards garnering central route processing.

### **Moderating Variables**

In determining the placement of central or peripheral persuasion of a message, however, researchers must consider a number of moderating variables that affect how well the recipient is persuaded by the message in each route, how much it influences

cultivated and sustainable attitude and behavioral changes, and how strongly they continue to identify with the persuasive message (Schroeder, 2005, p. 231). These moderating variables of research are the primary distinguisher of a dual-process model such as the ELM, accounting for multiple variables in research and qualifying the variables' influence on persuasion.

The Elaboration Likelihood Model, which was originally envisioned by Richard Petty and John Cacioppo in the mid-1980's, was born from the inconsistent findings in a number of studies of persuasive communication following World War II. As Van Lange et al. (2011) explain:

The ELM brought some coherence to an attitude change literature that had gotten quite messy...in the 1970s, numerous scholars complained about the bewildering array of seemingly inconsistent findings in the field and bemoaned the fact that even simple variables could sometimes increase persuasion but at other times reduce it. (p. 239)

Singular-process theories such as the Yale Approach, Congruity Theory, and Cognitive Dissonance Theory had formulated mixed results, due to the lack of consideration for certain variables in determining the nature of the message and its effect on the recipient. These variables, such as the study subject's mood, environment, cognitive resources, and mental framework, could not be fully accounted for by singular process theories, as simply learning messages and their content on behalf of a message recipient does not necessarily mean that persuasion has occurred (Van Lange et al., 2011, p. 235-237; Schroeder, 2005, p. 230-231).

Instead, the ELM proposes a dual-process model, stemming from the cognitive response framework, that characterizes recipients of persuasive messages as "active information processors, evaluat[ing] new information and form[ing] judgement[s] about

use [of the information]" (Ko, Turner-McGrievy & Campbell, 2014, p. 198). In other words, the ELM considers that the message recipient has his/her own beliefs, cognitive structure, relationships, and history – and subsequently, the content of messages are incorporated into those elements to influence persuasion.

For example, in a study done by Prentice, Gerrig, and Bailis (1997), variables such as false assertions and environments were found to be contingent factors in persuasive communication, yielding mixed results (cited in Hinyard & Kreuter, 2007, p. 779). Alternatively, by adhering to a metatheory like the ELM in such a study, certain variables would have been accounted for and provided a richer picture of which factors are influencing the persuasiveness of messages. By accounting for certain moderating variables and their relationship to message content, the ELM allows for qualifiers to be placed between the independent and dependent variables. Therefore, if persuasive messaging's moderating variables are further understood, actionable changes by healthcare professionals in designing persuasive messaging could be useful in shifting larger social norms that encourage healthy behaviors (Schroeder, 2005, p. 230; Van Lange et al., 2011, p. 239).

Since the establishment of the ELM, researchers have looked into the various moderating variables that determine a message's place on the ELM continuum. In deciding how centrally or peripherally recipients elaborate to persuasive messages, these moderating variables can include a recipient's resource allocation, personal relevance (self-schemas and individual values and ideologies), motivation, demographic and psychographic information, mood, environment, and other message source variables. Additionally, the message's moderating variables can include framing (positive/negative

or fear-based), source expertise, trustworthiness, credibility, source physical attractiveness, medium, and others. However, a "critical component of the ELM is that it allows for any one variable...to influence persuasion through different processes in different situations" (DiClemente et al., 2002, p. 80). In understanding how each of these moderating variables has an effect on persuasion, it is first necessary to understand the moderating variables themselves.

### Resource Allocation and Message Complexity

Meyers-Levy and Malaviya (1999) define resource allocation for a persuasive message as the "level of cognitive resources that message recipients devote to processing...and rendering judgments, [that] can be influenced by assorted recipient, message, and situational variables" (p. 46). In other words, recipients of a persuasive communication allocate mental resources to particular messages based on the other moderating variables of persuasion (source credibility, attractiveness, etc.). It is important to note that resource allocation is a moderating variable in itself, insofar as it is interconnected and dependent on other moderating variables.

The resource allocation that the message recipient devotes to processing the message also heavily depends on the "resource demands imposed by the message (e.g., its complexity)," meaning that the message's ability to be understood and processed initially by the recipient is an important factor in distinguishing how much cognitive resources will be allocated to the message by the recipient (Myers-Levy & Malaviya, 1999, p. 47). This dynamic between the recipient and source of a persuasive message also points towards the resource matching theory, which outlines the supply and demand

relationship between the message or message source and the recipient or the recipient's cognitive allocation (Meyers-Levy & Malaviya, 1999, p. 47-48).

The amount of cognitive resources that a message recipient devotes to a persuasive message is important to health promotion practitioners, as the complexity and desirability of the message (and associated moderating variables) will determine how much thought – or elaboration – will occur on behalf of the recipient, which will determine the message's place on the ELM continuum, whether more centrally or peripherally. For example, "if the communication recipient allocates less resources to processing than what the message requires, persuasion is likely to be diminished due to incomplete, inefficient, or superficial message processing" (Meyers-Levy & Malaviya, 1999, p.47). Recognizing the resource allocation variable will allow the practitioner to tailor and direct the message to create an ideal cognitive resource allocation necessary for behavioral changes in health.

#### Personal Relevance/Self-Schemas

The proposition that messages that are more personally relevant to message recipients will create a favorable response seems to be straightforward and commonsensical. High personal relevance will incentivize recipients to devote higher amounts of cognitive resources to the argument, thus resulting in a higher likelihood for central route persuasion (Ko et al., 2014, p. 198). Initially, however, providing a message that creates personal relevance to the recipient has the power to "elicit self-schemas that increase the speed of processing and our ability to remember what we saw, heard or read" (Geary et al., 2008, p. 192) – a cognitive method characteristic of peripheral route processing through reliance on heuristics. Although personal relevance and self-schemas

are initially reliant heuristics and mental shortcuts (and thus, more peripheral processing), if the messages are highly personally relevant, the recipient will scrutinize the message and make "cognitive arguments for and against the message; if this process results in agreement with the presented material, lasting attitude and behavioral change will occur" (Stephens, et al., p. 725).

Consequently, as with other central route persuasion variables, it's not enough to say that higher elaboration through personal relevance with persuasive messages will always predict a positive behavioral response to the message and sustained behavioral change. There is always the possibility that due to personal relevance on the subject and subsequent disagreement with the persuasive message, the recipient will opt to discard any persuasion and may even solidify their own previously held beliefs on the message topic, as seen in Osgood and Tannenbaum's (1955) congruity theory (Stephens et al., 2009, p. 725; cited in Petty, Ostrom, & Brock 2014, p. 146-147). Alternatively, the recipient may also have minimal amounts of personal relevance to the message, thus creating an initial activation of peripheral processing but lower resource allocation, resulting in a less effective health promotion message due to lower elaboration on the message's content.

To address this issue, one way that health promotion researchers and practitioners improve the personal relevance of a persuasive message to its intended recipients is to tailor the messages so that they "match the particular concerns of the message recipients" (DiClemente et al., 2002, p. 84). Tailoring the message to increase the likelihood that strong self-schemas are elicited has shown to increase the persuasive message's efficacy, especially through central route processing. In addition, tailoring the message so that it

matches the recipients "concerns, values, goals, groups, or possessions" (DiClemente et al., 2002, p. 86) could act as positive cues in both central and peripheral route processing, as the recipient may feel as though they generated the persuasive message's content themselves. Similarly, Greenwald and Albert (1968) note that individuals prefer arguments that they have generated themselves versus arguments that have been generated by someone else (p. 31-34).

### Motivation

Closely related to personal relevance and cognitive resource allocation, the motivation that a message recipient has towards a persuasive message is the starting point for elaboration. Schroeder (2005) notes that motivation "may mediate need for cognition...[as] people cannot elaborate on all topics and motivation is related to elaboration" (cited in DiClemente et al, 2002, p. 86). Motivation to process a given persuasive message may result from the motivation to use a particular medium (e.g. motivation to watch television), motivation to think about certain topics (e.g. motivation to read news from around the world), motivation to process and meet social norms (e.g. motivation to get married at a certain age), and more (Schroeder, 2005, p. 237-238). If the recipient of a message is not motivated to either consume or allocate cognitive resources to peripherally or centrally processing the message, one can likely assume that no persuasion (and thus, no behavioral change due to the message) will occur.

Similarly, "past research shows that motivation is related to elaboration, such that when motivation is high, it leads to more elaboration and ultimately to greater behavior change" (Ko et al., 2014, p. 198). Therefore, one can likely assume that healthy

behavioral changes could be a result of message recipients' high motivation to process the persuasive message.

### Framing

Another moderating variable that determines points on the ELM continuum is the way the persuasive message is framed for the recipient. According to Donovan and Jalleh (2000), "framing generally refers to the presentation of one of two equivalent value outcomes to different groups of decision makers, where one outcome is presented in positive or gain terms and the other in negative or loss terms" (p. 82). In terms of persuasive messaging, framing can be based in positive outcomes ("if you walk at least one mile per day, you will be healthier"), negative outcomes ("if you don't walk at least one mile per day, you will not be healthy"), and fear-based ("unless you walk at least one mile per day, you are much more likely to experience a heart attack) (Donovan & Jalleh 2000, p. 82).

Past research on framing's effects on persuasion are varied, and offer little in the way of concrete solutions for health promotion practitioners. For example, Donovan and Jalleh (200) note that studies in preventative health education and programs influenced greater message compliance with both positive and negative framing (p. 82). However, "a positive frame was more effective for promoting exercise as a means of enhancing self-esteem" than a negatively framed message. Framing effects are closely aligned with personal involvement by the recipient, as supported by research performed by Maheswaran and Meyers-Levy (1990, p. 361-367). Their research claims that when message recipients are highly involved (personally relevant), negative framing would be preferable, as the recipient would allocate more cognitive resources to the message.

Conversely, when message recipients are under low involvement (personally irrelevant), a positive framing would be preferable due to peripheral cues "such as positive words" (Donovan & Jalleh, 2000, p. 82-83).

### Source Characteristics

Besides the content and medium of the persuasive message, and beyond the schemas elicited on the part of the recipient, the persuasive message's source is a moderating variable that has been the subject of a good amount of research in persuasion. Examples of these moderating variables include the source's expertise in the persuasive message's content (e.g. a doctor talking about health) and medium, as well as the source's perceived trustworthiness, credibility, and physical attractiveness. Each one of these variables has been identified as having distinct effects on the persuasive message's reception, and is dependent on the other moderating variables above, and subsequently to the persuasive message's point on the ELM continuum.

Stephens et al. (2009) claimed that the source's expertise in the message's content is the "most important factor in persuasion, exceeding trustworthiness, ideological similarity, credibility, and physical attractiveness in importance" (p. 725). Petty et al. (2014) reiterate this sentiment, explaining that "few areas of research in social psychology have produced results as consistent as the findings that sources high in expertise and/or trustworthiness are more persuasive than those low in these qualities" (p. 154). Petty et al. (2014) go on to explain their own conception of source expertise, which combines the source characteristics of credibility and trustworthiness (p. 143). This combination determines the "extent to which the source is perceived to know the 'correct' position on the issue and the extent to which she or he is motivated to communicate that

position." Whether taken in combination with credibility and trustworthiness or as a standalone moderating variable separate from others, the source's expertise must assumedly be objectively expert to all recipients of a persuasive message, regardless of knowledge of the persuasive message's content.

Consequently, the persuasive message can be potentially effective coming from an expert source due to the desire of recipients to "improve their view of reality...through a psychological process called internalization" (Petty et al., 2014, p. 143). Once the recipient has internalized the persuasive message due to the inherent trustworthiness and credibility involved in being an objective expert, they will theoretically integrate the message to their own narrative to create an improved view of their reality. Therefore, when it comes to developing a persuasive message about participating in an exercise event or program, it would be assumed that the messaging would be more effective if the persuasive messaging was delivered by a physician or healthcare provider (an expert). Adding this element would effectively integrate healthy exercise behaviors into the recipient's own personal narrative, presumably creating behavioral change.

However, source characteristics such as credibility may also present challenges in sustained behavioral change within health promotion, as the perceived source characteristic on behalf of the recipient may also serve as a mental shortcut or heuristic, which would likely land the elaboration elicited by the recipient on the peripheral end of the ELM continuum. Research has shown that although the source characteristics are primarily a mental shortcut for the recipient, they can be highly effective to persuasion within the peripheral route, primarily due to the recipient's desire to increase self-esteem by having the same views as the persuasive source, to which they find desirable due to

their physical characteristics (Petty et al., 2014, p. 144). Due to the lower amount of issue-relevant thinking in the peripheral route, cues such as attractiveness can be positively associated with the persuasive message, allowing the message recipient lean upon these cues rather than debating the pros and cons of the persuasive message's intent (Geary et al., 2008, p. 192).

However, as Petty and Cacioppo (1984) note in their cumulative review of literature, these peripheral cues alone yield less-than-predictable results, as little cognition is involved in the processing of the message (p. 668). In their review, they found that "sometimes sources have the expected effects, sometimes no effects are obtained, and sometimes reverse effects are noted." Another issue with leaning on peripheral route cues such as source attractiveness lies in the persuasion achieved by the message itself, separate from the source. Petty et al. (2014) expound on this effect, stating that "unlike attitude change produced by a credible source, persuasion by an attractive source is not dependent on the validity of the recommended position and the existence of evidence to support it" (p. 144).

Overall, in approaches that utilize a hybrid of peripheral and central route persuasion, source attractiveness, credibility, trustworthiness, and expertise can be potentially beneficial in most instances. However, the use of these source characteristics must always be approached carefully, as centrally processed messages may be affected negatively by the credibility, trustworthiness, and expertise emphasized by a message source.

### **Intentions, Categories, and Specific Behaviors**

Now that we have explored aspects of the Elaboration Likelihood Model in developing a persuasive message, we must recognize that elaboration on the part of the recipient must eventually create action. While the primary purpose of this study is to recognize source variables, message content, and recipient elaboration, the next step of creating action is important to note, as influencers as presented in the Elaboration Likelihood Model may not constitute action on behalf of the message recipient, which represents the final step in pursuing behavioral change and action. This final step of pursuing behavioral change by participating in a community health program may serve as the foundation for further research.

Ajzen and Hornik (2012) propose that:

While intentions to perform a specific behavior are usually very good predictors of whether or not that behavior will be performed, intentions to engage in behavioral categories and intentions to reach goals are often poor predictors of whether someone will engage in the behavioral category or reach his or her goal. (p. 288)

This finding would suggest that if an individual agrees to favorably engage with a persuasive message and thus form an intention to do the behavior that the persuasive message suggests, they may not be as likely to perform the behavior suggested by the message if the suggested behavior was a behavioral category. Ajzen and Hornik (2012) go on to explain that "intentions to lose weight are poor predictors of weight loss, and intentions to diet may or may not predict dieting behavior depending upon the extent to which the respondent and investigator agree on the operational definition of dieting" (p. 288). Thus, a persuasive message centered on the behavioral category of weight loss will probably poorly predict behavioral change and weight loss itself in the targeted recipient.

However, creating a persuasive message that engages with the recipient and asks them for a specific behavior (such as eating 1,800 calories each day to lose two pounds per week) would be a much more reliable predictor of behavioral change, and thus weight loss.

