

Summary Findings from Long-Term Care Focus Groups April 26 – June 6, 2001

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Final Topline Report

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Executive Summary

Purpose: To report on findings from 19 focus groups in Baltimore, Pittsburgh, Tampa, Fresno and Denver.

Methodology:

- ◆ Focus groups were employed in this study to elicit open-ended feedback on campaign research questions.
- ◆ 8-10 participants in each focus group; groups were divided into two general audience categories:
 - a. Spanish and English-speaking persons considering retirement or actively thinking about what their lives will be like when they stop working;
 - b. Spanish and English-speaking persons in non-professional caregiving roles for aging individuals
- ◆ Focus groups involved a mix of gender, race/ethnicity and level of income and were further segmented as follows:
 - a. those planning to leave the workforce in the next two years;
 - b. adult children providing care for frail elderly parents; and
 - c. aging parents of people with mental impairment or illness.

Key Findings:

Focus group findings exposed opportunities, challenges, and consumer reality. The groups showed that consumers:

- ◆ Imagine themselves aging vibrantly and dying quickly. They actively avoid the issue of long-term care;
- ◆ Are willing to plan for others before planning for themselves;
- ◆ Conduct some aging planning regardless of income level but within their means;
- ◆ See independence and control as major planning motivators;
- ◆ Are somewhat familiar with long-term care and in discussion, do not necessarily relate it to nursing homes;
- ◆ Are open to an expanded definition of long-term care;
- ◆ See self-efficacy as an influencer, but need a tangible tool to help them take planning action;
- ◆ View the marketing clutter around long-term care products as a major barrier to attention to the message;
- ◆ Believe talking with family about long-term care is problematic;
- ◆ Are aware of the significant personal financial costs of long-term care; and,
- ◆ Need more information in Spanish that reflects the complexity of contemporary American Latino family life.

Campaign Recommendations for Five Sites:

GENERAL MARKET AUDIENCE

1. Normalize the term “long-term care” by establishing it as a standard part of retirement planning.
2. Strengthen and validate existing consumer knowledge and action steps that foster a link between the term “long-term care” and an expanded notion of planning possibilities.
3. Present long-term care planning as a unified package and develop planning tools that are tangible and concrete.
4. Focus campaign concept on maintaining independence and control.
5. Segment audience by income levels and age.
6. Reach consumers in their day-to-day lives.

SPANISH-LANGUAGE AUDIENCE

1. Seek Spanish language alternatives to the term “long-term care.”
2. Focus campaign concept on the changing realities of long-term care for the Latino family.
3. Address Spanish-speaking audiences need for basic long-term care education.

Next Step: Obtain HCFA Executive Steering approval on June 28, 2001 for recommendations to guide campaign strategy and site-specific research.

METHODOLOGY

As the first stage of consumer research for Centers for Medicare and Medicaid Services' (CMS) Long-Term Care Awareness Pilot Campaign, the MEDSTAT team conducted 19 focus groups with potential target audience members in Baltimore, Maryland; Pittsburgh, Pennsylvania; Tampa, Florida; Fresno, California; and Denver, Colorado.¹ Focus groups were employed in this study to elicit open-ended feedback on campaign research questions. This methodology afforded opportunities to explore multiple viewpoints from a range of participants regarding knowledge of and attitudes and beliefs about long-term care that will inform the development of campaign concepts, messages, and strategy.

There were 8-10 participants in each of the focus groups and groups were segmented into three general categories of potential receptive audiences:

1. Spanish and English-speaking persons considering retirement or actively thinking about what their lives will be like when they stop working;
2. Spanish and English-speaking persons in non-professional caregiving roles for aging individuals; and
3. Persons with significant disabilities (or their caregivers) who are currently using long-term care services.

Standard English and Spanish-language recruitment screeners were developed to ensure the participation of persons according to primary and secondary segmentation. Primary segmentation divided groups into potential receptivity, i.e., those planning to leave the workforce in the next two years, adult children providing care for frail elderly parents, under-65 disabled, and aging parents of people with mental impairment or illness. Secondary segmentation ensured a mix of demographics such as gender, race/ethnicity and level of income. All respondents were required to have a minimum 6th-grade education, could not have been previously employed in a setting related to market research, health insurance, disability, care of the dying, or care of the elderly, and could not have participated in a focus group within the past year (See Attachment One).

The screeners were provided to professional research facilities contracted to recruit participants as well as to provide research space, equipment and support. MEDSTAT team members and CMS contracted and worked with professional focus group moderators to develop moderator guides for the focus groups. The guides were continually revised in English and Spanish throughout the course of the research with the objective of further exploring existing and evolving research questions. Moderators, MEDSTAT team members, and CMS team members collaborated on several dramatic revisions of the guides between focus group cities and sessions

¹ Barents concurrently conducted a total of five focus groups with persons with disabilities and their caregivers. One group of caregivers of persons with mental retardation was held in Tampa; one group persons with physical disabilities and one group of caregivers of persons with mental retardation, developmental disabilities, and brain injury was held in Denver; and one group of persons with physical disabilities and one group of persons with mental illness were held in Connecticut. The findings of these groups will be discussed in a separate report. Preliminary results from focus groups suggest that separate campaigns should be directed toward these audience segments.

(See Attachments 2-4). The research team added and omitted exercises according to changing research needs. Components of the guides included:

- ◆ Pre-group exercises in which participants were asked to write a story describing a loved one at a late stage in their lives or in a long-term care situation;
- ◆ Cognitive mapping exercises in which participants were asked to envision their environments at various aging or long-term care stages in their futures;
- ◆ Questions and probes on the action, promise and support aspects of the campaign; and
- ◆ Reactions to selected long-term care messages and images.

The moderators conducted the focus groups while members of the MEDSTAT and CMS teams observed and took research notes using laptop computers. Simultaneous translation service was used for the Spanish-language groups. Team members met regularly following research sessions to debrief, exchange ideas and observations, and suggest improvements and changes for groups to follow. The focus groups were videotaped and reviewed independently by several members of the MEDSTAT team to validate research notes and topline findings. LTC experts analyzed results separately and concurred with the research team's findings.

KEY FINDINGS

Focus group findings exposed opportunities, challenges, and consumer reality. The groups showed that consumers:

- ◆ Imagine themselves aging vibrantly. They think of dying quickly and actively avoid the issue of needing long-term care;
- ◆ Are willing to plan for others before planning for themselves;
- ◆ Conduct some aging planning regardless of income level but within their means;
- ◆ See independence and control as major planning motivators;
- ◆ Are somewhat familiar with long-term care and in discussion, do not necessarily relate it to nursing homes;
- ◆ Are open to an expanded definition of long-term care;
- ◆ See having the knowledge, ability, and resources to take action (self-efficacy) as influencers, but need a tangible tool to help them plan;
- ◆ View the marketing clutter from phone calls and direct mailings for long-term care products as a major barrier to attention to the message;
- ◆ Believe talking with family about long-term care is problematic;
- ◆ Are aware of the significant personal financial costs of long-term care; and,
- ◆ Need more information in Spanish that reflects the complexity of contemporary American Latino family life.