#### Other Considerations of Influence and Action

While elaboration can be examined through the lens of simply source variables and recipient, recognition of the other extraneous influences to persuasion must be considered to comprehend the full picture of how a message can take the final step of creating action on behalf of the recipient. Social pressures, norms, temporal concerns, physical capabilities, environmental considerations, and other extraneous pressures also have an effect on the recipient's decision-making. While this study cannot completely encompass all of the extraneous factors to message persuasion and elaboration, a brief discussion of the themes is important to understand the full picture of the influences and action on behalf of a message recipient.

The first extraneous framework to consider is the theory of reasoned action, which states that "if [a person] has a favorable attitude toward performing some behavior, and [that person] perceives social pressure to perform that behavior, then [that person] should form an intention to perform that behavior" (Ajzen & Hornik, 2012, p. 289). This would suggest that a persuasive message that develops a favorable attitude, if delivered and received in an engaging way, would have the foundations to form intentions to perform behaviors. But as Ajzen and Hornik (2012) note, there are three types of considerations that message sources must keep in mind when developing a persuasive message – perceived consequences, normative expectations, and capability (p. 285).

The message recipient must consider that the consequences of performing a behavior from an intention will be consequentially positive. For example, if a message recipient is contemplating an intention to walk every day to lose weight, they may consider the consequences of having to walk every day – for example, temporal considerations (e.g. "it will take an hour out of my day, which I won't be able to spend doing something else"), physical considerations ("walking every day will aggravate a past injury and cause pain"), social considerations ("people in neighborhood will think I'm strange for walking around the block every day"), environmental considerations ("it may be too cold outside to walk today"), and other similar considerations.

Second are the social, group, and individual normative expectations (or perceived expectations) by the message recipient. Normative behaviors (both at a subjective and societal level) are powerful cues that apply "pressure to perform or not to perform [a] behavior" (Ajzen & Hornik, 2012, p. 285). If a message recipient, for example, lives in a household that does not consider exercise and proper diet important, the message recipient may not have the cognitive allocation to devote to a persuasive message regarding exercise programs due to the lack of social and/or familial norms that exist in the message recipient's immediate environment. However, if that same message recipient lives in a community that values proper diet and exercise, the message recipient may experience some cognitive dissonance and take initiative to change their familial and individual social norm.

Changing social norms, therefore, could be a powerful way to garner cognitive resources and positive attitude engagement on the part of the message recipient, and therefore create intentions to perform a specific behavior. Ajzen and Hornik (2012) also

argue that regarding normative expectations, "the more favorable the attitude and subjective norm with respect to a behavior, and the greater the perceived behavioral control, the stronger should be an individual's intention to perform the behavior under consideration" (p. 285). Therefore, engaging subjective norms through a moderating variable such as individual message tailoring may be a way to effectively create intentions to perform specific behaviors.

Third, the perceived capability that the message recipient has of her/himself also has an effect on the intention to perform a behavior. Ajzen and Hornik (2012) state that "many behaviors pose difficulties of execution that may limit volitional control, [so] it is useful to consider perceived behavioral control in addition to intention" (p. 285). For example, if a message recipient believes that s/he is too overweight to perform daily exercise, the intention to perform exercise will be diminished. A persuasive message about losing weight or running marathons, therefore, would likely be dismissed (perhaps even counter-argued) by this message recipient. However, a message about starting with proper diet and unique/easy ways to fit in exercise that keep the capabilities of the message recipient in mind (e.g., taking the stairs one flight while at work every day), the intentions may be more positively affected, thus creating behavioral change.

Generally, these considerations amplify the need to tailor messages to specific audiences through specific means to meet them on a level that can engage them – whether through the peripheral or central route of persuasion – in order to create real behavioral change. The course of a persuasive message to change attitudes, intentions, and subsequent behaviors starts with understanding the message recipient's individual

needs, capabilities, cognition, and environment, and tailoring the messages so that the recipients understand and engage with the content in a meaningful way.

Creating action through a health program therefore requires an understanding of the desired audience, how they interact with their world, the subtleties that may prevent them from performing a behavior or health action, and the persuasive message's call-to-action and how that relates to the recipient's cognitive structure.

## CHAPTER THREE: METHODOLOGY

By employing the case study methodology, this research was able to utilize multiple data sources, including interviews with program organizers, archived records of the program and its communicative activities, and survey responses from attendees to garner an understanding of how certain populations understand and engage with the Meet Me Monday program. Complete analytics for analysis included three semi-structured interviews, past data on marketing and attendance, communicative collateral materials, survey responses from 39 attendees of Meet Me Monday, and other demographic data relevant to communication, public relations, and marketing techniques utilized in the past relative to the Meet Me Monday program. The data was synthesized to show trends and outcomes that will allow for actionable recommendations, which represents clear findings for the influences of the Meet Me Monday events' communicative efforts.

### **The Argument for the Case Study**

Case studies typically utilize a variety of data sources – interviews, past research, direct observation and more. The wide selection of data sources in case studies allows for further exploration of variables such as behavioral reasoning, organizational subtleties and social heuristics of a particular event, situation, or context. According to Schramm (1971), case studies "[try] to illuminate a decision or set of decisions: why they were taken, how they were implemented, and with what result" (cited in Yin, 2003, p. 15). Case studies are particularly relevant in the case of contemporary social phenomena (such

as a community health program), as they attempt to gain empirical findings in real-life contexts and current events.

Similarly, case study research also accepts that the scope and implications for the findings include "many more variables than data points," (Yin, 2003, p.17) and more broadly, "benefits from prior development of theoretical propositions" (Yin, 2003, p. 17) in order to guide future research. In the instance of this case study, survey, interview, collateral, and previous theoretical research will be combined to formulate a fuller understanding of the social phenomena inherent to one community health program – and more specifically, the particular circumstances surrounding the Meet Me Monday program in Boise, Idaho. This fuller understanding includes health promotion's messaging, efficacy, public response, participation, behavioral change, and relationship to a healthcare organization (Saint Alphonsus). In addition, this study has implications for the communication process in general, as accounting for communicative subtleties often produces further questions about how individuals, groups, and organizations communicate.

Case studies have often been criticized for their lack of reproducible quantitative data and deficiency of rigor in data collection and analysis. Critics cite the subjectivity of many case study premises, and question the applicability of case studies to broader social and scientific application. However, the case study continues to be a valuable source of information and a potential pretense for scientific study and generalizable data, if appropriately understood. Yin (2003) responds to the charge that case studies do not allow for scientific generalization, stating that "scientific facts are rarely based on single

experiments; they are usually based on a multiple set of experiments that have replicated the same phenomenon under different circumstances" (p. 15).

While this study is specific to one community health program, the case study approach develops a more textured understanding of the root causes for the inputs and outputs of the parties involved in real-life context. Had the study been more of a directly quantifiable, more narrowed look at specific aspects of the Meet Me Monday program (or similar community health program), the study would have required a far more narrowed scope – resulting in limited recommendations as to the broader vision for this community health program's communicative efforts, as well as for Saint Alphonsus and future research.

While it is true that every finding of this study may not be generalizable to all community health programs, this case study will succeed in building upon the existing body of research in communicative variables of community health programs and the Elaboration Likelihood Model, while creating new directions for future research and analysis. Additionally, hospitals and healthcare organizations across the country are facing similar changes in reimbursement and structure proposed by the PPACA. This research will be useful in determining the direction and response many of those organizations take in deploying community health programs in the future.

Subsequently, in collecting numerous forms of data through survey, interview, and previous theoretical framework(s), this case study aims to drive dialogue, direction, and further study around context, behaviors, outcomes, and implications specific to the Meet Me Monday community health program's communication efforts. The final analysis and conclusions of this case study will be supplemental to other research in

existing or future literature, will introduce themes for further meta-analysis, and provide real-life recommendations to other healthcare organizations across the country.

With these associations in mind, the case study is the most applicable form of research in order to obtain a fuller understanding of the subtleties of one community health program, its communication efforts, and its inputs/outcomes (both perceived and actual). Accounting for numerous quantitative and qualitative forms of data incorporates context into traditional data collection and analysis, emphasizing fuller understanding on behalf of the researcher, reader, and future supplemental literature. As Yin (2003) points out, case studies can "offer important evidence to complement experiments..." (p. 16) and offer a "how" and "why" to previous or future literature.

Although a completely exhaustive picture of context and moderating variables involved in recipient responses and elaboration to communicative efforts is nearly impossible (due to the constraints of personal background of recipients, aspects of subjective cognition, concerns for anonymity of data, and other environmental variables), the analysis and conclusions of the study will still serve the end of providing recommendations and dialogue to Saint Alphonsus, other community health programs, and future researchers of community health and communication. Comparatively, if a solely quantitative study methodology was chosen for this study, garnering any complete and exhaustive picture of cognitive processes of any empirical or qualitative-only study of messaging is also equally as challenging. To this point, the case study presents a depiction of the contextual elements involved, and does not make qualms about accepting the limitations on generalizable data and analysis nor scope of inclusion.

### **Research Variables, Moderation Versus Mediation**

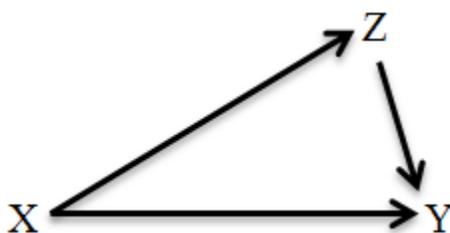
The independent variable(s) for this study include the communicative efforts of the Meet Me Monday program – including all aspects of outreach, networking, public relations, communications, structural program elements, and marketing.

Public relations, outreach, and marketing, as standalone concepts employed by this study, represent three distinct yet similar concepts utilized by Saint Alphonsus Health System in support of the Meet Me Monday program. Public relations, according to Moss (1995), consists of creating "mutual understanding and good-will between organizations and their publics" (Black, 1995, p. 42). Common public relations strategies include various forms of outreach and mediums of communication, including traditional and new media news coverage, group and individual networking, inter-organizational communications, and strategic content distribution. Alternatively, marketing consists of efforts primarily concerned with "maintaining and improving sales and market share, and hence public relations activities designed to maintain good-will are valued only in so far as they contribute to achieving these objectives" (p. 42). While the distinction between marketing, outreach, and public relations is important and continually evolving, the distinction will not be solely addressed in this study due to their interconnected nature in relation to the Meet Me Monday messaging. Although not strictly distinct from each other, public relations, outreach and marketing as relative to Meet Me Monday were all used as forms of communication (communicative efforts), regardless of their eventual aims of organizational good-will or sales and market share. Similarly, within the Saint Alphonsus organization, the terms are often used interchangeably – however,

communications, outreach, and marketing represent three different (but interconnected) employee departments.

The researcher, as an employee of Saint Alphonsus in the Communications, Marketing, and Public Relations department, has a close understanding of the distinctions between the three forms (or lack thereof), and was able to gain intimate understanding of the data sources and structural elements of Meet Me Monday's communicative efforts.

The dependent variable, as outlined by the Elaboration Likelihood Model, includes the amount of elaboration invoked by the aforementioned communicative efforts. The moderating variables, as influencers of the dependent variable and strongly correlated with the independent variable(s), are the third dimension of the relational interactions between all variables in the study. Figure one represents the social-scientific framework employed in this study, and the relationship between the variables through the Elaboration Likelihood model of Persuasion, where X = independent variable(s), Y = dependent variable(s), and Z = moderating variable(s).



**Figure 1 Relationship Between Moderating Variables**

#### Moderating versus Mediating Variables

Determining the distinction between a moderating variable and a mediating variable is an important way to distinguish what has often been the erroneous interchangeability of two disparate terms. Moderating variables, which persist as

"variable[s] that affects the direction and/or strength of the relation between an independent or predictor variable and a dependent or criterion variable" (Baron & Kenny, p. 1174, 1986), represent an influential theme between each variable. Mediating variables represent a causal relationship, one that "accounts for the relation between the predictor and the criterion" (Baron & Kenny, 1986, p. 1176). Determining causal relationships in the context of broader, context-rich case study on communication efforts becomes more difficult when the paths for communication are not directly controlled, and inputs and outputs are not causal in nature. Due to the nature of moderating as influencer rather than causal, this study will conceptualize Z variables as moderating (versus mediating) to accurately represent the relationships between independent and dependent variables.

### **Data Points**

In order to understand the communicative aspects associated with the Meet Me Monday program at Saint Alphonsus, an extensive analysis of program organizers, attendees, marketing/communications/public relations tactics, and expected goals was performed. As a case study, these multiple forms of data will be produced and synthesized through this process, including interviews, attendance and demographic data, survey responses, outreach materials, and structural composition frameworks.

Interviews and surveys took place between July and September of 2015, and included semi-structured interviews with three primary program organizers, in addition to a survey for attendees and other community members. The pre-determined survey was utilized to standardize answers amongst many respondents, and will assist in determining more granular information about message elaboration and engagement mechanisms.

Semi-structured interviewees were asked to respond to questions regarding the goals of the Meet Me Monday program, the evolution of the program and its outreach efforts, their perceptions of the messaging that has surrounded the program's communications, and their feelings on the successful and unsuccessful aspects of the programs structure, communications, and viability.

The semi-structured interviews allowed for each program organizer's individual perceptions and points of interest to be accounted for fully, while developing context behind the program's purpose, complete communicative efforts, and alignment or gaps in inputs or outputs of the Meet Me Monday program. Regardless of the occasional off-course direction semi-structured interviews tend to take, four data points were identified as most important in obtaining, as required for a complete and adequate framework for understanding the existing independent variable structure:

1. What have been the goals of the Meet Me Monday program, and [how] have they been met or not met?
2. What is your perception of the communicative efforts for the Meet Me Monday program, including messaging?
3. What is the structure of the Meet Me Monday program, and what is your perception of how individuals act and interact with the program and its communications?
4. What changes, if any, has the program experienced?

These themes, as outlined by program organizers, served to provide the perceived reasons for the program, the expected outcomes and attendance, and their vision for how to best communicate and engage potential and returning attendees. The program organizers also provided their subjective opinions on how the Meet Me Monday program

makes positive behavioral change with current and prospective patients, and how the program in turn benefits the organization as a whole. The three interviewees consisted of the Vice President of Community Outreach and Marketing for Saint Alphonus Health System, the Executive Director of Community Health and Public Policy for Saint Alphonus Health System, and the owner of Bandanna Running and Walking (the primary sponsor, community partner, and sole third-party corporate contributor to the program). These three individuals are the sole program organizers, and the individuals that presented the idea, formulated structure, led all communicative efforts, garnered funding, and sustained the program since its start in 2012. The program organizers participated in the semi-structured interviews in a place they felt most comfortable.

Raw data on attendance numbers and marketing efforts was also collected from these program organizers, including information on how many participants have attended each week, how they heard of the program, and how often participants have returned after their first attendance. Data collected through these efforts was representative of the time period from the beginning of the Meet Me Monday program in May of 2012 through the end of the data collection period in September of 2015.

Archived messaging collateral was also accessed through these individuals, including outreach efforts in public relations, marketing, and other communication. These examples (as outlined in Appendix F) include news stories, advertising, on-site collateral, internal presentation, and other relevant materials for messaging and outreach to a wide audience. This data also served to create a fuller understanding of the independent variable(s) in the subsequent analysis, which will be important in creating tangible recommendations and conclusions.

Data collection through interviews with program organizers and subsequent raw data on attendance and community outreach/marketing/communications efforts was followed by a survey of Meet Me Monday attendees. The survey contained sixteen multiple-choice questions about engagement through communication, which succeeded in standardizing responses to provide a richer picture of the communication methods that allowed for elaboration (or lack thereof) on behalf of recipients. The participant population for the Meet Me Monday program is primarily based in Boise, with smaller group programs located from Boise, Idaho to Ontario, Oregon. The participant population for this study focused on the Boise, Idaho market, which consisted of attendees and organizers of the Meet Me Monday program with Saint Alphonsus Health System in downtown Boise every Monday. The respondents attested that they were over 18 years of age as to avoid surveying a vulnerable population through what were primarily email responses. Strong safeguards were implemented through means such as the generalization and protection of raw data, discarding data that is knowingly collected via survey or interview from a vulnerable population, and encrypted storage on all digitally collected raw data.

Highly specific demographic information, such as income, race, and family size were withheld from the survey, due to the possibility that a smaller sample size could possibly identify certain participants. Gender and age were the two demographic points obtained, which will allow for two adequate and complex subsets of communication efficacy. Potential future studies that incorporate larger quantitative surveying methodology may be effective in obtaining more specific demographic data, although was avoided due to anonymity concerns within the case study's surveying structure.

Willing participants were asked via email and in-person to take the survey about the Meet Me Monday program. All 39 respondents opted to take the survey online rather than in-person.

In all, the raw data from interviews with program organizers, attendance numbers, public relations and marketing materials, and the data from the survey was combined to compare the inputs versus the actualized outcomes of communicative efforts with participants, and the alignments and gaps in execution of such outreach and communication. From the analysis, moderating variables through the lens of the Elaboration Likelihood Model will help to pinpoint their place on the continuum, and their subsequent efficacy and future viability. The placement on the ELM continuum will help Saint Alphonsus configure a recommended communication and structure plan going forward, with recommended source characteristics, medium, message tailoring, framing, resource allocation, personal relevance, and expected outcomes for either central or peripheral routes to persuasion.

There were a total of 39 participatory respondents to the survey, and no survey question required an answer in order to complete the survey, as a limited number of respondents was expected. Many survey questions each relate to specific moderating variables as outlined in the ELM discussion in Chapter 3, and consist of the following categories (see Appendix E).

**Table 1 Survey Questions – Moderating Variable and/or Purpose**

<b>Survey Question</b>	<b>Moderating Variable and/or Purpose</b>
How did you hear about the Meet Me Monday program?	Specific Source Medium Preference
Approximately how many times have you attended Meet Me Monday?	Background, Personal Relevance
How do you find out information about community events and local news most often?	Broad Source Medium Preference
Which part about Meet Me Monday attracted you the most to attend?	Personal Relevance, Source Characteristic(s)
Which character trait is most desirable to you when you meet a new person?	Source Characteristic(s)
What do you consider most important in your life?	Self-schemas/Personal Relevance
How physically active are you the rest of the week (not counting Mondays)?	Personal Relevance
Who or what motivates you to exercise the most?	Motivation
How important is exercise to your life?	Motivation, Resource Allocation
What is your favorite part of exercising?	Motivation, Personal Relevance
What is your general feeling about Saint Alphonsus?	Source Characteristic(s)
Do you think it is easy to explain the Meet Me Monday program to family/friends/acquaintances?	Message Complexity, Resource Allocation
Why or why not is the Meet Me Monday program easy to explain to family/friends/acquaintances?	Message Complexity, Resource Allocation
Which message appeals to you most?	Framing

As before, demographic data was also collected on the general age range and gender of the respondents to the survey, in order to grasp a more complex picture of the inputs and outputs for health promotion and elaboration of messages across larger sub-populations. When drawn upon age and gender, the responses were consistent with the directly observable attendees at any given event. The most representative survey respondents were women between the ages of 45 and 64. A full demographic breakdown of survey respondents can be found in Appendix G. The demographic questions consisted of the following.

**Table 2      Survey Questions – Responses Available**

<b>Survey Question</b>	<b>Responses Available</b>
What age are you?	18-25, 26-34, 35-44, 45-54, 55-64, 65+
What is your gender?	Male, Female

By using cross-tabulation, multiple factors were compared against each other both between demographic responses, medium use, background information and responses from moderating factors. Each cross-tabulation performed succeeded to provide a better picture of how similarities and differences between each variable produced themes such as demographics and medium use, medium use and moderating factors, and demographics compared to moderating factors.

## CHAPTER FOUR: FINDINGS

The findings garnered from survey respondents and semi-structured interviews with program organizers were meant to give insight to the reasons for the Meet Me Monday program, the perceived and actualized communicative efforts and messaging, and the invoked influence moderating variables had in shaping behavior and attitudes to determine the elaborative properties on behalf of message recipients.

Responses from semi-structured interviews denote that the Meet Me Monday program was started due to focused efforts on VBP and reducing hospital readmissions by preventing health crises through the reduction of obesity, public awareness of Saint Alphonsus and recall or utilization of their health services, broader public health of the community, and organizational altruism in providing a community service by reducing obesity rates. Findings from the interviews show that the program's focus was on those that were not already active, and those that struggled with weight control (i.e., overweight and obese). Program attendees' sustained behavioral change was also a primary goal of program organizers, as sporadic attendance would (by the event organizer's account) perceivably produce little to no outcome(s) for participants and prospective participants.

Collateral materials garnered from event organizers included the marketing, public relations, and outreach materials utilized in different mediums. Prevalent themes for messaging were extracted from this collateral, and were largely consistent with the program organizer's perceptions of the themes for messaging. The messages also utilized various aspects of moderating variables as outlined in the review of literature, including

instances of positive framing, attempted appeals to personal relevance, and distinct source characteristics.

Findings indicate that message framing on behalf of program organizers' communicative efforts was largely positive; the efforts' personal relevance hinged upon family, fun, and getting healthier; and efforts' source characteristics exemplified expertise, credibility, and trustworthiness.

Responses to the survey were dominated by a large group of people between the ages of 45-64, which according to national data and program organizer goals, should be the population of focus for reducing obesity (Bernstein, Hing, Moss, Allen, Siller & Tiggie, 2003; Centers for Disease Control and Prevention, 2014; Ogden, Carroll, Kit & Flegal, 2013; Bertakis, Azari, Helms, Callahan & Robbins, 2000). Observation on behalf of the researcher also indicates that the general demographic structure from the survey is representative of the program's participatory demographic.

Regarding the most relevant age demographic (45-64) within survey respondents, over 45% of them have attended the MMM events 50 times or more, which would indicate that particular subset has initiated the sustained behavioral change desired by the program organizers. Positively-correlated conclusions drawn from moderating variables focused on this audience's sustained behavioral change within the program, and how this particular respondent population is influenced by those variables and other medium attributes. This survey population (45-64, attending 50 or more MMM events), therefore, serves as the most relevant demographic (MRD) when attributed to the Meet Me Monday program.

Survey responses from the MRD indicated the following, relative to the moderating variables typified by the ELM.

**Table 3** Survey Response Query – MRD Response

<b>Survey Response Query</b>	<b>MRD Response</b>
<i>Framing</i>	Prefer positively framed messages
<i>Personal Relevance</i>	Personal relevance centered on "Family/Friends". Largely "Moderately Active", feel exercise improves mental state.
<i>Motivation</i>	Motivated to use newspaper, internet/social media. Motivated to exercise by content that exemplifies family/friends/co-workers, and autonomous in behavioral choice to exercise.
<i>Source Characteristics</i>	Avid supporters of Saint Alphonsus, most attracted to humor and trustworthiness. Not drawn to MMM by Saint Alphonsus or physician (expertise, trustworthiness).
<i>Message Complexity</i>	Able to understand MMM, even to the level of iterating messaging from collateral.

Findings relative to the influence of delivery medium within the MRD indicated that general medium use was primarily centered on social media and newspaper. This medium use combination, while interesting (considering the drastic difference between the two mediums' delivery mechanisms), varied from how they actually found out about the Meet Me Monday program. The largest medium the MRD used to find out about the Meet Me Monday program was their employer, followed by newspaper.

## Semi-Structured Interviews

### History and Establishment of MMM

The Meet Me at Maynard's program in Tucson, Arizona, which laid the foundation for the Meet Me Monday program in Boise, was founded by the running group Southern Arizona Roadrunners, which would meet near downtown Tucson every week to run and commune with other like-minded runners. Seizing the opportunity while the weekly meeting was growing in popularity, the Southern Arizona Roadrunners recruited an program organizer and started encouraging the rest of the general public to join them in their weekly downtown exercise excursions, meeting at Maynard's (a downtown restaurant/market) each week to gather with friends, win prizes and recognitions, and keep consistent communications with weekly event-goers (Appendix A, B, C).

The benefits of the new program became almost immediately clear – as Tucson had also struggled with a negative public image of the downtown area, and the Meet Me at Maynard's program had "encourage[d] people to rediscover downtown..." and "...as a way to begin to change the way people see our downtown. It is a weekly opportunity for socializing and healthy exercise, with the end-result contributing to downtown's and the surrounding area's prosperity" (Cox & Syverson, n.d.). Since 2008, there have been a total of over 20,000 unique individuals who have attended the event, with anywhere from 150-600 people per week in attendance (Cox & Syverson, n.d.).

Meet Me Monday in Boise, Idaho, now in its third year of existence, is "modeled after Tucson's successful 'Meet Me at Maynard's' program which draws hundreds of participants every Monday to the downtown Tucson area to enjoy exercise, social time,

and to patronize downtown restaurants and businesses" (About Meet Me Monday, n.d.). Organized by Saint Alphonsus Health System, which is a group of hospitals, clinics, health plazas, and providers stretching from Boise, Idaho to Baker City, Oregon, Meet Me Monday was started after extending a partnership with the Main Street Mile annual event, which was held in downtown Boise and benefited efforts to increase prostate cancer screenings and awareness.

During the initial formulation of Meet Me Monday, the idea for a weekly walking event in downtown Boise was pitched to senior Saint Alphonsus administration by the primary program organizer of Tucson's Meet Me at Maynard's program. The program organizer from Tucson, which had turned the success of the Meet Me at Maynard's weekly events into a franchised operation, had made the "Meet Me at" trademark available to healthcare partners across the country. The Executive Director of Community Health and Public Policy (and program organizer) summarized the approach by stating that:

[The Tucson/*Meet Me at Maynard's* program organizer] just kind of brought this idea in front of the group and she brought it because [Saint Alphonsus CEO] knew somebody from Tucson who had started a similar program – Meet Me at Maynard's. So she presented the concept of Meet Me at Maynard's and said that [Saint Alphonsus CEO] was really excited about the concept of possibly starting something like that here. She presented on the concept and wanted feedback, and I loved the idea. You know, we were trying to figure out ways we could get out and do more – and what I was excited about is working on a culture of health in the community, because a lot of the things we had done in terms of community outreach had been more of the health fair and screenings variety. (Appendix A)

Saint Alphonsus administration agreed that the idea of a health outreach program that encouraged exercise and outdoor activity would help to create a "culture of health" in the community, and would provide a strong supplement to the health fairs and health

screenings already offered by Saint Alphonsus at various internal and external locations throughout the year (see Appendix B).

The organizational structure of the Meet Me Monday program has not changed significantly from its start over three years ago. The meeting location – initially a downtown restaurant, then Bandanna Running & Walking store – has changed, but the meeting time, open layout, and post-exercise meeting rituals have stayed the same (see Appendices A, B & C). Participants first check in at Bandanna Running & Walking, and are greeted with a table including walking maps, invitations to other exercise events, small prizes/free items (sunscreen, stickers, etc.), a liability waiver, Saint Alphonsus marketing items (pamphlets, fliers, etc.), and sign-in sheet. A staff member of Bandanna Running & Walking is on-site to greet newcomers seeking information on how to participate, and to assist with the sign-up and liability form completion. The attendees (primarily those that are attending for the first time) are told that they can either run or walk, as slow or as fast as they like, one of many pre-planned routes in downtown Boise, starting from Bandanna Running & Walking. They are also told to meet back at around 6:30p at WiseGuy Restaurant's patio (next door to Bandanna Running & Walking) for a wrap-up celebration where prizes are given and information about future events is distributed.

The prizes that are given range from small items such as stickers and pens to larger prizes such as t-shirts, jackets, shoes, and gift certificates. Prizes are used as an incentive mechanism, both as an initial draw to new attendees and a reward for continued attendance (see Appendices A, B, C & F). Prizes have also been used as a message point in marketing and public relations efforts, although two of the three program organizers

agreed that the attendees simply coming for prizes are not always desirable. Their experience has been that those that only come for prizes typically do not return regularly or participate fully, although some that initially attend for prizes end up changing their motivations the more they attend (see Appendices B & C). However, a large majority of the funds allocated towards the program have gone into prizes and associated giveaways, according to one program organizer. "We've done Meet Me Monday for probably \$20,000 over the three years, and the vast majority of that money has gone to the items we hand out" (see Appendix B).

#### Goals of Program Organizers

The following chart represents the organizer's semi-structured interview responses to the reasons the Meet Me Monday program was started in Boise, and some of the initial goals of the program (see Appendices A, B & C).

**Table 4      Goals of the Program Organizers**

<b>Respondent #1</b>	<b>Respondent #2</b>	<b>Respondent #3</b>
Saint Alphonsus CEO excited about program	Wanted a program that was accessible and inclusionary	Promoting downtown businesses
Working on a "culture of health", population health initiatives	Needed a more robust "all-around" wellness program	Participation in a free program, rather than paid event
Improve upon health screenings/health fairs	Improving community health	Growing partnership with Saint Alphonsus
Differentiation from competition, encouragement to see a healthcare provider	ACA requirements (reducing readmissions, volume to value, etc. [see pp.7-13])	
Personal belief in regular, weekly exercise	Targeting a population that isn't healthy currently	
Integration with clinical	Expand the program to	

outcomes via population health	different sites	
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From these responses, clear themes emerge in regards to the goals associated with the Meet Me Monday program, and how they align with the end-goals of community health as outlined in Chapter 1.

### Population Health, Value-Based Purchasing (VBP)

The organizers of the Meet Me Monday program were keenly aware that they needed to allow equal (and free) access to populations that may otherwise not have the means to access health resources such as gym memberships, running events, and health promotion materials. According to the owner of Bandanna Running and Walking (program organizer and sole community/corporate partner):

Something that really appealed to us was something that really showcases downtown, but also something that people could participate in that's a free event. Daily, we have a lot of these runs that they want sponsored, or they want us to hang a poster, and it all costs money. In the end it's great, because often times charities benefit. But there's so few things that you can do consistently, and it was kind of a challenge because I don't think there are many long-standing events, and that was kind of we thought it would be great if we could make this something. (see Appendix C)

As noted in Chapter 1, low-income demographics likely have fewer opportunities to access preventative care and other healthcare services, and thus experience a higher rate of health crises due to lifestyle factors (Pagani & Huot, 2007, p. 698-700; UC Davis Center for Poverty Research, n.d.). Similarly, this conception of need by program organizers also addressed the desire to "implement interventions that are suitable for patients at all levels of health literacy and at multiple points of a journey" (Frosch & Elwyn, 2014, p. 12).