KEY RECOMMENDATIONS GENERAL MARKET AUDIENCE

Normalize the term “long-term care” by establishing it as a standard part of retirement planning.

Respondents frequently perceived the term “long-term care” to be negatively associated with nursing homes, insurance, and end-of-life planning. Yet in spite of these negative associations and some initial reluctance to think about long-term care for themselves, respondents were generally receptive to discussions about and information on long-term care planning. Findings indicated that focus group respondents planned for retirement according to their means and, in some cases, even with limited information, also included planning related to long-term care. This suggested that members of the target audience were not necessarily averse to actual long-term care planning but rather their initial conception of the term “long-term care.” Because “long-term care” is already widely used in insurance industry marketing and social service settings, abandoning it may create unnecessary consumer confusion. Instead, we recommend creating strategies to normalize the phrase “long-term care” so as to attenuate consumer apprehension.

Strengthen and validate existing consumer planning actions and foster a link between these actions and an expanded notion of long-term care.

Many respondents mentioned some long-term care planning activities in which they already engaged but, because of their narrow and negative definition of the term, they did not immediately identify what they did as “long-term care planning.” Moreover, respondents generally possessed a more sophisticated understanding of long-term care than was suggested in the literature. For example, they generally did not indicate a belief that Medicare would finance long-term care, and when prompted, they were able to develop their own extensive lists describing what experts consider to be long-term care and long-term care planning. The campaign can leverage this existing knowledge by validating and helping to identify consumer action already taking place as long-term care planning, and aiming to reinforce and enrich a broader public notion of planning that extends beyond nursing homes, long-term care insurance, and end-of-life concerns such as burial.

Present long-term care planning as a unified package and develop tools for planning that are tangible and concrete.

Respondents generally described their actual or imagined long-term care planning in a fragmented and piecemeal manner and did not conceive of various planning steps in a cohesive way. When a spectrum of planning options was presented under the categories of financial, legal, housing/residential, personal, and community considerations, respondents seemed to obtain a better idea of the many aspects that long-term care planning encompasses. Many remarked that this process of “connecting the dots” made long-term care planning seem more approachable and understandable. Respondents recommended the development of tools that put planning options together in one place, thus providing an easy map that guides consumers through the planning process.

Focus campaign concept on maintaining independence and control.

Many respondents placed high priority on remaining independent and retaining control over their lives as they age. Concerns about long-term care were raised regarding placing burden on their children and families and losing the independent lifestyle to which they had grown accustomed. Respondents projected aging lifestyles that consistently revealed a sense of optimism, often envisioning a vibrancy quite similar to that of the present if only somewhat “grayer” and “creakier.” Many also stressed the importance of maintaining a positive attitude. Not surprisingly, respondents generally responded more favorably to optimistic concepts and messages and expressed distaste for those negatively cast.

Segment audience by income levels and age.

While it was hypothesized that our audience could potentially be segmented by beliefs and values or caregiving experiences, the focus group research pointed to income and age as the clearest lines of separation. Respondents’ examples of planning they had already undertaken reveal that they plan according to their resources and their stage in life. People of lower incomes expressed dismay regarding the perceived limited options available (evidenced by feelings of helplessness and fatalistic resignation), while those with more income flexibility focused particularly on the financial options available. Respondents generally pointed to 55-65 as the age range that they would be most likely to entertain the majority of planning options presented, although middle and high income groups saw 45 as the base age at which they would be most likely to start confronting the financial aspects of future long-term care needs. With few exceptions, caregivers for people in long-term care situations generally did not seem more open to plan for long-term care than others. There was also little evidence to support prior research regarding gender differences in planning as men and women across groups generally voiced similar feelings about the issues being discussed. However, gender and marital status differences should be further explored in subsequent campaign research.

Reach consumers in their day-to-day life.

Respondents offered pragmatic suggestions for possible campaign openings in the routine planning and daily life activities of audience members. Television was the first answer most respondents gave regarding the best channel for campaign information dissemination. When asked to think beyond television, respondents most frequently mentioned information intermediaries such as banks, employers, financial planners, insurance agents, realtors, doctors and hospitals, mortgage brokers, and churches. Interestingly, the notion of discussing long-term care plans with children met with problematic response in some instances. A number of participants described situations in which they had attempted to discuss the issue of long-term care planning with their children and had been unsuccessful due to their children’s unwillingness to confront the issue. This situation may be compounded by lack of knowledge of long-term care options on the parts of both the children and parents. However, participants favored the idea of information sharing through peer-to-peer groups. When discussing supports, respondents offered no real preference noting only that it should be made clear that the campaign is not being sponsored by an insurance company or other entity that has a vested interest in selling something to consumers. When prompted, respondents reacted favorably to Medicare as the sponsor for campaign efforts.

KEY RECOMMENDATIONS SPANISH-LANGUAGE AUDIENCE

Seek Spanish language alternatives to the term “long-term care.”

In several Spanish-language focus groups, respondents did not immediately recognize the term “long-term care” or its Spanish translation, “cuidado a largo plazo” and required several minutes of prompted discussion before arriving at definitions involving aging.

Focus campaign concept on the realities of long-term care for the changing Latino family.

Unlike the general market, Spanish-speaking respondents generally expressed a greater sense of realism and pragmatism in terms of envisioning a future in which they may not be able to care for themselves. Many respondents remarked that they expected their children and families to care for them in the home. Others pointed to a significant underlying tension with this expectation as they lamented that American acculturation has led to the disintegration of the more traditional Latino value of family obligation. Some suggested a guilt that upwardly-mobile adult Latino children may feel as they try to balance work and family commitments in ways that differ from what their parents might have done for aging relatives. In all, while Latinos may have been more open to hearing messages about long-term care than the general market, these messages must be packaged in a way that takes into account the complexity of Latino family life in America.

Address the need for basic long-term care education for Spanish-speaking audiences.

Many Spanish-language respondents expressed a sharp information deficit about long-term care and were concerned about the availability of planning resources for Latino audiences. Comments from respondents included, “For Mexicans who speak Spanish, there’s no information” and “Hispanics lack knowledge of rights by law.”

OBSERVATIONS

Cognitive Mapping

- ◆ Many respondents thought in terms of family histories. When asked how they pictured their lives in their latter years, many mentioned the longevity and the active lifestyles of parents and other relatives and anticipated similar experiences for themselves. They tended to see themselves essentially the same as the present only a little older. To the extent that some people conceived of their long-term care situations, they did not picture themselves in any great need of services. One respondent summarized this overall sense of optimism by saying, “I may be in an assisted living facility, but I’ll be healthy. I don’t see going through all of the [declining signs of health].” Another respondent, pointing to the basic myopia people may have regarding the spectrum of long-term care remarked, “I had someone call me the other day and tell me that I need this [long-term care]; I responded that I am not dying and slammed down the phone.” However, some respondents who had witnessed the long-term care situations of loved ones were prompted by the experience to take steps to plan for long-term care.
- ◆ The cognitive map of focus group respondents could be better understood by distinguishing between two viewpoints related to long-term care. The first involved quality of life issues that consumers encounter as they age. The second involved the “crisis” point when a senior would require medical intervention at an end-stage of life, or the idea of “maintenance care.” Respondents generally focused on the quality of life issues, particularly on healthy aging. It was only when prompted that they would discuss the “crisis” aspect, and their attitude toward the need of maintenance care was characterized largely by denial and the idea that “it won’t happen to me.”
- ◆ Although there was a certain amount of denial about the perceived unpleasant possibility of needing long-term care, many respondents who expressed an unwillingness to think about or plan for long-term care for themselves were conscious of their hesitance. One respondent explained, “None of us wants to think about the inevitable. We should, but we won’t.” Another respondent’s articulation represented the prevailing emotion of many groups, that the inability to project her future in terms of long-term care was “not denial, it’s just difficult.”
- ◆ There was a common belief that maintaining a positive attitude and active lifestyle will prevent the onset of long-term care needs. “Buy green bananas,” advised one respondent, “because you have to wait until they ripen,” suggesting that you always have something to live for. Another respondent, described friends who discourage the idea of planning for long-term care because that will “guarantee you’ll have [long-term care needs] because you think ‘old.’” In all, many respondents expressed the hope that with proper nutrition and exercise and the onset of advanced technology, they would live healthy lives and hope for a quick death.

Action

- ◆ Initial unaided reaction to the phrase “long-term care” mostly ranged from “Jesus, have mercy” to “depressing and morbid” to “expensive.” However, some respondents provided more tempered responses. Generally, needing long-term care meant a loss of independence, freedom, and the ability to maintain a status quo quality of life for respondents.
- ◆ Long-term care is a term with which people are familiar. Although initially it evoked associations with death and end-of-life care, aided responses identified a spectrum of care situations. Many respondents discussed both formal and informal care, usually occurring in-home or in nursing homes. While references to community-based services such as Meals on Wheels and adult day care were infrequent, respondents associated the term with a range of residential options. When defining long-term care, they would often speak in terms of an older relative or friend, idealizing an in-home situation where family provided most of the care with possible support from nurse aides. Nursing home care was generally envisioned as a last resort.
- ◆ When thinking about planning for long-term care, financial and legal actions comprised top-of-mind suggestions. Generally, respondents mentioned long-term care insurance, saving, and investments as financial ways to plan for long-term care. Wills, living wills, and trusts were suggested as legal ways to plan. Burial planning was prevalent as a form of long-term care planning. Several people at low-income levels felt powerless to plan while exhibiting concern about their long-term care situations. Initial reactions to planning for a time when they may need long-term care were inflammatory. One respondent said, “How do plan for something like that--sitting in your chair, drooling into your cocoa?!” This statement captured a sense of helplessness and fatalism across low-income groups that may inhibit planning, particularly when ideas are limited to financial plans.
 - ◇ When prompted, respondents realized that there was a range of actions that they were already doing to plan for long-term care, including choice of residence, personal networks, and exercise. They realized that long-term care is not always about medical attention and service, but also provides more positive support such as companionship, security, and help with laundry. “My daughter’s even drawing up plans when the whole apartment will be wheelchair accessible,” said one respondent. Community aspects to planning rarely arose.
 - ◇ Participants who were actually planning for long-term care did not clearly indicate what motivated them to do so, with a few exceptions who identified family experience as motivation.
 - ◇ Caregivers were generally able to articulate more financial and legal possibilities, although the scope was still limited. Some actions they offered presented a broader range of ideas, including putting up rails, expanding doorways, and saving loved ones’ canes and wheelchairs.
 - ◇ Some single women appeared more realistic and thought more about where they want to live when they will be feeble and “old.” Most had made some form of change in their

living arrangements. Many said they will live close to their children, if they had any. Some were fiercely independent and were quite reluctant to consider the idea that they would have to worry.

- ◇ Latino populations generally combined a spiritual and familial perspective that God determines one's fate and should one need elder care, it is the children's responsibility to ensure the care for parents.
- ◆ Surprisingly, there seemed to be very little confusion about the potential expense of long-term care and the fact that Medicare pays for only a small portion of care. There was even quite a bit of sophisticated knowledge about the tradeoffs required in spending down to qualify for Medicaid. People generally knew more than the literature suggests about Medicare and Medicaid's role in financing long-term care. One respondent stated plainly, "You can't depend on government for everything. Baby, it's up to you." Others made broad statements about those in the general public who might believe that Medicare will pay, though there were never any direct statements indicating that respondents held this belief. Though respondents generally realized that Medicare will not pay for extended long-term care services, it was unclear how urgently they perceive the problem. Unlike the many vehement statements regarding Social Security solvency, no respondents reflected upon the potential for a long-term care crisis in this country.
- ◆ The term "Long-Term Care," translated as "Cuidado a Largo Plazo," is less entrenched as an idea in Spanish-language cultures. "Cuidado a Largo Plazo" was vague to most respondents and it took several Spanish-language groups several minutes to arrive at a meaning close to the general idea of services needed when a person ages and may not be able to take care of themselves. People less acculturated had more difficulty understanding the concept than people who spoke English. Latino respondents mainly associated long-term care with "homecare" - being able to remain in your own home or that of a family member. The term "nursing home" was rarely mentioned. However, one Hispanic respondent noted, "Cuidado a Largo Plazo doesn't necessarily indicate old age.... The term would have to add something that implies we're talking about older people."
- ◆ The Tampa and Fresno Spanish-speaking groups were very different. In Tampa, emotions were more positive and often included visions of professional care being administered in the home. In Fresno, however, pessimism prevailed as respondents doubted that their children would take care of them but may instead dump them into a nursing home. Hispanic respondents in Fresno lamented the second-generation who grew up in the U.S. saying that they do not hold the same values of caring for family when they get older. As one respondent said, "We who came from Mexico have a different perspective, we're close to our families. Our own children are different, they have their own lives. They're modern." Another offered, "You don't see the disposition to help family, families have less unity, they're more separated. They [children brought up in the U.S.] forget their own - it's like they're not listening."