Some of the semi-structured interview responses focused in on Saint Alphonsus Health System's new transformation to a value-based model, including the response by the Vice President of Community Outreach and Marketing (and program organizer):

As we move from volume to value, it's not going to be as important to have people in the hospital – in fact, quite the opposite. We're going to want people out of the hospital; because the way we're going to get paid is on how good of job we did in keeping people healthy. We need to get people started on what they're doing to improve their health – and what we said was we want to target a population that's not doing it; we're not targeting a population that participates in all the runs. They're already active, and they are already going to the gym. We wanted to target a population that's not doing any of that, and we felt like we could have a group of very overweight people who could at least come walk a block or two. If we got them started, could we make it so that [exercise] was an ingrained habit in their lives. (see Appendix B)

In order to have a multi-faceted approach to improving patient engagement and community health, the program organizers indicated that Meet Me Monday had developed a more robust offering beyond traditional outlets of health screenings, health fairs, and paid health events such as annual races and club memberships.

Overall, these efforts (as recognized by the program organizers) could potentially have an effect on minimizing hospital readmissions. Reducing readmissions, as before, could result in avoidance of penalties as part of the value-based purchasing initiatives laid out by the PPACA (Centers for Medicare and Medicaid Services, 2009).

In order to address the most relevant population in reducing readmissions, those aged 45-64 are representative of a demographic that utilizes a much higher portion of healthcare services, although not as many as those 65 years and over (Bernstein et al., 2003). However, in looking more closely at obesity rates amongst age, those between the ages of 40 and 59 years had a much higher prevalence of obesity compared to any other age group for both men and women (Centers for Disease Control and Prevention, 2014).

Women had a marginally higher rate of obesity within the 40-59 year old age range, while also having a traditionally higher utilization of healthcare services (Ogden et al., 2013; Bertakis et al., 2000). Relative to the Meet Me Monday program, the observed demographic makeup of the event's attendance fell within the general range of 45-64. Similarly, the Vice President of Community Outreach and Marketing (and program organizer) noted that:

We felt like we could have a group of very overweight people who could at least come walk a block or two. If we got them started, could we make it so that (exercise) was an ingrained habit in their lives. (see Appendix B)

### Public Awareness

As noted in Chapter 1, in order for health systems to remain viable and competitive, community health programs must meet their end goals of brand/facility preference and maintaining 501(c)(3) nonprofit status. Program organizers recognize the importance of the program to develop community good will, brand awareness, and differentiation from competition for the continued financial viability of the organization. The Executive Director of Community Health and Public Policy (and program organizer) characterized this effort in saying that:

Meet Me Monday was just this new concept that I thought – well, our competitor has this [similar community walking event, performed annually], and, they're trying to take it year-round now because they see what we've done with Meet Me Monday. But at the time, it was a one-Saturday in September thing, and they put all this flash into it and it is primarily a fundraiser. And I think that's really positive of them because it brings the community together to focus on fitness and that kind of stuff, but Meet Me Monday is like saying we're going to take Mondays. Year-round, we're putting the flag in the ground, and we're going to do this on an ongoing basis. (see Appendix A)

Although it was clear between the semi-structured interviews that public awareness was important, there were some subtle differences between how each

characterized marketing and public health in those efforts. There was a perception that marketing was revolving around goals of increased attendance, while public health revolved around goals of creating sustainable behavioral change, regardless of how many attendees there were. The Executive Director of Community Health and Public Policy stated that:

If you are coming it from the lens of marketing then every Monday night you want people to see Meet Me Monday is everywhere. The public health perspective is different. I want to see the loyal followers...(see Appendix A)

Although interviewees felt that these two perceived goals were often at odds, the respondent's own feelings about the outcomes of the program were very similar to each other, and reiterate the same themes of creating sustainable health behaviors for the local community through means of public awareness. The Vice President of Community Outreach and Marketing (and program organizer) stated that:

It was not branding for Saint Alphonsus because if it had been we would have put Saint Alphonsus all over it. It really was getting people so they were getting out and moving. And we felt if we got people started on a regular basis, they would go and do it themselves. (see Appendix B)

### Organizational Altruism and Public Health

As part of developing brand/facility preference, community health programs are also perceived to meet the goal of rendering a more productive, active, and vibrant community. This goal of broader public health, while arguably facilitating both brand/facility preference and meeting VBP and population health requirements, also conceivably meets altruistic aims set out by the organization's larger mission of service. As stated by the Executive Director of Community Health and Public Policy (and program organizer):

I think it's successful from the standpoint that there are a number of entire families that come down there – so there's young families that are setting habits now. And then there are a number of seniors down there. This is as good for them on the social side of things as it is on the physical activity side. So from a public health standpoint, it's doing what I want it to do. (see Appendix A)

Although facility/brand preference goals and supporting marketing efforts were employed in support of the Meet Me Monday program, the marketing perspective of messaging and development of materials were also less about the organization, and more about developing an active community inspired by health engagement activity. The Vice President of Community Outreach and Marketing (and program organizer) stated that the:

Number one [goal] was just getting people there because we felt if we could get people there, they were walking, they were doing something to improve their health. So improving their health was number one. (see Appendix B)

#### Attendance Volumes

The perception of the program organizers is that attendance to the events varies depending on the time of year and weather conditions (see Appendices A, B, C, D). The anniversary events each year seemingly have more attendees, which were perceived by program organizers to be a result of more robust awareness through increased marketing, public relations, outreach, and free giveaways not regularly offered at the recurring weekly events.

Saint Alphonsus physicians and administration have also sporadically attended the events, an aspect of the program addressed by each of the interviewees. Similarly, Meet Me Monday on several occasions offered a "Walk-with-a-Doc" option, which featured a physician (i.e., cardiologist) walking with attendees. The "Walk-with-a-Doc" initiative intended to give other Meet Me Monday participants the opportunity to have health questions answered, and get to know the physicians on a more personal level. The

"Walk-with-a-Doc" option was a short-lived initiative, although perceptually to the program organizers the option was successful in drawing in new attendees while also encouraging consecutive attendance. According to program organizers, the initiative was subsequently dropped due to the difficulty in obtaining physicians' scheduling and continued on-site attendance. The Vice President of Community Outreach and Marketing (and program organizer) stated that:

When we did the *Walk with a Doc*, they were super successful because you had somebody whose doctor was walking and felt like they were getting to know that doctor and trying to get healthy. We did those on and off for the better part of 18 months, but we haven't had one recently. It's hard to get physicians to come out...it was a little difficult. But that was very successful, particularly when we brought the cardiologists out, because it was so related to the event. (Appendix B)

Growth in participation from Saint Alphonsus administration and other employees (including managers/directors of medical units in the hospital, support services, and employee wellness) is a continued desire of Meet Me Monday program organizers; although a small number of Saint Alphonsus administrative-level employees regularly attend. The program organizers indicated during their interviews that their hope is that the managers and members of hospital/clinic administration would set an example of health for employees throughout Saint Alphonsus, and subsequently encourage their own staff to participate.

Other internal efforts to engage Saint Alphonsus staff with Meet Me Monday has led to a significant – although sporadic – attendance of employees (administration, physician, or other) at the events. One recent initiative (2014-2015) made attendance at the Meet Me Monday program a qualifier for employee wellness discounts on health plans through Saint Alphonsus – an attempt to incentivize employees to participate on a larger scale. Although the direct empirical effects on program attendance due to this

initiative is unknown to the researcher, the achievement of lower health plan costs through employee wellness is also met by many other, less-formal options – such as participation in family or neighborhood event, membership at a gym, or registration in a community fun run or bike ride (see Appendix A).

As before, there was some disagreement between the program organizers about the value of attendance volumes, and the goals of the public health perspective versus the goals of the marketing, brand/facility preference perspective. Although all of the goals as stated by the program organizers seemingly have the ultimate desire for organizational (and commercial) viability and community health development, the means of producing those goals differed by program organizer during the interview process. The Executive Director for Community Health and Public Policy maintained that the attendance volumes were less important than having a cadre of regularly attending loyalists, while both the owner of Bandanna Running & Walking and the Vice President for Community Outreach and Marketing argued for expanding volumes and locations where Meet Me Monday was accessed. However, while these primary goals differed, the importance of regular, recurring attendance by community members was seen as a vital factor of success. The owner of Bandanna Running & Walking (and program organizer) stated that:

Even though our group doesn't have the numbers that I think we would all love to see, it's perfect in some ways because it's that consistent group coming back again and again. If it was huge, it would change – it would change the dynamic. (see Appendix C)

### Perceived Messaging

The perception of the messages associated with the marketing and public relations efforts by the program organizers is important to determine the amount of alignment with

the goals as previously outlined. Further exploration of the perceived messaging and mediums (and their effectiveness) versus the effectiveness of actual messaging and mediums will provide context to the inputs and outputs of the communication efforts employed by the program organizers. The general messaging as perceived by program organizers can be classified as the following.

**Table 5 Perceived Messages and Mediums**

<b>Message</b>	<b>Medium Specified</b>
<b>Respondent #1:</b>	
Get outside and earn things (e.g. prizes)	Not Specified
Program consistency and group dynamics	Not Specified
Get out and get active every week	Facebook, MeetUp, Free Advertising (i.e., Public Relations)
Join the community, have fun, get healthy	Video (PSA)
Conquering Mondays through exercise	On-Site (Prizes)
<b>Respondent #2:</b>	
Come out, join the community, have fun, come walk, get healthy	Video Public Service Announcement
Walk-With-a-Doc	Not Specified
<b>Respondent #3</b>	
Representing a healthy lifestyle	Idaho Statesman, Networking
Get out in your community and be active and involved, be healthy as a result	Not Specified

### **Collateral and Data Obtained from Program Organizers**

The volume of marketing, public relations, and outreach efforts behind the Meet Me Monday program has varied in intensity, peaking near the initial event and subsequent yearly anniversaries. Budgets allocated towards these efforts have, according to the perceptions of program organizers, been constrained due to the program's weekly occurrence and consistent need for awareness (see Appendix A & B).

Traditional media outlets and grassroots efforts for awareness experience a level of content-fatigue from the program's occurrence every week. However, the program organizers utilized the opportunities of traditional and new media to leverage awareness campaigns for Meet Me Monday.

#### Mediums Utilized

Marketing, public relations, and outreach efforts spanned nearly every traditional and new medium, and primarily consisted of the following (see Appendix F).

**Table 6      Mediums Utilized, Channels Utilized**

<b>Medium</b>	<b>Channel</b>
Online	Saint Alphonsus Facebook Page
Online	Meet Me Monday Facebook Page ( <a href="http://www.facebook.com/meetmemonday">www.facebook.com/meetmemonday</a> )
Online	Meet Me Monday Website ( <a href="http://www.meetmemonday.org">www.meetmemonday.org</a> )
Online	MeetUp ( <a href="http://www.meetup.com/Meet-Me-Monday-Boise/">http://www.meetup.com/Meet-Me-Monday-Boise/</a> )
Newspaper (Print/Traditional), Online	Idaho Statesman, Idaho Press-Tribune, Meridian Press
Radio	Various channels
Distributed Video Content	YouTube, associated website(s)

Email	Emails sent to participant database
Direct Mail to Homes	Postcard mail piece sent to homes, select businesses and employees
On-Site	Prizes, banners, pamphlets
Networking	Event organizer(s) contact with community, friends, co-workers, community presentations
Internal Promotion	Emails, pamphlets, intranet information available to Saint Alphonsus employees, incorporation into management presentations
Television/Video	Public service announcement
On-Site, Networking	Fliers

The actual messaging of the program consisted of the following themes drawn from samples garnered from collateral and outreach materials (see Appendix F).

Although messaging on some mediums differed slightly over time (e.g. Facebook), the overall themes have stayed consistent.

**Table 7 Actualized Messages and Mediums**

<b>Messaging</b>	<b>Medium(s)</b>
Get out to improve health of mind, body and spirit	Website, Newspaper, Television, Fliers
Spend time with family and friends	Website, On-site, Fliers
Support our community	Website, Television, Fliers
Sponsored by Saint Alphonsus/Bandanna Running & Walking	Website, Television, Fliers, Newspaper,
Fun, friendship, fitness	Newspaper, Online, MeetUp, Television, Fliers, Social Media, Radio

Free Prizes, Incentives	Newspaper, Online, Television, Website
Attendance growing, get more participants	Newspaper, Online, Television
Discounts available	On-site, Fliers, Website
Anniversary Celebration	Online,
Casual, non-intimidating, made "for everyone"	Television, Online,
Social/downtown economic vitality	On-site, Website
No cost to participants	On-site, Television
Lose weight	Newspaper
Improve mental, physical health	On-site
Walk-With-A-Doc	On-site, Online,
Illnesses are preventable with more fitness	Television
Walk with the Mayor	On-Site
Free Mammograms during MMM	On-Site
Program consistency	On-Site, Television, Radio, Online, Website, Fliers, Prizes (e.g. t-shirts)

Although there are gaps between the program organizer's perceptions and the actualized efforts in the mediums and frequency of marketing and public relations efforts, the general message themes are consistent between perceptions and reality. The themes and primary mediums utilized in these communicative efforts served to inform the responses obtained.

## Survey Responses

The 39 survey respondents were, according to extensive personal observation of the event's attendance by the researcher, closely representative of the average demographics typically attending the MMM events. The demographics of respondents consisted of the following.

**Table 8      Demographics of Survey Responses**

Age	Age Response	Gender	Gender Response
18-25	0%	Male	18%
26-34	3%	Female	82%
35-44	23%		
45-54	26%		
55-64	31%		
65+	18%		

### Response to Framing

In alignment with literature, the respondents provided a picture of framing that was clearly drawn upon personal relevance. When positive, negative, and neutral messaging was compared to how important they perceive exercise to be, an equal amount of those that considered exercise "Vitaly Important" chose the negative, neutral, and positive message. The highest point of negative framing appeal appeared in the category of exercise being "Vitaly Important" to respondents' lives, and in no other category of personal relevance did respondents choose the negatively framed message. However, while no respondents answered that exercise was "Not That Important" to their lives, those that answered "Moderately Important" saw an equal split amongst the neutral and

the positively framed message. Finally, those respondents that expressed exercise was "Very Important" in their lives overwhelmingly chose the positively framed message. Overall, the positively framed message was the most appealing to all audiences, with 63% of the entire respondent population relating to the positive message.

When looking at the demographics relevant to the positively framed message, 56.9% of those aged 45-64 chose the positive message, while 57% of men and 66.6% of women chose the positively framed message.

#### Personal Relevance/Self-Schemas

Amongst the population of both men and women ages 45-64, 45.8% of respondents had attended the Meet Me Monday events 50 times or more, representing the largest group of loyal attendees to the program by percent (and represent the makeup of the MRD). Regarding the part of Meet Me Monday that the respondents were attracted to most, the 35% of respondents in the 45-64 age groups denoted that "Meeting with Family/Friends" was most important, while 23.3% indicated that "Getting Healthier" was what attracted them most to attend the event(s). Similarly, this finding was reaffirmed within that same crowd when they were asked what was overall most important in their life. An overwhelming 56.9% answered with "Family", which is consistent with the attraction to the event.