Promise

- ◆ Motivation to plan focused on a sense of control and independence. Respondents said they valued peace of mind for themselves and their families and the ability to choose where they want to live and what kinds of services they will receive. They also said they valued quality of life and saw planning as a way to sustain that.
- ◆ The focus on family arose as an incentive to plan. Respondents said they value time spent with children and generally want to be near them, but do not want to be a burden on them. One respondent summarized this attitude with, “I do not think it is fair to ask [my daughters] to give up their lives to take care of me. I have always been a full-time worker; I couldn’t just take off to take care of my parents, and I don’t expect that of my kids.” There was also a sense of wanting to feel needed in the family and the community as an elderly person.
- ◆ Obstacles to planning may depend on psychological and emotional factors. Some respondents feared the emotional duress of considering a time when they will no longer be able to care for themselves. Others found it difficult to plan for an uncertain destiny that may occur at an indeterminate time. While there was some level of denial, many respondents acknowledged that waning health was simply an uncomfortable subject that neither they nor their children wanted to approach. A few respondents articulated a superstition that planning may seal fate or lead to disappointment.
- ◆ Some Latino respondents emphasized financial hardship as an inhibitor to planning. As one respondent noted, “When you live paycheck to paycheck, you don’t plan.”
- ◆ Many respondents, particularly Spanish-speakers, strongly pointed to a general lack of information around the subject of planning for long-term care, the benefit to planning, and accessibility to services such as assisted living facilities. This information deficit was summarized by the following respondent comment, “For those of us who don’t have insurance, what can we do to prepare ourselves for that time? We don’t have that information.”

Campaign Openings

- ◆ The majority of respondents claimed that they would most likely take notice of positive, optimistic, and empowering messages. Respondents advised to “make it affectionate, sensitive in a positive way.” Messages that did not use scare tactics but were uplifting and direct, resonated with most respondents. Respondents wanted to focus on health and positive outcomes over sickness and the need for care. They also said that they did not want to feel like they were being threatened or given an ultimatum. Respondents offered that they wanted to believe that they were in control of making their own choices.
- ◆ Many respondents claimed that they needed something tangible to understand the sense of urgency to plan. They expressed wanting statistics, examples of successful planning, realistic situations and a range of planning actions. As one respondent noted, “If you had this, it may get us over the ‘reluctance stage’ we’re in.” Many respondents embraced the idea of a

checklist and appreciated conceiving of long-term care as a multi-pronged body of financial, residential, legal, and personal actions, instead of thinking and planning in a piecemeal fashion. They liked that there were some things on the presented planning lists that they had already done, and could then build from.

- ◇ Though most caregivers did not exhibit greater tendencies to plan for long-term care, some who had dealt with parental long-term care issues (though not necessarily in caregiving roles), were more receptive to receiving information about options because they conceptualized the urgency more easily. These respondents noted that, “I am more planning-minded because of what we went through” and “After what I went through with my mother, I realized that even small things can make a difference.”
- ◆ Respondents cited a need for a persistent message. They said that the subject matter was very difficult to approach, but with campaign visibility and repetition, they said people would perceive the value of long-term care planning and become motivated to take action. One woman related the reluctance to do long-term care planning to her own actions around burial planning by saying, “It took us three times. Especially me, I didn’t want to talk about it (funeral home), but my husband kept bringing it up.”
- ◆ While some respondents suggested that education on long-term care planning should start as early as high school, most felt that age 45 is the first time in life that people would even consider planning for long-term care. Further, most conceded that unless they had the resources available to do financial planning, they would most likely pay attention to other long-term care planning options as they got closer to retirement.
- ◆ When asked about ways to disseminate long-term care planning information, respondents almost always said television first. Prompted to consider avenues other than TV, respondents were then generally very pragmatic offering a range of key intermediaries in their current lives including: employers, unions, lawyers, real estate agents, insurance agents, financial planners, doctors and hospitals, and churches. Some also envisioned the Internet as an effective way in which to disseminate long-term care information.
- ◆ Respondents were relatively ambivalent regarding credible sources for long-term care information. While some mentioned AARP, most simply cautioned that the campaign should make it clear that the information is not coming from an entity that has a stake in selling consumers products or services related to long-term care. At the end of each group the moderator asked for respondent reaction to the fact that the agency that administers Medicare was sponsoring the research. To this, respondents reacted favorably, saying they appreciated Medicare’s attempt to educate people on long-term care and it made sense for them to share this information with the public.

**ATTACHMENT ONE
RESPONDENT DEMOGRAPHICS**

Demographics of Long-Term Care Focus Groups

City	Gender		Race			
	Female	Male	African American	Caucasian	Hispanic/Latino	Native American
Baltimore	4	5	3	5		1
Denver	16	10	7	15	4	
Fresno	29	24	4	16	33	
Pittsburgh	27	11	15	23		
Tampa	26	19	5	17	23	
<i>Grand Total</i>	<i>102</i>	<i>69</i>	<i>34</i>	<i>76</i>	<i>60</i>	<i>1</i>

City	Age		Education		
	40-55	55-70	6th or less	7th - 12th Grade	Some College or More
Baltimore		9		2	7
Denver	6	20		6	20
Fresno	16	37	1	23	29
Pittsburgh	7	31		16	22
Tampa	13	32		16	29
<i>Grand Total</i>	<i>42</i>	<i>129</i>	<i>1</i>	<i>63</i>	<i>107</i>

City	Total Household Income				
	<\$18,000	\$18-39,000	\$39-50,000	\$50-60,000	\$60-80,000
Baltimore			5	1	3
Denver		12	2	3	9
Fresno		31	10	8	4
Pittsburgh	3	15	8	7	5
Tampa		25	10	2	8
<i>Grand Total</i>	<i>3</i>	<i>83</i>	<i>35</i>	<i>21</i>	<i>29</i>

City	Marital Status			Total Number of Respondents
	Married	N/A	Single	
Baltimore	6		3	9
Denver	18		8	26
Fresno	33	9	11	53
Pittsburgh	19		19	38
Tampa	31		14	45
<i>Grand Total</i>	<i>107</i>	<i>9</i>	<i>55</i>	<i>171</i>

**ATTACHMENT TWO
MODERATOR'S GUIDE: VERSION ONE**

**MODERATOR'S GUIDE
LONG-TERM CARE CONSUMER RESEARCH**

Draft April 17, 2001

WELCOME

Thank you for joining us today

Introduce Self

This particular project is for the federal government. We are here today to try to make health information and education more responsive to consumer needs.

Before we start today, I'd like to talk about a few things:

- ◆ I am interested in all of your ideas, comments, and suggestions
- ◆ I'd like to hear from everyone
- ◆ There are no right or wrong answers to the questions
- ◆ All comments—both positive and negative—are welcome. Please don't worry about offending me with anything you might say—it's important that I know how you feel.
- ◆ Please feel free to agree or disagree with one another. We would like to have many points of view.
- ◆ Behind me is a one-way mirror. Behind it are people helping me today.
- ◆ This discussion is being video and audiotaped, so that we can take better notes on what you all have to say. We may also show the tapes to others who are interested in the results, but could not be here today. Before coming into the room you signed a release giving us permission to video/audio tape you during this discussion. All comments are confidential and used for research purposes only.
- ◆ I'd like this to be a group discussion, so you needn't wait for me to call on you. Please speak one at a time, so that the tape recorder can pick up everything.
- ◆ Your insights today will help guide the development of health communications materials—that is, messages about health or healthcare you might hear on the radio, see on TV or in brochures, flyers or articles—that the federal government is doing for people like you.

WARM-UP

I'd like to go around the room and have everyone tell us their name and their hobby.