Amongst respondents within the general 45-64 age range, a majority answered that they were "Moderately Active" throughout the rest of the week (not counting days they attended Meet Me Monday events), with 49.2% indicating that they worked a sedentary or active job, and participated in physical activity of 30 minutes or more 1-3 times per week. The second largest group within the 45-64 age range answered "Very

Active," with 36.7% indicating that they worked a sedentary or active job, and participated in physical activity of 30 minutes or more 3-7 times per week. No respondents answered "Not At All" regarding their activity level, nor did any of the respondents answer with "Extremely Active." 14.9% of the 45-64 age range answered with "Sometimes Active." These responses, in combination with the 23.3% of respondents indicated that "Getting Healthier" was the primary reason they attend the Meet Me Monday events, and 45.8% of respondents have attended 50 times or more, suggest that the personal relevance of exercise is high, although primarily driven by the need to be around family and friends.

In addition, the same 45-64 year old respondent group indicated that their favorite part of exercising was "How it Makes Me Feel Mentally" with 55% versus 40.8% indicating that their favorite part was "How it Makes Me Feel Physically." Surprisingly, although respondents did have the opportunity to indicate that their favorite part of exercising was "Making a Connection with Family/Friends/Co-workers" or "How I Am Rewarded by Friends/Family/Co-Workers," there were no respondents in the selected 45-64 range that chose those options.

### Motivation

The exact amounts of medium utilization and frequency for marketing, public relations, and outreach efforts on behalf of the program organizers to deliver messages about MMM is unobtainable and nearly impossible to quantify due to the nature of communicative efforts' fluidity and lack of reported data. However, the respondent's motivation to use a particular medium has an influence on the other aspects of elaboration within the context of message delivery, and is worthy of closer analysis within the

respondent population most relevant to the Meet Me Monday program (DiClemente et al., 2002, p. 86).

As before, general medium use amongst the 45-64 year old age group was split closely amongst internet/social media (37.5%) and newspaper (30.8%). A total of 15.8% of respondents between 45-64 years old indicated that they found out about the Meet Me Monday event between newspaper and internet/social media, and the largest category (18.7%) found out about the program through an employer, although only 8.3% of that same respondent population indicated that they use their employer as a source for information about community events.

When comparing motivation and the medium within the 45-64 year old age range of respondents, the largest group (30%) of those that have attended thirty or more Meet Me Monday events found out about the program from an employer, while 50% of that same population utilize social media and 30% utilize newspaper as their preferred medium to find out about community events and other information. Amongst the same audience (aged 45-64) that has only attended the Meet Me Monday events zero to ten times (thus denoting lower sustained behavioral change and less personal involvement), the most popular options chosen for how they heard of the Meet Me Monday program was "Social Media/Internet" and "I Don't Remember," with an even split of respondents (29.2%). General medium utilization for those that had only attended Meet Me Monday zero to ten times was similar to those who had loyally attended events 50 or more times, with 45.8% choosing "Internet/Social Media" and 29.2% choosing "Newspaper."

Results about individual motivators were consistent with personal relevance, as a majority of respondents indicated that their family, friends, and/or co-workers were the

primary motivators for exercise (41.7% of respondents between the ages of 45 and 64). Surprisingly, 33.3% of 45-64 year old respondents indicated that they motivated themselves, which was not one of the multiple choice options given (rather, was a common write-in answer to the question of who motivates them to exercise most).

However, the same 45-64 year old age group indicated that they did not *find out* about community events from "Family/Friends/Co-Workers," but rather "Internet/Social Media" (37.5%) and "Newspaper" (30.8%).

#### Response to Source Characteristics

As before, the respondent population aged 45-64 seemed to favor message content from family, friends, co-workers, and other acquaintances relative to community events, exercise, and motivation to participate. This finding is also relative to expertise, as the other available options for respondents included aspects of expertise and trustworthiness. Interestingly, none of the respondents chose their physician as their motivation to participate in exercise, and only one respondent chose the connection to Saint Alphonsus as the reason they were attracted to the Meet Me Monday events. However, when asked about their general view of Saint Alphonsus, the response was overwhelmingly positive, with 49.2% of 45-64 year olds indicating that they were "Avid Supporter[s] of Saint Alphonsus and What They Stood For," and another 35.8% indicated that they "Mostly Like What [Saint Alphonsus] Does, and What They Stand For."

More generally, in regards to source characteristics, there was an interesting finding to the question of what respondents found most attractive as a personality trait overall. The most desirable character trait to the respondent population (when meeting

someone new) was humor, with a 50% response rate amongst those aged 45-64, immediately followed by trustworthiness with a 41.7% response rate.

#### Resource Allocation/Message Complexity

In determining the amount of cognitive resources that a recipient will devote to processing, survey respondents were asked if the Meet Me Monday program was hard to describe to their family, friends, or acquaintances, and also asked why or why not the message was easy to explain.

Overall, the respondent population was overwhelmingly clear that the Meet Me Monday program was easy to explain to family, friends, and/or acquaintances, with a 90% response rate of "Yes." None of the respondents answered "No" and two of the respondents (both within the 45-64 age group) answered "Somewhat." Amongst those two responses, both of them had attended 50 or more Meet Me Monday events, both of them utilized social media as their primary source of information about community events, one of them heard about Meet Me Monday through "Internet/Social Media" and one of them heard about Meet Me Monday through "Radio."

When asked why or why not the Meet Me Monday program was easy to explain to family, friends, or acquaintances, the following answers were given.

**Table 9 Responses to Resource Allocation**

Yes, because it is a simple program with great benefits.
It is an easy concept especially with the name being Meet Me Monday.
Seems simple - walk on Mondays for an hour - but why? Where? etc. are all up to each person to decide. It is what it is.
It's simple; show up, walk, stick around for drawing
It's simple

Positive outcome every time! (meeting people, exercise, supporting downtown, prizes)
MMM is based around a simple concept; "get out!" Get out of the house, get out of bad habits by starting new ones, get out into the community, get out of your comfort zone and meet new people.
Another way to get in some important exercise that we all need
It's about getting out in the community and enjoying our great city
I say that it is a community event to get out and support downtown businesses
The concepts have been well established; the positive energy at the event is fun to relate to others
It is a simple concept
It's easy to explain what it is - an exercise program sponsored by a non-profit that needs to interact with the community in order to maintain its non-profit status.
I believe in being healthy and for those who need motivation to work out, this is an easy way to do it.
Because MMM has a simple mission, it's easy to explain.
You meet up downtown on Mondays to walk or run
It's a great community event, though I would like to participate closer to home (Nampa) area.
I just say it's a walking group that meets downtown.
I tell them it is a way to meet people with similar likes and goals
Because I am a huge supporter and because MMM is for everyone from Babies to Grandparents
The name captures a lot of what it is about.

From the responses provided by the survey population, the resource allocation towards the messages they received is adequate for understanding, even to the level of being able to explain the program to others easily. However, limitations of this finding should be noted, as all of the survey respondents have previously attended the event at

least once, and thus have allocated resources to the program. Further analysis and surveying of individuals that have not attended a Meet Me Monday event may be useful in determining a fuller picture of the available resource allocation to messages in relation to the Meet Me Monday program.

## CHAPTER FIVE: DISCUSSION

The data points between the semi-structured interviews, data and collateral materials from program organizers, and the survey responses, there are some clear insights into the communicative efforts of the Meet Me Monday program. Exploration into which moderating variables influenced elaboration on behalf of message recipients in regards to Meet Me Monday can provide other community health programs with directional cues for dialogue about engaging and communicating with their own publics through community health programs. With each section of finding, recommendations can be drawn as to the elaborative properties of the survey respondents as compared to the goals and messages drawn by the event organizers.

As the MRD traditionally represents a population that utilizes a much higher portion of healthcare services, and traditionally have a much higher prevalence of obesity compared to any other age group for both men and women (Centers for Disease Control and Prevention, 2014), the MMM program is succeeding to reach the most relevant audience(s) to engage. The respondent population's demographics are primarily reaching a population that shows higher incidences of obesity and hospital discharges, and these particular respondents have instituted sustained behavioral change through the program – issues that the Meet Me Monday program intended to address, as according to program organizers.

Amongst the MRD, the majority of respondents indicated that they heard of the Meet Me Monday program through an employer, followed by those that heard about the

program through the newspaper. Answers relating to general medium use, however, showed that a majority of that same audience uses the internet/social media to find information about community events and local news, followed by the newspaper (with employers near the bottom of use). This would indicate that an employer would likely (through use of other moderating variables) represent the source medium most adequate for producing sustained behavioral change for prospective MMM attendees within the MRD, followed by messages presented in the newspaper – which represents the best crossover between the two categories of general use and program discovery. This suggests that newspaper may present to the MRD as more of a peripheral route medium, with employers more central. This conclusion also gives insight to the motivation to use particular mediums, and their subsequent elaborative effects.

The primary portion of the messaging surrounding the Meet Me Monday public relations and marketing efforts has been framed in a positive way – a choice consistent with best practices as noted in Chapter 3, and as Donovan and Jalleh (2000) noted, "a positive frame was more effective for promoting exercise as a means of enhancing self-esteem" than a negatively framed message (p. 82). However, this positive framing association is only effective, as according to Maheswaran and Meyers-Levy (1990), if the message recipient's personal relevance is low, as a positive framing would be preferable due to peripheral cues "such as positive words" (p. 361-367). As before, most of the MRD chose the positive message about exercise, suggesting that the largest attending audience of the Meet Me Monday program – and the most desired audience for public health, VBP reimbursement aspirations, and organizational goals – would prefer a positively framed message to that of a neutral or negative message. This is consistent

with Maheswaran and Meyers-Levy's assertion, as a majority of the MRD considered exercise only "Moderately Important", and thus, less personally relevant to the subject. However, other appeals to personal relevance may have a different effect, if the content of the message delivered about MMM is not relative to exercise (and more relative to other aspects of the program). Further exploration on this possible outcome is required in order to make a complete assertion.

The most-used appeals to personal relevance in the communicative materials included improving overall health; family, friends, and relationships; and program consistency. However, there are many ways to look at personal relevance in the context of the findings – the personal relevance to the event overall (dependent on how many times the respondent(s) have attended the events) in establishing personal narrative, the appeals to personal relevance provided in the messaging and subsequent resonance with recipient, and the general personal relevance of choices provided in the survey distinct from Meet Me Monday (including their favorite part of exercising, what is most important in their life, and how active they consider themselves [see Appendix E]). The MRD represented a majority of respondents had attended the Meet Me Monday events 50 times or more, representing the largest group of loyal attendees to the program by percent. This finding, as before, indicates that the event overall has become fundamentally personally relevant to the respondent population, and that a majority of respondents 45-64 years old have initiated sustained behavioral change.

Across the board, both generally and specifically to MMM, the aspect that the MRD was influenced by most was the concept of family relationships. This finding, feasibly hinging upon other source characteristics such as trustworthiness and credibility,

lends merit to the message content, although not necessarily as the motivator and individual influencer for exercise. In other words, the personal relevance of exercise is high, although primarily driven by the need to be around family and friends.

In addition, the perceived benefits of exercise on mental state exemplified by the MRD further indicate that although personal relevance is high for physical health, it is higher for mental and emotional health within the chosen respondent population (as reinforced by the importance of friends/family and how it makes them feel mentally). Overall, central route elaboration on the part of the message recipient would be more likely within the MRD by tailoring messages that exemplify family, relationships, and the mental and emotional health benefits therein.

Results about individual motivators were consistent with personal relevance, as a majority of respondents indicated that their family, friends, and/or co-workers were the primary motivators for exercise, followed closely by the respondents expressing that they motivate themselves. These results would suggest that messages from or about experts such as doctors/healthcare providers or television/radio announcers would not have as much of a motivating effect on respondent's exercise as would a close friend, family member, or co-worker within the MRD. However, as the same group indicated that they did not *find out* about community events from "Family/Friends/Co-Workers", but rather from the internet/social media and newspaper – perhaps indicating that their motivation was not derived from those individuals themselves (e.g. family, friends, co-workers), but rather from message content *about* those individuals, as alluded within personal relevance analysis. Similarly, the answer of "I Motivate Myself" seems to indicate that respondents in this age category are autonomous and driven largely by internal narrative and/or the

prospect of creating action on behalf of one's self. In alignment with concepts presented in Chapter 2, messages that recipients feel have been formulated on their own are more likely to increase elaboration. Additionally, the "I Motivate Myself" assertion seems to reinforce the ELM's foundational claim that elaboration is influenced by motivation, and motivation is influenced by personal relevance.

As pointed out in the review of literature, "past research shows that motivation is related to elaboration, such that when motivation is high, it leads to more elaboration and ultimately to greater behavior change" (Ko et al., 2014, p. 198). When comparing past research to the respondent population, the results would suggest that high motivation is allocated towards messages that reinforce family, friends, and co-workers in a medium such as social media or newspaper delivered by a source such as an employer (although the method of delivery by an employer could represent many different methods, including internal or external communicative means). This is shown to be true through the large number of loyal attendees to the Meet Me Monday events and their preference for such delivery mechanisms and indication of exercise motivation and information consumption activities.

In regards to general source characteristics, humor and trustworthiness were indicated as the top choices for most desirable trait, respectively. This finding was surprising, as humor was included in the possible responses as an option to gauge responses against trustworthiness, credibility, attractiveness, rationality, persistence, and power – not necessarily as the expected trait of choice. Humor as a source characteristic most desirable to the respondent population requires further future analysis to determine

the root causes, and subsequently, the elaborative properties of humor within community health program communication efforts.

As discussed, source characteristics generally scale lower in elaborative effect, as they may initially act as heuristic cues to message recipients, especially those that are not highly personally involved. However, considering that those in the MRD are highly personally involved with the event in general (judging by the high attendance numbers within the MRD description), simple heuristics derived from source characteristics would likely not be enough for them, as their high personal relevance and motivation would likely create a lesser need for simple cues within expertise (such as a white lab coat or a message from a physician), credibility (such as a simple assumption of Saint Alphonsus as healthcare provider that knows best), or any other cue that may be possessed by the source (such as humor, power, etc.). These simplistic cues may also create the opposite effect if messaging was presented in a way that was paternalistic, assumptive, or incomplete, as outlined in Chapter 2.

However, the large response to trustworthiness as a desirable character trait could also be indicative of the reliance upon friends/family/co-workers as content motivators, social media/internet/newspaper/employer as information provider or medium, and social cues as additional elaborative elements that determine persuasiveness (if presented properly).