SECTION I: COGNITIVE MAPPING EXERCISE

Moderator Note: The purpose of this exercise is to have participants imagine their environments at a time in the future. While not specified, this time might be one where they are in need of long-term care. As you lead participants through a series of questions, ask them to make brief notes in response. Provide adequate time between groups of questions for participants to think and jot down their answers. At the end, you will lead a group discussion about what they wrote. The goal is to see where long-term care is on participants' cognitive map, while also understanding the common cultural/symbolic meanings that help participants construct their own individual vision of daily life in the future.

Imagine yourself when you are 80 years old. For some of you this age is a bit closer than for others. It is morning, the sun is very bright, and you are getting out of bed...

1. What does your room look like?
2. Who is there with you?

Now you are getting dressed for the day.

1. What are you wearing?
2. What do you look like?

You leave your bedroom and head for breakfast

Where do you go? Who is there?
What are you eating? Who cooked it for you?

After eating, you are ready to start your day.

What do you do with your day? Where do you go? Who do you go with? How do you get there?

You are leaving where you live. Look back at it.

What does it look like?

Notice the environment surrounding you.

What season of the year is it?
Where do you live? In the city? The country?

Notice the people you interact with during the day.

What are they like?
Who do you see most? Why?

It is now dinner time and you are back at where you live.

What do you do? Do you cook or does someone cook for you? Do you go out?

What are you eating?

Who do you eat with?

You have enjoyed your dinner. It is around 7:30 pm.

What do you do with the rest of your evening?

Who is there with you?

It is now time for bed. Go to sleep. . .

Now wake up and return to 2001. Let's talk about what you were thinking. Who would like to share their fantasy first? [Note: at this point, leave discussion open ended to elicit overall impressions. As the conversations wanes, ask specifically about those question groups that have not been mentioned.]

Everyone has mentioned a variety of different ideas about their lives at 80. How different are these ideas from the story you shared before the group today? Why do you think these ideas are the same/different? [Note: Before the group, participants will be asked to tell/write a story about what life will be like for someone they love at 80. Participants will be given specific directions, a tape recorder/note pad and placed in a private setting to narrate their stories.]

How close to reality do you think your fantasy life at 80 is? Let's talk now about how you are going to get there. [Note: Here you can use examples from participants to elicit this concept by saying, for example, Jim, you mentioned that you were going to be living on a golf course in Florida, what do you have to do to get there? What might stand in your way?]

[Moderator: collect each participant's notes before moving to the next section]

SECTION II: ACTION

1. Please take a moment to write down the first thing that comes to mind when I say "planning." What does it mean to do planning? Who does the planning in your family? Why? How about retirement planning? What does this mean to you? What will you/are you doing to plan for retirement? What are your major concerns? What are you looking forward to?
2. We are preparing to conduct a campaign to inform people about the things they should think about to prepare for a time when they are no longer mentally/physically able to do things on their own. I noticed that none of you [or only a few of you] mentioned this when thinking about retirement planning. Why do you think this is?
3. Tell me your reaction when I say: "each of you will reach a point in life when you are no longer able to fully care for yourself." Will this happen to you? Why/Why not? How likely is this to happen to you? What would you call this point in life? People at this point in life? The

things you will need, what are those called? What can people do to prepare for this point in their life? What can you do? Who will do this kind of planning for you or your family?

4. Describe the picture that comes to mind when I say “Long-Term Care?” Where have you heard this term before? What do you think it means?

[At this point, if it hasn’t already come up, you can tell participants that we are calling the things/services you need at the point in life where you can’t fully care for yourself: Long-Term Care. The campaign we are planning is to try to inform people about the need for Long-Term Care. If appropriate, you may ask them to discuss how/why their interpretation differs from the definition you offered.]

5. One of the things we are thinking about as an action that people can do in planning for long-term care needs is talk to family members and other trusted individuals. What would you think if you saw an ad that said, “Talk to your family about long-term care?” How would you do this? Who would you talk to? When? What do you think this could accomplish? What do you see as the downside to talking to your family about this? Who are other people, besides family, that you would more likely talk to/listen to when it comes to this subject?

SECTION III: PROMISE

To get you interested in thinking about long-term care planning, what would we have to offer you to make you think planning is worthwhile? What do you see as the “pay-off” for planning? What are the costs? At what point do you think the costs out-weigh the payoffs? What should you get in return for doing long-term care planning?

I’d like to show you some possible phrases that can be used to get people interested in long-term care planning. [Using messages drawn from best practices research, have each participant do a card sort asking them to rank from most persuasive to least persuasive message. After the sort, lead a discussion on the choices. Probe using the following questions:]

- What do you think when hearing this?
- What questions do you have?
- Why is this most likely/least likely to motivate you?
- How would you rewrite this to make it better for you?
- What tone works best to motivate you (i.e. fear, humor, etc.).

SECTION IV: IMAGE

1. I’d like to show you some possible pictures that can be used to get people interested in long-term care planning. [Using images drawn from best practices study, show them one at a time to the group. Probe using the following questions:]
 - What is the first thing you think when seeing this picture?
 - What do you like/dislike about this picture?
 - How would you change this to make it more appealing for you?
 - Why is this likely/not likely to motivate you?

2. Now that we have looked at phrases and pictures, I'd like you to match the phrase that best fits each picture or vice versa. [Allow time and then discuss the results, probing for why people made the choices they made and pointing out for discussion the variations/similarities across the group.]

SECTION V: SUPPORT

1. I'm going to read a statement and then ask you to tell me who you would most likely believe if they told this, "Physical/mental decline is likely to happen to everyone." Who would you most believe if they said this? [Try open-ended and then you can go through a probe list, make sure to get specific references: family, friends, newspaper, TV, magazines, Internet, radio, doctor, Medicare, AARP, community hospital, insurance agent, financial planner, mayor or Congress member, celebrities, ask participants if there are any others?]
2. In your community, who are the people/places that command respect? I'm thinking about those people/places that you listen to when they speak.
3. Where would you turn in your community for more information on long-term care planning?

SECTION VI: OPENINGS

Where would you expect to see information about long-term care planning? Is this the best place for you to get information? Where else could this information be placed so that you would be most likely to see it and pay attention to it? [Probe here vigorously so that participants imagine more than just a physical place or traditional venues (i.e. psychological openings, for example). You might use this as an opportunity to brainstorm with participants about innovative ways to reach them in their daily lives.]

SECTION VII: WRAP-UP

1. We are almost finished and I appreciate your insights today. Now that we have talked, I'm wondering if you could tell me what you think long-term care is? What "misconceptions" do you think people have about long-term care? [probe: needs, cost, options, value of planning] What needs to be said to get people more interested in planning for long-term care? Why might most people never plan? What can be done to overcome this?

Thanks, again for you help today.

**ATTACHMENT THREE
MODERATOR'S GUIDE: VERSION TWO**

**MODERATOR'S GUIDE
LONG TERM CARE CONSUMER RESEARCH**

Summary of 5/23/01 Revisions (Fresno)

[No changes to Welcome or Warm-Up]

SECTION I: COGNITIVE MAPPING EXERCISE

1. I'd like you to close your eyes. Think about your personality, health, family history if you know it... You've told me about some things you are looking forward to when you retire. Now I'd like you think about some things that many people tell me they don't want to think about. As you look to your future, is there anything you are concerned or worried about?

Some people say yes. Others say no. If you are a "yes" please write me a list. Be as specific as possible. For example, if you have any health concerns, please try to specify what they are...

[Moderator puts list on easel.]

2. If this happened, what kind of impact do you think it would have on your life? What would you do? How do you think you would handle it?

SECTION II: PERSPECTIVES RE PLANNING

1. Has anyone ever thought about this before tonight?
2. *Moderator introduces statistic:
Each of us will reach a point when we cannot fully care for ourselves.*

What reactions do you have to this statement?
Do you believe it?

Please draw a circle now. And pretend it is you. Please draw an expression on the face that shows how you feel talking about this subject.

SECTION III: PLANNING

1. *Sometimes people tell me they do various things to plan for a time when this might happen. Here is a list of the types of things that other people have said that they do think about doing.*

Moderator shows list of “planning” categories:

Not much!
Financial things
Legal things
Residential/home things
Personal things
Community things

2. *If you have done any thing in any of these categories, please write them down for me.*

Moderator makes list on easel of what participants wrote.

3. Probes:

Tell me about what prompted you to do that.
Are some things more difficult/easier to do? Why is that?

[For those who have not done any planning...]

Tell me what went through your mind as you thought over the idea of doing some of these things.

4. *Here is a list of some of the examples other people filled in. Let’s see how their entries compare. [List below is on easel.]*

Not much: Don’t want to plan; denial; have to be rich
Financial: Reverse mortgage; low cost home mod loans
Residence: Modify home: remove throw rugs; change faucet handles; install grab bars, modify stairs; think about relocating near family/assisted living
Legal: living will
Personal: Discuss future needs with family/friends; think about who could help with errands/chores, transportation, meals, personal care
Community: Learn what’s available locally; e.g., senior transportation, Meals on Wheels

5. *Now, please draw me another circle and a facial expression that shows me how you feel talking about these planning options.*

SECTION IV: CAMPAIGN PLANNING

1. *Now I’d like you to think about how you will go home this evening, and likely tell your spouse or perhaps a friend, about what you talked about here. Tell me how you would describe the topic of our discussion tonight.*
2. *The reason I am asking so many questions about this is because the folks I am*

working with are planning an information and education campaign to encourage people to learn about and do more planning for a time when they are no longer able to do things on their own. What do you think of this idea?

3. *What would you say to encourage someone to do more planning.*
4. *If you were in charge of this campaign, who would you try to reach – what age groups, what types of people, etc.*
5. *If you personally wanted to find more information about long term care planning in your community, where would you think of looking.*

**ATTACHMENT FOUR
MODERATOR'S GUIDE: VERSION THREE**

**MODERATOR'S GUIDE
LONG TERM CARE CONSUMER RESEARCH**

Summary of 6/5/01 Revisions (Denver)

[No pre-group exercise. Otherwise, no changes to Welcome or Warm-Up]

SECTION I: MESSAGE/CONCEPT TESTING

1. Who can think of a slogan or headline from an advertisement?

Following brief discussion about various headlines that now “stand alone” – e.g., Just do it” or “Just say no” etc....

I’m going to show you some messages that may be used in an education campaign. The other information that would be in any ads using these is not here, only the theme line. For each one, I want you to think about what you guess it is promoting, and then write down the main feeling that you get from it.

Moderator shows maximum of six messages/concepts to group, one at a time. For each one, she has people write down the “main feeling” they get from each one. After they have seen all the messages, she has them write down:

What they think the messages are promoting, reminding them that the group is sponsored by the public health service, not a company that is selling a product.

2. Let’s talk about your reactions now that you have seen all the messages. First, tell me what you guessed about what these are promoting.

3. Now let’s talk about each one.

For each one, moderator will have participants tell whether the overall feeling was a positive, negative, neutral one.

Listening for/will probe:

Reactions to, assumptions about particular messages, words (e.g., long term care, etc.); personal definitions of words mentioned in reactions, etc.

That was interesting. We’ll talk more about it a bit later.

SECTION II: OUTLOOK FOR FUTURE

1. You’ve told me about some things you are looking forward to when you retire. Some people tell me that they also have some concerns. Others actually say that they don’t really have any concerns. On the pad of paper in front of you, I’d like you to tell me where you fit in. On a scale of 1 to 5 how comfortable do you feel about your future...if 1 means very concerned or worried, and 5 means very comfortable and secure. Then, please write the main reason for your rating.

Let's talk about your ratings – and your reasons.

Listening for:

Any planning people have done; if anything is other than financial; reasons for being unconcerned, etc.

2. *Moderator introduces statistic:*
Each of us will reach a point when we cannot fully care for ourselves.

**What reactions do you have to this statement?
Do you believe it?**

Please draw a circle now. And pretend it is you. Please draw an expression on the face that shows how you feel talking about this subject.

SECTION III: PLANNING

1. *Sometimes people tell me they do various things to plan for a time when this might happen. Here is a list of the types of things that other people have said that they do or think about doing.*

Moderator shows table of “planning” categories:

Financial things

Legal things

Residential/home things

Personal things

Community things

2. *If you have done any thing in any of these categories, please write them down for me.*
[This discussion will be briefer than in previous groups.]

And also, for all those thing you haven't done, give me the main reason. Such as “haven't thought about it,” “don't know how,” “don't need to” – any reason at all.

Moderator makes list on easel of what participants have done.

Tell me about what prompted you to do this.

[For those who have not done any planning...]

Tell me about some of the reasons you wrote for not doing some of these things.

3. [Assuming this is true, as it has been in other groups...] ***Some of these boxes have more examples in them than others. Why do you think that is?***
[Listening for: why people do financial/legal planning more than other kinds of planning – or don't think of other things they do (talk to family) as planning.]

4. ***Here is a list of some of the examples other people filled in. Let's see how their entries compare.*** [List below is on easel.]