The survey respondents clearly had an affinity towards Saint Alphonsus, as a majority of the MRD indicated that they were moderate to strong supporters of Saint Alphonsus, what they do, and what they stand for. This would indicate that there is a stock of credibility and trust for Saint Alphonsus, but the credibility and trust seen by the

respondent population is not relative to their motivation to participate. This could mean, however, that a number of respondents responded to the medium of the message delivered from Saint Alphonsus as an employer (i.e. the message recipients may have been Saint Alphonsus employees). The reasons behind this affinity, although not necessarily clear nor sought in this case study, could be representative of a multitude of factors – employment with Saint Alphonsus, positive personal experience, relation to current or employee, moral alignment, or others. While further study is needed in order to understand the affinity towards Saint Alphonsus and attendees of community health programs, Saint Alphonsus as an organization was considered a beneficial organization to have involved in the program, although not a motivator for behavioral change. While the particular source characteristic relative to Saint Alphonsus was not determined in this study, the affinity towards the organization likely revolves around expertise, trustworthiness, credibility and/or physical attractiveness as source factors. Overall, the addition of Saint Alphonsus into the communicative efforts of Meet Me Monday would provide positive source charisma from the view of respondents, although may not be a factor for those that are highly personally involved. Within the peripheral route, however, the cue of Saint Alphonsus or a physician (such as in the "Walk-with-a-Doc" initiative) as trusted and credible will be elaborated, but this will likely not create sustainable behavioral change, as consistent with previous literature and other moderating variable responses. This finding could be self-affirming, though, as program organizers made conscious decisions to refrain from including Saint Alphonsus in the communicative efforts.

Relative the resource allocation, the MRD indicated that they had clearly understood and internalized the MMM communicative themes. In determining if the respondents would themselves be able to explain the program to others, the assumption would be that the program overall does not require significant mental resources to understand, and in asking respondents to explain, they state in their own words (due to their attendance at the program and exposure to Meet Me Monday communicative efforts) what the program is, or why they have trouble explaining the program.

When asked why the MMM program was easy (or not easy) to explain, there were some themes drawn directly from the responses in relation to the messages provided in the outline of messaging from the marketing, public relations, and outreach collateral.

The amount of resource allocation, therefore, is higher for the messages that were directly related to those presented in communicative efforts, as recall of the messaging is indicative of more elaboration on the topic. Clearly from the following examples, many of the respondents adapted some of the messaging of the program into their own personal narratives.

**Table 10 View of Message Complexity, Actual Messaging**

<b>Respondent's View of Message Complexity</b>	<b>Corresponding Messages from Collateral</b>
"Based around a simple concept; 'get out!"; "Get out of the house"	Get out to improve health of mind, body and spirit
"Get out into the community"; "Supporting downtown";	Support our community
"It's about getting out in the community and enjoying our great city"	Sponsored by Saint Alphonsus/Bandanna Running & Walking
"The positive energy at the event is fun to relate to others"; it is a way to meet people	Fun, friendship, fitness

with similar likes and goals	
"Stick around for drawing" "Prizes"	Free Prizes, Incentives
"MMM is for everyone from Babies to Grandparents"	Casual, non-intimidating, made "for everyone"
"It's about getting out in the community and enjoying our great city"; "I say that it is a community event to get out and support downtown businesses"	Social/downtown economic vitality
"I believe in being healthy"	Improve mental, physical health
"Get out of bad habits by starting new ones"; "Another way to get in some important exercise that we all need"; "For those who need motivation to work out, this is an easy way to do it"	Illnesses are preventable with more fitness

## CHAPTER SIX: CONCLUSION

Community health programs in a new age of healthcare are under increasing stress to produce results on a broad scale for multiple purposes. The Meet Me Monday program is a prime example of these changes, and establishing a foundation of goals, direction, resources, and communication are elements vital to the successes or failures of these community health programs.

Moving forward, the Meet Me Monday program should consider the established MRD within their communicative efforts, and the elaborative effects of the moderating variables relative to defined goals. Meet Me Monday should also consider focusing on messages that are primarily centered on relationships, and can be delivered to employees of Saint Alphonsus as an employer, or delivered by another employer as part of outreach to their own employees. Social media and newspaper seem to be the most effective mediums for influencing participation with the MRD, and efforts through these mediums are most likely remembered by those that are highly personally involved. Avoiding excessive resources spent on displaying source expertise and credibility would be wise, as those respondents that displayed sustained behavioral change did not find those source characteristics to be as major influencers of participation.

Although the Meet Me Monday program faces financial and structural limitations, the resources allocated towards the program will be most sufficiently used by incorporating the findings of this study into the dialogue of communicative efforts for the future. The program has invested significant time and resources into developing the efforts of marketing, public relations, outreach, and communications for the Meet Me

Monday program – and the findings show that the direction of these efforts is quite effective.

Other community health programs should also heed the MRD's influencers as shown in this research, as programs with minimal resources will need to optimize their messages quickly and without trial-and-error tactics. It may be wise for community health programs that are struggling to find participation to consider their own employees as a first-stop for messaging, as the motivation on behalf of the focus MRD was positively correlated to messages delivered by an employer.

This research provides context and a quantifiable vision of communicative efforts from the perspective of message recipients, whether current or prospective. Future studies may look more closely at the moderating variables examined, whether through case study or quantitative analysis, to further understand the influence that those variables have within the context of communication.

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APPENDIX A

**Respondent #1, Semi-Structured Interview**

### **How did Meet Me Monday start for you?**

We had a community outreach committee that was meeting on a semi-regular basis for a while and we sort of disbanded because it sort of turned into a meeting where we would just update the calendar with who was doing what when. We didn't really need to pull everyone in a meeting for that. But, in one of the last meetings we had, \_\_\_\_\_ just kind of brought this idea in front of the group and she brought it because \_\_\_\_\_ knew somebody from Tucson who had started a similar event – Meet Me at Maynard's. So she presented the concept of Meet Me at Maynard's and said that \_\_\_\_\_ was really excited about the concept of possibly starting something like that here. She presented on the concept and wanted feedback, and I loved the idea. You know, we were trying to figure out ways we could get out and do more – and what I was excited about is working on a culture of health in the community, because a lot of the things we had done in terms of community outreach had been more of the health fair and screenings variety. People that you get at those events a lot of times – and I have a lot of experience at those events – were people who were sort of looking for free stuff. It was about the giveaways, and occasionally you would get one or two people from those events who were interested in establishing a relationship with a provider or something like that. Or they had health issues. But for the most part, all this scurrying around to these different events didn't seem to move the ball in my view. And everybody else is there, so in no way are you differentiated from everyone else. So Meet Me Monday was just this new concept that I thought okay – our competitor has this FitOne thing, and that's just one...I mean, they're trying to take it year-round now because they see what we've done with Meet Me Monday. But at the time, it was a one-Saturday in September thing, and they put all this flash into it and it is primarily a fundraiser. And I think that's really positive of them because it brings the community together to focus on fitness and that kind of stuff, but Meet Me Monday is like saying "we're going to take Mondays." Year-round, we're putting the flag in the ground, and we're going to do this on an ongoing basis. And it was a challenge. I kind of liked the idea personally because at the time I was kind of in my own health journey and losing weight and had started walking on a regular basis a couple of months before that and did it more for stress management but the weight just started falling off. So I thought that this is something that I believe in, so why not be the ambassador, so I offered to take it. It was basically our leaders, where \_\_\_\_\_ has gone to a tradeshow somewhere and brings great things back.

**How did you see Meet Me Monday structured and modeled at first, and how have you seen that evolve over time?**

Thinking back to when we very first started it, we were hosting it at Bardenay, so we were in a different place, and we saw it as one of the partners as well, and as it turned out they were interested from the standpoint of it might bring a bunch of new business to them, and they sort of lost interest. So from where it started to where it is now, we've really discovered who our partners are, and never has Bandanna flinched. They are 100% solid, and old Boise wanted us, so when we felt like we were being an imposition on Bardenay it was a very easy move a block down the street. From how it started, we had a lot of – whenever we've put a lot of free giveaways into it, you're going to have a lot of extra people. When you're advertising that everyone gets a free something...it's like the health fair thing. You're going to get more people who just casually want the free thing, but what I think is exciting about it – even though \_\_\_\_\_ would like to see 200 people a week down there, for us to have 60 (people) when it's 110 (degrees) outside, and they are in the middle of winter, that's a following – a committed following. So how I've seen it change over time is that you have your committed following, then every time you put a push in there – and I know some things we did for the 3<sup>rd</sup> anniversary did have an impact – and seems like the MeetUp site has helped.

**What's the MeetUp site?**

MeetUp.com they have all kinds of different groups. There's an app you can put on your phone. But I was checking MeetUp out myself to see what social groups were there, and so I did that and we have had a fair number of people come try it just from that. Because there are a number of running and walking groups – but you know, there may be a Wednesday or Thursday walking or running group, but not a Monday. We have had people come from the Facebook ads that were active, but from the beginning to where we are now, the structure is exactly the same. So in my view, it's been pretty darn consistent. But I will say that in the beginning we had a lot more Saint Al's leadership involvement, and now it's rare. For the 3<sup>rd</sup> anniversary a few showed up, but other than that, not really. And there's...I am seeing a few more employees come down and I only incidentally learn that they are employees and I learn that there from this unit or that unit – so that's encouraging that we're seeing more employees, but the leadership engagement really isn't there.

**Do you think the goal all along is to have a consistent core of loyal people coming down, and not necessarily 2-300 per week?**

I'm not sure that and really it's \_\_\_\_\_, that's her goal. I think it so much matters to her – she wants to see more bodies. If you are coming it from the lens of marketing then every Monday night you want people to see Meet Me Monday is everywhere. The public health perspective is different. I want to see the loyal followers, and I think it's successful from the standpoint that there are a number of entire families that come down there – the \_\_\_\_\_ family, maybe they would have been super healthy anyways. But \_\_\_\_\_, did lose his weight, lost 80 pounds, while Meet Me Monday was part of their recipe, and they have created this pattern as a family – every Monday night it's what they do as a family. The \_\_\_\_\_ family are the same way. They have got two pre-teen early teen boys, and they are setting this pattern of you get out and get active. So there's the young families that are setting habits now. And then there a number of seniors down there. And you wonder what they would be doing otherwise. This is as good for them on the social side of things as it is on the physical activity side. So from a public health standpoint it's doing what I want it to do. The only thing that's lacking is measurement of that. When \_\_\_\_\_ came up from Tucson and basically told us how to set up a Meet Me Monday, she was pretty adamant that we keep this low-key, there's no barriers to entry, so they don't measure people. I still think that there are those people in the crowd that want accountability because they are striving for a goal – so I think we could still make it voluntary if people want to be measured as they work toward goals. I'd like to look at maybe having someone with a little clinical background do BMIs.

**Would you say for the primary portion of the loyal crowd that comes down – is it the free stuff, is it the connection with these important community members and health professionals, is it getting out and having fun with the family...would you say there's one more pertinent incentive over another that keeps people coming back and engaging in healthy behaviors?**

To me knowing the regular groups, the social side of it is more than anything else. They enjoy keeping track of when their t-shirt is coming, but that is also a social thing because it makes them part of the next club – getting to the hat, getting to the jersey at 100 times, it makes them part of that club. So the genius of it is that we have had people show up and say they want to pay for a shirt. But we established early on that there's nothing you pay for, and everything is earned.

We don't just automatically – that's why a lot of people like it. The social part of Meet Me Monday – I didn't count on that being the glue. The Facebook community, when people go on vacations, they wear their shirts. I never thought that would happen.

**What types of ways have you felt organizationally that you have been supported, and maybe had some gaps in support?**

I have been supported in that the concept was endorsed enough to put some dollars behind it to buy the initial supply of stuff, and that they've kept me going. A lot of times with these programs you reach 3 year mark and you move on to the next thing. If the measure of success was the number of bodies, they might pull the plug on it. But they realized its more than that – the number of bodies, we hear from the community that people know about it now, and many places that I go people are saying "how is Meet Me Monday" even if they don't personally make it. I would like to see more support in terms of actually showing up. It would be a lot easier for me to say that "I get that", and "I got it covered", except when I hear from them that "gosh, we can't get the employees to go down there. Well you can't say that if you don't personally go down there. If I knew the secret sauce to get more staff down there, I'd be doing it. Baking it in as part of the wellness goals as part of the options, that helped. But you have to lead by example. If you want everybody else coming, then they need to see pictures of you guys down there. Their boss needs to be down there. I don't expect that. But don't make a big deal about it if you're not willing to take that step. Because the barriers you have are the same barriers they have. People have kids, work late – whatever the reason. I've had people say "oh, what if we had it in the morning," or "what if we had it a different day of the week," but we can always say that we can move it to somewhere else, but the thing is we do it Monday evening because there's nothing else going on – and we get support from downtown businesses because there's more traffic down there.

**What demographics are you really trying to reach with the program?**

Not necessarily a demographic. I had the concern when we started this having it downtown, because you're making it more convenient for those near downtown that have the resources already, people that can afford a gym membership. But we've really seen a lot more diverse group down there then I thought. I don't see any common thread in that group as far as what part of town they are coming from, and I don't know people's incomes. But the groups there are pretty diverse that way. I suspect that the more affluent crowd that can afford the gyms and the tennis games are probably doing that. This is a free event and accessible – I

suspect that if we had one in the Vista neighborhood – the city is doing this revitalization project – if we had one up there where the transportation is the main issue, we'd probably be mobbed because there's such a lack of any services – health or otherwise.

**What has the messaging been so far to get people out, and have them return?**

I would say that we haven't – we've more hit on the public health message. I think there's a certain amount of saturation in the media to be active, but we have focused more on this an opportunity to get out and earn things, be part of a group, and consistently. Every Monday no matter what – rain or shine – we're there, be part of a group. The advertising – we haven't done much advertising, thought it has tended to be around anniversaries, so around getting free stuff, too. But the ongoing message on the Facebook, MeetUp, free ads – it's just get out and get active each week.

**Are you happy with the message – and do you think that's where you need to be, or would you change it if you could?**

I think the only thing I would change is that if you can get out on Monday night, you can get out anytime. Because that's hard. And when I do my Facebook things, and I try to hit on that for Mondays – if you can do it, you're set. You're starting the week right. And I love the t-shirts they did. It was like "grind of the week, get your coffee", but at the end of the day, you got that. And once you start living that way, you've started in the right mindset, rather than Mondays being a drag. If there's anything that I would punch harder or try to be witty about with a message it's that "come on, it's Monday, and whatever you did over the weekend, there's a new week now with new opportunity and let's go for it." When your role is to get more bodies, that will get more bodies.

**What kinds of goals does this meet for population health and ACA for you, and do you see this as directly relating there?**

I have thought about if we had more resources to work on growing this but also to try to integrate this with these other health and wellness offerings that we have. It's kind of been you run meet me Monday, but we should also promote seminars to meet me Monday people and we should also be promoting Meet Me Monday at seminars. It's been sad to say that \_\_\_\_\_ from Bandanna has noticed a lot of that. We really should be doing that. But for population health I think there is an opportunity there when we have those offerings. It shouldn't be in silos to say that Meet Me Monday is for those people out there, and we're dealing with this

patient here. If we have patients in a medical home, and maybe their diagnosis is diabetic, at risk, then why would we not be giving them a prescription – along with the other nutritional information that we have – we're telling them to go be more active, and to eat better – but this would be a hard connection there that you could say, hey on Monday nights we have this walk going on and you can plug into that and be part of a group and get into the rhythm to be more active but we don't have the connection with the clinical side and the community health side yet. So for population health, there is an opportunity to do some tracking. If you're a doctor, the provider says I want you to track it in RunKeeper, I've heard speakers talk about the future of medicine is that you'll have your tracker device, and when you go see the doctor, and they will have that data. I think that population health, it will have to get to something like that and connect the lab values and your behaviors are doing. When the providers discussions with them can get a little more in-depth about what the patterns and triggers that might set you off in a bad direction and what we can do to kind of flip that.

APPENDIX B

**Respondent #2, Semi-Structured Interview**

### **How, when, and why did Meet Me Monday start?**

About three and a half years ago \_\_\_\_\_ introduced me to \_\_\_\_\_ – worked in hospital in Tucson – started this meet me at Maynards – needed event for a number of different reasons – downtown Tucson needed to be revitalized badly – Monday nights in downtown were horrible – hospital foundation was trying to get a wellness group together – \_\_\_\_\_ found a restaurant called Maynards that was excited to get people down on Monday nights – over the course of time \_\_\_\_\_ retired from the hospital, but turned it into a business – continued to enlarge Meet Me at Maynards into over 1,000 person per week event with lots of discounts, restaurants, sponsors, pick up trash along the way – big deal in downtown Tucson – nice when weather is nice out of 12 months a year – \_\_\_\_\_ has expanded and trademarked “Meet Me At” events. \_\_\_\_\_ talked with \_\_\_\_\_ and \_\_\_\_\_, \_\_\_\_\_, Saint Alphonsus, decided to put money towards Meet Me Monday – Saint Alphonsus made a conscious decision (at \_\_\_\_\_’s encouragement) to not wholly attach Meet Me Monday to Saint Alphonsus hospitals/clinics/providers as much as creating a new brand – it was designed to not exclude anyone due to a strong connection to a hospital (wanted people from competing hospitals, other areas of interest to feel welcome at Meet Me Monday events). It started it at Bardenay – was eventually not as welcoming – decided to move it to Bandanna Running & Walking – many ebbs and flows to the amount of people that are attending the Meet Me Monday events – whenever an incentive is offered attendance increases – Over the normal days (without major incentives/milestone anniversaries) event has anywhere from 30 to 100 based on weather, vacation season, etc. – what we would like to do is enlarge the scope and geography of the program – Nampa, Baker City, at the mall (perhaps Monday morning when the senior walkers are most active, and during bad weather) – Right now feels like we are at the cusp of needing more resources toward the program – the marketing department and government outreach are running the event every week and we feel like compared to other wellness programs around the area we don’t have staff dedicated to this event, which is a real problem.

### **Is this one of the sole efforts towards community wellness with Saint Alphonsus?**

We have occasional health screenings, we participate as an organization in all the runs, walks, and that kind of thing, but really yes, this is our biggest “what are we doing for the community” health event. We have diabetes screenings, and other things but this is our all-around wellness program.

### **What were the initial goals organizationally for Meet Me Monday?**

Number one was just getting people there because we felt if we could get people there, they were walking, they were doing something to improve their health. So improving their health was number one. It was not branding for Saint Alphonsus because if it had been we would have put Saint Alphonsus all over it. It really was getting people so they were getting out and moving. And we felt if we got people started on a regular basis, they would go and do it themselves. As we

move from value to volume (in the healthcare provider space), it's not going to be as important to have people in the hospital – in fact, quite the opposite. We're going to want people out of the hospital; because the way we're going to get paid is on how good of job we did in keeping people healthy. We need to get people started on what they're doing to improve their health – and what we said was we want to target a population that's not doing it, we're not targeting a population that participates in all the runs. They're already active, they are already active and going to the gym. We wanted to target a population that's not doing any of that, and we felt like we could have a group of very overweight people who could at least come walk a block or two. If we got them started, could we make it so that (exercise) was an ingrained habit in their lives.

**What types of ways were those goals supported (Marketing/Comm/PR/ect.) initially, and how has the support evolved over time?**

Really, marketing (department) and foundation (department) was the sole supporter of the program in the very beginning. Marketing developed all the materials, branding, fliers – really everybody on the whole marketing and foundation team took fliers out, talked to restaurants to see if they would do discounted coupons for prizes, so really everybody (in those departments) did that kind of thing. Certainly we have met with \_\_\_\_\_, and have continued to meet a number of times to talk about it. We all came up with the incentives and what they would be because we really felt to get people there, particularly the first time to see it, you would have to have incentives. We continued on with the incentives – after 8 times (in attendance at the event), after 25 times, etcetera because we felt like those were really keeping people going. Marketing has really continued to support it, but that's where we're starting to run into an issue. I'd love to be there every Monday night – but things come up, you have family, and we need to have somebody whose sole job is to really be out there, and more importantly, we don't have anybody going out and trying to find sponsors, community group recruiting, and other promotional things.

**What do you feel like the messaging behind the marketing/PR/outreach has been for the program?**

If you look at the PSA we did, it's all about “come out, join the community, come have fun, come walk, come get healthy”. We've never talked about “improve your diabetes” or “lose weight” – those were some of the side things that happened, but we never really measured it – it's really been anecdotal. So we know that the \_\_\_\_\_ family lost 60 pounds, we know that \_\_\_\_\_ lost significant weight, we know that somebody had a back surgery and came out two weeks later to start walking because they needed to do rehab and this was the way to do it. We knew that \_\_\_\_\_ comes to get reacquainted with people. We know that there families that come together and meet up to walk. We even hoped we would have people who were here in town for a two-night business trip –

come on down and join us because you'll meet somebody you know. When we did the *Walk with a Doc*, they were super successful because you had somebody whose doctor was walking and felt like they were getting to know that doctor and trying to get healthy. We did those on and off for the better part of 18 months – we haven't had one recently. It's hard to get physicians to come out and then we had some – well, do you bring a Dr. \_\_\_\_\_ again, it was a little difficult. But that was very successful, particularly when we brought the cardiologists out, because it was so related to the event.

**What are some of the contributing factors to the successes and/or failures of the**

**Meet Me Monday program?**

Definitely the weather. The weather has been – it's tough in December when it's snowing sideways, to get people out to walk. And we haven't been able to find a place that's big enough and inexpensive enough to...that would say – don't go out, come here and we'll do yoga for an hour on Monday nights. So that's been a little bit of a challenge. It's also been a challenge for the seniors to walk when it's been super hot, or there's smoke in the air, so that's been a challenge. And then I think just keeping it going. A lot of people can't do Monday nights...every Monday night. So while we have about 1,400 people signed up, and that means people who have come out at least once, the regular group is probably a group of 60-80.

**Are you looking to expand the program to include more people who are occasional attendees, or improve a smaller but more loyal crowd to participate?**

I think what would be best, would be to keep it going in certain areas – someone in Eagle isn't going to drive to (downtown Boise) to walk – the best way to do it would be to get the resources to start an Eagle Meet Me Monday, at the Eagle Health Plaza. And maybe even come up with some way to do it in Nampa on a Wednesday if that's more convenient for them – I still really want to do Meet Me Monday at the mall, I still think that the mall walkers – because if you go to the mall when it opens at around 10 (am), there are probably 100 people walking the mall because it's safe, they're not going to slip in the winter, they're not getting heat stroke in the summer, and they have their tennis shoes on. So I'd like to be able to set up a table that says “okay, go to every senior center and say meet me at the mall”. I honestly think we could grow Meet Me Monday so much bigger but I just don't think we have anybody that has the time to do it.

**So for you, it's not necessarily about growing the base that's in downtown Boise, but rather expanding to different geographic areas across Idaho and Oregon?**

When I look at a perfect world, every week in downtown we would have 200-300 people. That's a lot of people in downtown Boise. I mean, remember, Tucson is

a huge community with a big downtown – lots of parking, lots of areas, and restaurants that are totally on board and do everything they can. If we could have 100 at the mall, if we could have 100 in Nampa, if we could have some in Eagle, we could have some meet at the Bown Crossing – that would be the way to really go. If we could start to get a cadre of people that say they love it so much that they want to do it in their own community, that say “I want to start my own Meet Me Monday”, that would be incredible.

**If you could restructure the messaging – would you? If so, how would you do it?**

I don't think I would, to be honest. If I could do everything over again, I would have gotten us a resource before we even started anything. Someone who could have gone around and gotten us gift certificates, and gotten us other things. Now, people sign up at Bandanna. I get it, and it's okay, but there's not really the visibility. But if you don't know Meet Me Monday is there, how are you going to know to stop by? I think we need people to stop and put fliers at all of the businesses downtown, I think we need to do things we just haven't been able to do.

**For you, it's not about the content of the messaging, but the mediums in which it's delivered?**

Yes. And if you really think about it, we've done Meet Me Monday for probably \$20,000 over the three years, and the vast majority of that money has gone to the items we hand out. Really, we did a PSA in the beginning and they ran it a little bit, we've done some fliers, we've done some print ads and others, but really we've done very little in the whole scheme of things.

**Do you think the program as it is now, is sustainable for the future, and for the health of the community at large?**

Not if we don't get resources. If \_\_\_\_\_ wasn't here, who would do Meet Me Monday every Monday night? \_\_\_\_\_ does it just out of the love of Saint Alphonsus and the community. She doesn't get paid for it. So it would be really tough. I mean, would I go down there every single Monday night and run it? I mean, there's no way. So that's a problem.

**What do you think is the biggest major factor that gets people to the event?**

It's the giveaways. The first one that we did where we said the first 200 people that show up get free t-shirts, we had 400 people come.

**But that sort of incentive is not sustainable every week?**

No, we can't do that. I mean, we do the 8 times you get a t-shirt, the 16 times, the 25 times, and even that, if we went to all these different locations (with the program), we could be spending hundreds of thousands of dollars, which we can't do. So there will come a time when eventually when you sign up you get a t-shirt, and you get a t-shirt on your 50<sup>th</sup> and 100<sup>th</sup> time. If we had the opportunity to get out our messaging more often, we'd grow the Meet Me Monday program hugely [sic].

APPENDIX C

**Respondent #3, Semi-Structured Interview**

### **How did Meet Me Monday start for you?**

We were contacted by the woman in Arizona – \_\_\_\_\_ – who had started it – I'll say something similar there with huge success. She had modeled her event off of a running event that was done in Colorado Springs, and modified it for downtown Tucson. She was friends with Sally Jeffcoat, and she thought "yeah, this is great, this is fabulous". So she came and presented it to Sally and some higher-ups at Saint Al's. She said that a component – a key component for them was to have a running store involved. \_\_\_\_\_ had heard through the grapevine about Bandanna. And we came recommended to her as someone to check with first. \_\_\_\_\_ came in and introduced herself and didn't say much about what she wanted to meet about until she could tell we were really interested. Right away we said that's something we definitely want to be involved in. They were looking for a community champion, and we gave them a couple of names of people they could talk to. And the more I thought about it I thought "I should do this, because we're right here downtown, promoting downtown businesses, I can't imagine that for getting this started there could be a better fit." So I opted to do that and it was almost instantaneous, because they were on a tight...they wanted to get the kickoff done. I think they had March, and our target kickoff was June, and I thought if there's anyone that could do it, we could do it just pull it together. Our community our resources, and that's how it started.

### **For you, what were the initial goals of the program?**

Something that really appealed to us was something that really showcases downtown, but also something that people could participate in that's a free event. Daily, we have a lot of these runs that they want sponsored, or they want us to hang a poster, and it all costs money. In the end it's great, because often times charities benefit. But there's so few things that you can do consistently, and it was kind of a challenge because I don't think there are many long-standing events, and that was kind of we thought it would be great if we could make this something. And even though our group doesn't have the numbers that I think we would all love to see, it's perfect in some ways because it's that consistent group coming back again and again. If it was huge, it would change – it would change the dynamic. It was free, it really showcased downtown, and it was a partnership with Saint Al's, who we've had partnerships with over a number of years so it seemed like a logical...you know, it wasn't reinventing the wheel. It was easy.

**Do you feel like those goals were supported – not only from Saint Alphonsus, but from the larger community?**

I think the original goal, and absolutely supported, was that we would kick this off and that it would be a success. The fact that we're three years in and we're still going – that's success. Saint Al's couldn't be more supportive. There have been times where I've wanted to rein it in a little bit, you know, and keep it really grassroots. In our day-to-day, I should be doing so much more to cultivate with local businesses downtown to give us gift certificates and really drive that – \_\_\_\_\_ does that in Tucson, and she does it remarkably well. As a business owner, I appreciate how hard it is to constantly be asked for free stuff. And I have an appreciation for going around and begging of these businesses and a lot of businesses downtown have struggled over the years. I think our participants love the raffle prizes, but without them I think they would still come – because they are really cheesy – I mean, once in a while we'll have a great pair of shoes, but there's so much more we could do and so many more goals we had. But if we could have more support, we could take it to a different level. But as far as goals, I think we wanted to kick this off and have it consistently attended each and every week – and I think we've done that. But not only that, I think we never had the goal originally to have one in Kuna, to have one in New Plymouth, and that has since happened. The one in Kuna is still going on. Sometimes it's just the community champion out there and the people that are willing to show up. But that fact that someone is willing to do that every single Monday is tremendous. Those are goals I don't think we had in mind at first. This has evolved – now we've had contact with different organizations or different branches of Saint Al's wanting to do it and the best thing that I can tell someone is go into it with your eyes open because it's having the consistency every Monday it's a thing to manage you know, it's definitely not just open the door and people show up. It takes that commitment – and between \_\_\_\_\_ and \_\_\_\_\_ has done a great job. So even though physically I may not have been here on a Monday, I did the sign-in sheet, I planned it, I made sure there was a staff member available, so that's what. It's so rewarding, it means something to me. This is like a family. And I miss people that I don't see for a couple of weeks, and that was never a goal, that was a byproduct of this great community event.

**What do you think draws people – what is the primary draw to the event in your view?**

I think that it may be answered differently for every single person you would ask – and it's something I've often asked myself. From what I hear, people love being

able to find something they can participate in. That may be the only time of the week they can connect with people but they look forward to it. And it motivates them to get out, and I think the consistency, knowing that this didn't last just a month, and we're still here. They have moved with us – we were originally at Bardenay, and then we were setting up in the parking lot at WiseGuy (pizza), and this (Bandanna) became so much easier. It's so casual, and I think that's what people love about it – people can kind of do their own thing, and I think they take pride in how many times they have come, you know. I think the raffle is fun; the kids love it more than anything. I've seen friendships develop through this – the \_\_\_\_\_ family brings their grandkids when they visit, I've seen older couples bring their kids from college, or their relatives who are visiting. I can just think of so many amazing stories. And then the \_\_\_\_\_ family story, we've celebrated that so much, and we should. But \_\_\_\_\_ has lost over 80 pounds.