Financial: Reverse mortgage; low cost home mod loans

Residence: Modify home: remove throw rugs; change faucet handles; install grab bars, modify stairs; think about relocating near family/assisted living

Legal: living will

Personal: Discuss future needs with family/friends; think about who could help with errands/chores, transportation, meals, personal care

Community: Learn what's available locally; e.g., senior transportation, Meals on Wheels

SECTION IV: RESOURCES USED ALREADY FOR PLANNING

1. *Where did you look or call for information about ...[planning examples people gave.] Why did you turn there?*
2. *Where would you think of calling or looking for information about each of these categories...housing, personal, legal, financial, etc. if you wanted to learn more?*
3. *If you look at all these activities up here and think of them together, what would you call them? In other words, can you think of a title for this chart of activities?*
4. *Do you think people ever think of these together? Why/why not?*

SECTION V: CAMPAIGN PLANNING

1. *The reason I am asking so many questions about this is because the folks I am working with are planning an information and education campaign to encourage people to learn about and do more planning for a time when they are no longer able to do things on their own. What do you think of this idea?*
2. *If you were in charge of this campaign, who would you try to reach – what age groups, what types of people, etc. Someone like you? Why/why not?*
3. *What would you say to get someone's attention? Would it be a message or slogan like any of the ones we looked at earlier? Why/why not?*
4. *Thinking about the boxes we have up on the easel, are there some topics more than others that you think they could focus on in the campaign to get people more concerned about planning? Or some way to promote all of them together as long-term care planning?*

SECTION VI: POTENTIAL CAMPAIGN RESOURCES

1. *Suppose that an information campaign about this made you curious enough about this topic to want more information – in general, or on some specific aspect of it. Let's talk more about the places or people someone like you might think of turning if they were interested in information about this.*

Probe where they'd turn/what expectations would be::

National toll-free #

Local toll-free # -- where/what type of organization would you think of calling

A # that's not toll-free

Web site (where, why)

Attorney, insurance agent

Would you to be able to reach someone to ask questions of?

Or would it be OK to request information that could be sent or downloaded?

Probe what types of information/materials (subject/format) they might want:

[Listening for: What categories of LTC info people want to know more about]

2. *Let's look at some examples of things that could be available.*

A few selections to be determined for each group to stimulate discussion (not to evaluate) about types of content/format from among options such as:

Careplanner.org Web site pages (up to 8 pages)

How Can I Remain in My Home As I Get Older (7 pages)

Look at Your Home (1 page)

Home Sharing (1 page)

Top 10 Ways to beat the clock (financial) (1 page)

Eldercare Checklist (3 pages)

The Need for Long Term Care (financial questionnaire) (5 pages)

Probe:

Appealing/unappealing features of various formats for conveying information on this topic.

3. *What advice can you give the folks working on this about the subjects that materials should address.*

About the types of materials they should produce.

About where these should be available/promoted.

**ATTACHMENT FIVE
MODERATOR'S GUIDE: SPANISH TRANSLATION**

**Guía de Moderación
Long-Term Care Consumer Research
(Planners and Caregivers)
Revised: May 10, 2001**

WELCOME:

Muchas gracias por venir hoy, mi nombre es

Estamos aquí para hablar de acerca de sus ideas y forma de pensar con respecto a temas relacionados con la salud. El propósito es desarrollar comunicaciones y métodos para educar que respondan más a las necesidades del consumidor. Hablarémos más de ello en un momento. Quiero que quede claro que este estudio está patrocinado por un servicio de salud público y no por una institución o compañía que quiere venderles algo.

Antes de comenzar quiero poner las reglas del juego:

REGLAS: Todos hablen - uno por uno (audiotapes, volumen de voz) - honestidad (no me ofenden) - no hay respuestas correctas ni incorrectas - no esperar a que yo les saque la información - defender sus puntos de vista - confidencialidad .

- La forma de pensar de ustedes puede ayudar a desarrollar materiales de comunicación que quizá más tarde la escuchen en el radio ó lo vean en TV.

WARM-UP

Una característica que todos ustedes tienen en común es que pensaban retirarse en los próximos años (futuro cercano). Así que cuando se presente cada uno de ustedes les voy a pedir que nos digan que esperan / que están buscando para cuando llegue ese momento.

Les voy a pedir que cierren los ojos por unos momentos y piensen que esperan / que buscan que quieren para cuando se retiren

Ahora bien, abran los ojos y presentense dando la siguiente información:

Nombre

Edad

Composición familiar

Lugar de Origen y Tiempo en USA

Ocupación

Que quieren / que buscan para cuando se retiren

SECTION 1: COGNITIVE MAPPING EXERCISE

Moderator Note: El propósito de este ejercicio es hacer a los participantes que se imaginen su ambiente a futuro. Sin especificar, este tiempo puede ser cuando ellos tengan la necesidad de Long Term Care (Cuidado a Largo Plazo). Al llevar a los participantes a través de una serie de preguntas, pídale que escriban unas notas como respuestas. Proporcionar un tiempo adecuado entre grupo de preguntas y esperar a que las contesten. Al final someter a discusión de grupo lo que escribieron. El propósito de este ejercicio es ver donde colocan los participantes el Cuidado a Largo Plazo en su Cognitive Map y entender el significado cultural que ayuda a los participantes a construir su visión personal de la vida a futuro.

Imagínense ustedes más tarde en la vida. Me gustaría que piensen, ... que se anticiparan a pensar como va a ser su vida en los últimos 5 años ... y que se imaginen no solo como ESPERAN que sea sino como piensan que en REALIDAD va a ser basado en sus circunstancias actuales, historia de familia, su personalidad ó cualquier otra cosa que ustedes piensen que pueda afectar su futuro.

Es un día por la mañana y ustedes están despertando....

- 1 - ¿Como se sienten físicamente esos días?
- 2 - ¿Como se ven?
- 3 - ¿Que traen puesto?
- 4 - ¿En que estado de humor se encuentran esos días.... Están contentos?... Están preocupados por algo en particular?

Fijense en el ambiente que los rodea:

- 1 - ¿En donde viven? ... En la ciudad? En el campo?
- 2 - ¿Es casa? ... Otro tipo de vivienda? Como se ve?
- 3 - ¿Por qué viven ahí?

Piensen en su día:

- 1 - ¿Que tipo de cosas podrían hacer hoy?
- 2 - ¿Se quedarán en casa ó irán algún lado? A donde? Como llegarán ahí?
- 3 - ¿Hay algunas cosas que quieren hacer hoy? ... Pero que no pueden? Por qué?

Fijense en la gente con la que conviven durante el día:

- 1 - ¿A quién ven más seguido? ... Por qué?
- 2 - ¿Como son?
- 3 - ¿Quién es más importante para ustedes?

Es hora de cenar:

- 1 - ¿Que van a comer? ... ¿Quién lo va a preparar?
- 2 - ¿Habrá alguien ahí con ustedes?

Es hora de ir a la cama ... Vayan a dormir....

Ahora despierten y regresen al año 2001. Hablémos de como fué tratar de imaginarse los últimos años de su vida... Diganme acerca de las cosas que fueron más fáciles y las que fueron más difíciles tratar de contestar.

SECTION 2: ACTION

- 1 - Aquí tenemos unas palabras, me gustaría recibir su reacción : “LONG TERM CARE” - “CUIDADO A LARGO PLAZO”. ¿Habían escuchado ésto antes? ... Por favor diganme todo lo que estas palabras los hagan pensar ¿Que piensan que quieren decir con CALP?

Hacer que los participantes expresen ambas ideas ... lo que quiere decir y lo que comprende el termino CALP y como los hace sentirse al oirlo. Hacer una lista en el rotafolio de las definiciones de CALP y otra lista de como los hece sentirse el término.