**Tell me about what your perspective of the messaging has been for the program (in marketing, PR, communications, etc.).**

One of the things we hear a lot – I'll ask people where they heard about the program, and they will say word-of-mouth, or they heard about it in the insert in the Statesman. People want to be healthy – I feel that they want to think that way, and I think it represents what everyone wants. They want to get out in their community and be active and be involved, and they want to do something that they can be healthy as a result of. So I do think that's the message, and I do think the advertising has made that a hopeful – that's what I think. Necessary when we're partners – we're in the business to sell products that help people enjoy their activity and there's nothing bad about it. It's all good stuff. I don't think it's about the free stuff. We have that question on the waiver – are you a runner, walker, or just want fun and prizes, or something like that. Some people circle just fun and prizes, and some just circle them all. It changes for people over time, too. When you think of anything else that generally costs money or it's probably further away then they want to be although we have people that live out in Meridian [and Mountain home] come down. We have had people tell us that there's nothing like this – and I think it's because it's easy, it's simple, there's not a sales pitch or a gimmick with it. I don't think there would ever be a sales pitch. I wish – and maybe a part-time person with Saint Alphonsus could cultivate this – but what I wish we could do is more often promote all of the great offers that Saint Alphonsus has, for example smoking cessation. I think if we had that person at Saint Al's that could be a facilitator of information – it's amazing you know, it's so big, and there's so much to offer to give our participants a blood-pressure check night, or a breast exam, or any kind of health screening where we really get back

to – and I know it just takes someone's time, and I feel like the outsider where I can't just call up and say hey, do you have some doc that can come walk with us on Monday? But it was huge, when we've done that on a Monday a couple of times, those have been amazing turnouts and very well received. And I think that's how we make this even more unique, because it gives access to some people that they wouldn't otherwise have and we just want to let Saint Al's shine. We don't have that kind of accessibility with healthcare. We've already put so much time and energy into resources into this and I think that would be a really nice extension. But again, there's no sales pitch – it's just easy. The key to any of this is going to be the right personality that can really foster that – I really thought that it would be so great to get internal Saint Al's people here, but they are locally for people to participate in. It's such a unique group that works in that environment. I was fortunate to have \_\_\_\_\_ and \_\_\_\_\_ of the inside behind-the-scenes and it was so great but I look at how hard those jobs are, and how demanding both emotionally and time, so it would be great to bring them what we're trying to do for the larger community into Saint Al's internally and get the people on the inside healthy, too. Because how do you talk about being this great hospital, but so many people in that environment are not healthy. There's so much opportunity, and I think with the demands of the job and the hours it needs to be right there and accessible so that it's easy. If we could get them started on the right track, because it's just as important as the services they are offering.

**How sustainable is this program as it is now, for you? What changes would need to happen, if any, for this program to continue for the future for community health, and what does that mean?**

I think it is absolutely sustainable, and I think Saint Al's has been so generous with the shirts, and the prizes, and like I said, there's so much more we could to – get back to local callouts with businesses. I would like support in that, so it's not always on my shoulders, and recognizing that resource is needed, that will help it continue to stay fresh. That's what it needs in order to be something people enjoy. At some point we have to shift from the bag and the waterbottle to something different – changing to stay fresh and new. There are lots of things we can do to remain sustainable and grow, including getting back to a doc per month, getting back to the callouts, and we're all so busy – having a resource could make a huge difference. We could easily promote screenings and stuff with this, and I think we should. I don't have any data to support, I just tell you what I think, people like it because it's unique, free, and low-risk. It's very low-risk. They can choose to be participatory or not, and no one is keeping track, besides what I know when

it comes to attendance. There's no penalty, they can be off the radar and come back and enjoy it – as long as we continue to make it unique, we'll shine. If you get too much like some of the other events, it detracts. We're doing this to promote health – it isn't all the prizes that's the right reason to come. And I think some of it is subconscious. And I think the kids are the ones that really love it – it's a fun activity. I don't think it's necessarily more people, because you could do this at some venue and it won't be the same. This group is this group, that's going to take on a life of its own. I've struggled with over the years knowing that people come so far away, if you start one in Eagle, and people go to that one, you're going to detract from what we're doing here. But if someone in Eagle wants to do it, they should do it, and be their own thing. But as a model, our group has so much merit. It just takes one person with the power to make change.

APPENDIX D

**Amount of Attendees at Meet Me Monday Events**

**Table D.1 Meet Me Monday Attendee Tracking**

Date	Returning Attendees	New Attendees	Total Attendees
July 1, 2013	45	4	49
July 8, 2013	58	1	59
July 15, 2013	79	10	69
July 22, 2013	55	0	55
July 29, 2013	73	15	88
August 5, 2013	65	3	68
August 12, 2013	68	5	73
August 19, 2013	47	4	51
August 26, 2013	65	0	65
September 2, 2013	62	8	70
September 9, 2013	62	4	66
September 16, 2013	63	0	63
September 23, 2013	59	4	63
September 30, 2013	57	2	59
October 7, 2013	55	4	59
October 14, 2013	45	6	51
October 21, 2013	68	6	74
October 28, 2013	33	0	33
November 4, 2013	53	0	53
November 11, 2013	70	1	71
November 18, 2013	50	3	53
November 25, 2013	38	0	38
December 2, 2013	32	0	32
December 9, 2013	26	0	26
December 16, 2013	38	0	38
December 23, 2013	29	0	29
December 30, 2013	43	0	43
January 6, 2014	39	1	40
January 13, 2014	67	1	68
January 20, 2014	41	2	43
January 27, 2014	50	1	51
February 3, 2014	47	5	52
February 10, 2014	57	4	61
February 17, 2014	58	5	63
February 24, 2014	64	1	65
March 3, 2014	39	0	39
March 10, 2014	36	0	36
March 17, 2014	30	0	30
March 24, 2014	51	3	54
March 31, 2014	54	10	64
April 7, 2014	55	0	55
April 14, 2014	64	5	69

April 21, 2014	56	7	63
April 28, 2014	56	8	64
May 5, 2014	67	13	80
May 12, 2014	65	4	69
May 19, 2014	66	15	81
May 26, 2014	35	1	36
June 2, 2014	65	7	72
June 9, 2014	131	32	163
June 16, 2014	84	11	95
June 23, 2014	84	9	93
June 30, 2014	57	6	63

APPENDIX E

**Survey Data Collection Questions**

1. How did you hear about the Meet Me Monday Program?
  - a. Employer
  - b. Physician
  - c. Saint Alphonsus Pamphlet
  - d. Internet/Social Media
  - e. Television
  - f. Radio
  - g. Newspaper
  - h. Family/Friends/Co-Workers
  - i. I Don't Remember
  - j. Other: \_\_\_\_\_
  
2. Approximately how many times have you attended Meet Me Monday?
  - a. 0-1
  - b. 1-5
  - c. 5-10
  - d. 10-30
  - e. 30-50
  - f. 50 or More
  
3. How do you find information about community events and local news most often?
  - a. Television
  - b. Radio
  - c. Internet/Social Media
  - d. Friends/Family/Co-Workers
  - e. Workplace
  - f. Newspaper
  - g. Flyers/Mailers to Your Home
  - h. Phone Calls
  - i. Other: \_\_\_\_\_
  
4. Which part about the Meet Me Monday event attracted you the most to attend?
  - a. Meeting with Friends/Family
  - b. Getting Healthier
  - c. Being Outside

- d. Challenging Myself
  - e. Something to Do on Monday Evenings
  - f. Food and Prizes
  - g. Competition Amongst Family/Friends/Co-Workers/Other Participants
  - h. Connection with Saint Alphonsus
  - i. Other: \_\_\_\_\_
5. Which character trait is most desirable to you when meeting a new person?
- a. Trustworthiness
  - b. Credibility
  - c. Reputation
  - d. Attractiveness
  - e. Rationality
  - f. Persistence
  - g. Humor
  - h. Power
6. What do you consider most important in your life
- a. Family
  - b. My Spiritual Beliefs
  - c. Financial Stability
  - d. Friends
  - e. Living a Full Life
  - f. Personal Morals & Ideals
  - g. Other: \_\_\_\_\_
7. How physically active are you the rest of the week?
- a. Not At All (Sedentary Job, No Additional Activity Outside Meet Me Monday)
  - b. Sometimes Active (Sedentary/Active Job, Little/No Physical Activity of 30 Minutes or More)
  - c. Moderately Active (Sedentary/Active Job, 1-3 Times Weekly Physical Activity of 30 Minutes or More)
  - d. Very Active (Sedentary/Active Job, 3-7 Times Weekly Physical Activity of 30 Minutes or More)

- e. Extremely Active (Active Job, 3-7 Times Weekly Physical Activity of 30 Minutes or More)
8. Who or what motivates you to exercise most?
- a. Family/Friends/Co-Workers
  - b. Doctor/Healthcare Provider
  - c. Messages on Television/Radio/Newspaper/Online/Magazines
  - d. Seeing Other People Exercise
  - e. My Workplace
  - f. Meeting New People
  - g. Other: \_\_\_\_\_
9. How important is exercise to your life?
- a. Not That Important
  - b. Moderately Important
  - c. Very Important
  - d. Vitally Important
10. What is your favorite part of exercising?
- a. How it Makes Me Feel Physically
  - b. How it Makes Me Feel Mentally
  - c. How I am Rewarded by Friends/Family/Co-Workers/Others
  - d. How it Makes Me Look Physically
  - e. Making a Connection with Family/Friends/Co-Workers
  - f. Being Able to Relate to Others that Exercise
  - g. I Only Exercise Because I Have to Stay Healthy
  - h. Other: \_\_\_\_\_
11. What is your general feeling about Saint Alphonsus?
- a. Not favorable
  - b. I like what they do sometimes
  - c. I mostly like what they do, and what they stand for
  - d. I am an avid supporter of Saint Alphonsus and what they stand for
  - e. I am not familiar with Saint Alphonsus
  - f. Other: \_\_\_\_\_

12. Do you think it is easy to explain the Meet Me Monday program to family/friends/acquaintances?
  - a. Yes
  - b. No
  - c. Somewhat
  
13. Why or why not?
  - a. Explain: \_\_\_\_\_
  
14. Which message appeals to you most?
  - a. If people don't exercise, they and their family may face numerous health problems in the future.
  - b. Exercise is an activity to do with your family, friends, and others.
  - c. People should exercise, because exercising makes you healthier and feel better.
  
15. What age are you?
  - a. 18-25
  - b. 26-34
  - c. 35-44
  - d. 45-54
  - e. 55-64
  - f. 65+
  
16. What is your gender?
  - a. Male
  - b. Female

APPENDIX F

**Marketing and Public Relations Collateral Samples**



Join us for  
**Walk with a Doc!**  
OCTOBER 15

**MEET ME MONDAY**  
BOISE, IDAHO

Join us for **Walk with a Doc!**  
OCTOBER 15

**JOIN THE MOVEMENT**

The mission of Meet Me Monday is to improve the health of our community by bringing friends and families together while enjoying the beauty of our city.

**MEET ME MONDAY**  
BOISE, IDAHO

IDAHO STATESMAN'S SATURDAY, MARCH 9, 2013

**Living Healthy**

**Can you Walk 150?**

Walking is one of the best ways to stay active, and Boise's mayor is hoping you'll walk 150 miles this year in honor of the city's sesquicentennial.

**52-year Wapato a health hero**

**Make a date to get screened for colon cancer**

**Simple nutrition tips for any lifestyle**

**Pamper yourself with at-home spa remedies**

**Tied to your phone? How to connect for real**

**News from the Treasure Valley health community**

**Mayor Bieter wants you to take a step in the right direction**

Walk 150 is Boise's health program that celebrates the city's sesquicentennial.

**EVERY MINUTE**  
Walk 150 is a health program that encourages walking for 150 minutes a day for 365 days.

**AN IDEAL TIME**  
The program is designed to help people get into their daily lives with walking.

**HOW TO PARTICIPATE**  
Participants can join a walking group or walk on their own.

**JOIN A WALKING GROUP**  
There are several walking groups in the area.

**START YOUR OWN GROUP**  
If you have a group of friends, you can start your own walking group.

**MEET ME MONDAY**  
BOISE, IDAHO

Meet at Pioneer/Old Boise Building, northeast corner of 6th & Main  
October 15, 2012

Check-in: 5:15 - 5:45 PM  
Dr. Malasky will start at 5:45 PM

[www.meetmemonday.org](http://www.meetmemonday.org)

**BETH MALASKY, MD, FACC**

Improve your cardiovascular health with some exercise and improve your mental health by learning what you can do to keep your heart in fighting shape!

Beth Malasky, MD, FACC is a board certified cardiologist with Saint Alphonus Medical Group Heart Care who has been teaching and lecturing about women and heart disease for more than a decade. Additionally, she is the Medical Director of Saint Alphonus Women's Heart Care — the region's only women's heart care program.

**Saint Alphonus**  
WOMEN'S HEART CARE

» Incentives for participation and raffle prizes!

» Discounts at local businesses!

**NEW TONIGHT**  
**JILL ALDAPE**  
SAINT ALPHONSUS

**GET OUT TO SUPPORT OUR COMMUNITY**

**7**  
WIDESCREEN  
12:28 69°

Figure F.2 Marketing and Public Relations Collateral Samples, 2 of 2

APPENDIX G

**Demographics of Survey Respondents by Age and Gender**

**Table G.1 Demographics of Survey Respondents by Age and Gender (total respondents: 39)**

<b>Age</b>	<b>Age Response</b>	<b>Gender</b>	<b>Gender Response</b>
18-25	0%	Male	18%
26-34	3%	Female	82%
35-44	23%		
45-54	26%		
55-64	31%		
65+	18%		

APPENDIX F

**IRB Approval Letter**



**BOISE STATE UNIVERSITY**  
RESEARCH AND ECONOMIC DEVELOPMENT

**Date:** June 09, 2015

**To:** Joshua Schlaich

cc: Julie Lane

**From:** Social & Behavioral Institutional Review Board (SB-IRB)  
c/o Office of Research Compliance (ORC)

**Subject:** SB-IRB Notification of Approval - Original - 008-SB15-108

*Meet Me Monday: Case Study of Community Health Program Through the Lens of the Elaboration Likelihood Model of Communication and Persuasion*

The Boise State University IRB has approved your protocol submission. Your protocol is in compliance with this institution's Federal Wide Assurance (#0000097) and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

**Protocol Number:** 008-SB15-108

Received: 5/26/2015

Review: Expedited

**Expires:** 6/8/2016

Approved: 6/9/2015

Category: 6, 7

Your approved protocol is effective until 6/8/2016. To remain open, your protocol must be renewed on an annual basis and cannot be renewed beyond 6/8/2018. For the activities to continue beyond 6/8/2018, a new protocol application must be submitted.

ORC will notify you of the protocol's upcoming expiration roughly 30 days prior to 6/8/2016. You, as the PI, have the primary responsibility to ensure any forms are submitted in a timely manner for the approved activities to continue. If the protocol is not renewed before 6/8/2016, the protocol will be closed. If you wish to continue the activities after the protocol is closed, you must submit a new protocol application for SB-IRB review and approval.

You must notify the SB-IRB of any additions or changes to your approved protocol using a Modification Form. The SB-IRB must review and approve the modifications before they can begin. When your activities are complete or discontinued, please submit a Final Report. An executive summary or other documents with the results of the research may be included.

All forms are available on the ORC website at <http://goo.gl/D2FYTV>

Please direct any questions or concerns to ORC at 426-5401 or [humansubjects@boisestate.edu](mailto:humansubjects@boisestate.edu).

Thank you and good luck with your research.

**Dr. Mary Pritchard**

Chair

Boise State University Social & Behavioral Institutional Review Board

1910 University Drive Boise, Idaho 83725-1139

Phone (208) 426-5401 [orc@boisestate.edu](mailto:orc@boisestate.edu)

*This letter is an electronic communication from Boise State University*