Probe: para suscitar discusión

- ¿Nadie tiene ideas del costo de las cosas que acaban de describir como CALP?
- 2 - Cuando ustedes se estaban imaginando su vida más tarde a futuro y trataban de contestar las preguntas que yo les hacía, ... ¿alguno de ustedes se imaginaron algunas de las cosas que ustedes identificaron como CALP? ... Por qué / Por qué no?
- 3 - Que piensan si les digo que las estadísticas idican que “Cada uno de nosotros va a llegar a un punto donde no vamos a poder cuidarnos / bastarnos a nosotros mismos” ... ¿En que los hace pensar? ¿Piensan que eso les va a pasar a ustedes?
- 4 - ¿Pueden pensar en algunas cosas que la gente pueda hacer para PREPARARSE en anticipación para cuando necesiten algo de lo que ustedes describieron como CALP?.

Tratar de hacer una lista en el ROTAFOLIO de las ideas de como preparase . Después de una discusión, introducir una lista de tópicos posibles de planeación (escritos en rotafolio antes de los grupos).

- 5 - Aquí tenemos una lista de las cosas que la gente ha dicho que quizás puedan hacer para prepararse:

- Desarrollar una red personal de soporte

- Residencia (compartir la casa / vivienda cooperativa; modificaciones a la casa; moverse)
 - Toma de decisiones legales (**living will** (*testamento en vida*), **health care proxies** (*poderes para el cuidado médico*), **durable power of attorney** (*carta poder con fines médicos*), **advance directives** (*directivas adelantadas*).
 - Servicios de soporte (cuidado en casa / asistencia personal).
- ¿Hay alguna cosa aquí que no se mencionó en la primera lista que hicimos?
 - ¿Hay aquí algo que los sorprenda ó piensen que no es planeacion para CALP?
 - ¿Esta segunda lista los hace pensar en algo más que la gente puede hacer para prepararse?
- 6 - ¿Hay algo que ustedes personalmente hayan hecho ó hayan pensado en hacer para prepararse para cuando llegue este tiempo de su vida (*Si, sí explorar que ha hecho la gente y a quién consultaron / involucraron ejem: familia, otros. Si, no tratar de explorar gentilmente el por qué no*).
- 7 - ¿Como se sienten ustedes emocionalmente ahora que hablamos de estas cosas?

SECTION 3: PROMISE

1 - Vamos a hecer una lista de las cosas que hacen que la gente no planee para esta época de la vida. Y otra lista de los beneficios que obtenemos al planear.

¿Como se comparan las dos listas?

2 - ¿Podrían pensar en algo que facilitara, que ayudara a más gente a tomar la decisión de planear y actuar? **Probe**

SECTION 4: CAMPAIGN

1 - La razón por la que estoy haciendoles este tipo de preguntas es porque la gente con la que estoy trabajando estan planeando una campaña de información para motivar a la gente a aprender acerca del tema y a planear más para cuando llegue el tiempo en que no estemos capacitados físicamente / mentalmente para hacer las cosas por nosotros mismos. Ellos le llaman a estas cosas servicios que quizás los necesitémos al llegar a cierto punto de la vida cuando no podamos bastarnos a sí mismos. CALP ó LTC.

¿Que piensan de la idea de una campaña de este tipo? **Probe**

2 - ¿Si ustedes estuvieran al cargo de la campaña ¿Cuáles son algunas de las cosas que ustedes dirían para motivar a la gente a pensar y a planear más para cuando llegue esa época de la vida?

Hacer una lista si los participantes ofrecen diferentes ideas

Ahora les voy a mostrar algunas fotos y algunos mensajes que quizás puedan usarse en esta campaña - Les voy a pasar una colección de fotos. Por favor veanlas rápidamente y tomen una. (pasar las imagenes alrededor) ... Ahora les voy a mostrar una lista de mensajes ó frases que algunas personas piensan pueden ser de utilidad (escoger un grupo de mensajes antes de que el grupo comience y escribirlos en el rotafolio).

Ahora me gustaría que cada uno de ustedes pensara individualmente que podrían hacer para motivar a la gente a pensar y planear para cuando necesite los servicios de CALP / LTC. La foto y las palabras son solo para ayudarlos a sentirse creativos ... también pueden sentirse libres de sugerir algo completamente diferente de estas fotos y de estas palabras.

Les doy unos minutos para que piensen algo y lo escriban, algo que se pueda usar en nuestra campaña publicitaria. Ponganse creativos. ¿Quién me quiere decir que idea tuvo?

Haga que cada persona describa que piensan que pasa en cada foto que escogieron - con suficiente detalle para que los observadores / transcripores puedan reconocer a que foto se refiere. Después haga que cada persona le diga que escribió para el comercial.

SECTION 5: SUPPORT

1 - Ahora vamos a suponer que ustedes quieren encontrar más información acerca de la planeación del CALP/ LTC en su comunidad local,¿ a donde llamarían ó buscarían información? ... ¿Por qué ahí? (**Probe**: conveniencia, credibilidad, etc.)

Pensando en su comunidad todavía y tomando en cuenta su personalidad también, ... ¿Donde y cuando ustedes personalmente notarían más este tipo de información y le pondrían más atención? [**probe**: más vigorosamente para que los participantes se imaginen más que un simple lugar físico ó caminos tradicionales (por ejemplo cosas más psicológicas) Se puede usar como una oportunidad de desarrollo de ideas con los participantes acerca de nuevos caminos dentro de su vida diaria].

- ¿Que tal lugares fuera de su comunidad local?

- Estamos hablando de publicidad específicamente ... ¿Donde colocarían anuncio con este tema?

2 - ¿Que otra cosa harían aparte de publicidad, para ayudar a la gente a obtener información acerca de esto?

3 - ¿A que grupo de edad creen ustedes que debería ir dirigida esta publicidad? ... A parte de la edad, ¿En que otra cosa se debería pensar al decidirse a quién dirigir esta información? .

4 - ¿Hay alguna persona ó lugar que resultara más creible si ustedes escucharan esta información? (**Probe:** *top of mind - personas / lugares y después nombrar la lista asegurandose de obtener referencias específicas:* familia, amigos, periódico, TV, revistas, internet, radio, doctor Medicare, AARP, Hospital comunitario, agente de seguros, planeador financiero, alcalde ó miembro del Congreso, celebridades, Preguntar a los participantes si hay algún otro).

WRAP-UP

Ya casi se nos acabó el tiempo y quisiera como última reflexión ya que cubrimos todo el material, han visto ya todos los aspectos de nuestro estudio ... Que piensen que sugerencia tienen para hacer que la gente busque información y no solo que busque sino que planee más para el CALP / LTC. ... ¿Quién quiere darnos sus ideas?

Ya que hemos visto de que se trata ¿Quien creen ustedes que puede estar patrocinando este proyecto y ... por qué? ¿Que interés puede tener?

El hecho de que sea MEDICAID es creíble? ... Es positivo?Creen que se debería anunciar como un programa de Medicaid? Le pondrían atención?

Moderador salir al back room y asegurarse que no hay ninguna duda