

AUDIENCE PROFILE: 65+

25.2%

25.2% Americans aged 65+ have diabetes. (1)

9 out of 10

Today, more than half of Americans over 65 years have prediabetes, however, 9 out of 10 do not know they have it. (1)



According to the U.S. Census Bureau 2014 population estimates, the following counties have the largest 65+ population:

- Sumter, FL
- Charlotte, FL
- La Paz, AZ
- Citrus, FL
- Lancaster, VA
- Catron, NM
- Alcona, MI
- Northumberland, VA
- Sierra, NM
- Sarasota, FL
- Llano, TX



In order to successfully engage your target audience, you must have a clear understanding of their culture, beliefs and barriers to health. This audience profile includes information about the cultural nuances that need to be considered when reaching adults aged 65 and older, based on the review of various research studies and also taking into consideration lessons learned through past experiences working

with this group. This document is not an in-depth research report or analysis, as it is meant to help you have a general understanding of different factors that may affect your audience's availability, interest and/or commitment to your program. Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.

Understanding Medicare Beneficiaries

Type 2 diabetes affects more than 25 percent of Americans aged 65 or older and, if current trends continue, its prevalence is projected to double for all U.S. adults (ages 18-79) by 2050. In 2016, the U.S. Centers for Medicare & Medicaid Services (CMS) estimated that Medicare spent \$42 billion more for beneficiaries over age 65 with type 2 diabetes than for those who do not have the disease. In the same year, Medicare spent an estimated \$1,500 more on Part D prescription drugs, \$3,100 more for hospital and facility services, and \$2,700 more in physician and other clinical services for each patient with type 2 diabetes than for those without the disease. Reducing the prevalence of type 2 diabetes will reduce the burden on the Medicare system. (2)

Key characteristics of the Medicare population to consider in recruitment, enrollment, and retention include the following:

- Seventy one percent of Medicare beneficiaries are between the age of 65 and 84 with 13 percent being age 85 and older. Medicare also provides benefits to persons under the age of 65 who are permanently disabled. (2)
- Fifty five percent of Medicare beneficiaries are women; the percentage of women increases in older Medicare age groups. (3)

Medicare serves all Americans citizens but not American nationals (such as those born in the Federated States of Micronesia and the Republic of the Marshall Islands). The race/ethnicity of Medicare beneficiaries follows. (4)

- 78 percent of beneficiaries are Caucasian.
- 9 percent are African American.
- 8 percent are Hispanic.
- 4 percent are Asian.
- 1 percent are “other”.

The majority of Medicare beneficiaries report being in good or very good health while 26 percent report being in fair or poor health. Nearly half of all Medicare beneficiaries live with four or more chronic conditions and 31 percent have a cognitive or mental impairment.

Most Medicare beneficiaries live at home although 34 percent have limitations in activities of daily living, such as eating or bathing, that limit their ability to function independently. Seven percent of Medicare beneficiaries live in independent/active living communities and 5 percent live in long-term care settings such as a nursing home or assisted living facility. (2)

This is how on average, people age 65+ spend their day:

- More than 4 hours watching TV.
- Nearly 3 hours doing household chores, including gardening and home repairs.
- Nearly 1 hour shopping.
- Nearly 1 hour socializing.
- 30 minutes volunteering at religious, medical, and other civic and community organizations. (5)

Health Care and Health Information Seeking Behaviors

The Medicare population is not homogenous. Factors such as culture of origin, gender and age affect health care and health information seeking behaviors among those 65+. Following is information that is generally true across all Medicare beneficiaries.

- Medicare beneficiaries trust physicians, family, and friends most for health-related information.

- Women tend to be more willing to engage in structured programs to address health concerns.
- Men tend to be less engaged with their health conditions, keep information private, and prefer not to join support groups.
- Medicare beneficiaries use the Internet to research health information. Younger beneficiaries are connected to mobile devices, TV, Google, and Facebook.

Economic Considerations

- Half of all beneficiaries have incomes below 200 percent of the federal poverty level. (2)
- Income declines with age among older adults.
- Income is lower among women than men.
- Income is lower among African Americans and Hispanics compared to Caucasians.
- Income is lower among Medicare beneficiaries under age 65 compared to those age 65+.
- Income is higher among married beneficiaries and those with higher education levels.

Media Habits

- According to recent research by Marketing Sherpa there are distinct preferences among age groups regarding media preferences. Below is information that will help you pick the most effective and cost efficient communications channels to promote your program.

Email

- 35 to 44-year-olds were the most likely to prefer email (78 percent)
- People 65 and over were the least likely to prefer email (68 percent)

While only 68 percent of people 65+ list email as their preferred means of communication, it was tied with postal mail for the top spot (both 68 percent).

Postal Mail is Favored by Older People

- 68 percent of seniors want communication via postal mail compared with 60 percent of those 55-64, 50 percent of those 45-54 and only 42 percent of those 35-44.

Print Media

- Following email and post mail, adults aged 65 and older prefer receiving messages through print media, such as newspapers and magazines.

Text Messaging

- While 27 percent of 18 to 34 year olds want text messages from companies only 6 percent of people 65 and over prefer text messaging.

Social Media

- 33 percent of 18 to 34 year olds want to communicate through social media with companies versus 4 percent of people 65 and over.

Online Video

- 24 percent of 18 to 34 year olds want online content videos (like on YouTube and Vine) from companies versus 3 percent of people 65 and over.

Mobile Apps

- 22 percent of 18 to 34 year olds want to communicate through mobile apps with companies versus 2 percent of people 65 and over.

In which of the following ways, if any, would you prefer companies to communicate with you? Please select all that apply.

	18 - 34	35 - 44	45 - 54	55 - 64	65+
Email	70%	78%	76%	69%	68%
Postal Mail	30%	42%	50%	60%	68%
Television Ads	32%	33%	35%	36%	36%
Print Media (e.g., newspapers, magazines)	23%	21%	29%	39%	43%
Text Message	27%	21%	20%	15%	6%
Social Media	33%	19%	15%	5%	4%
In-person conversation or consultation	20%	13%	13%	17%	18%
Phone Call	22%	13%	15%	14%	10%
Online Videos (e.g., Youtube, Vine)	24%	10%	10%	6%	3%
Online Videos ads (e.g., in-stream (video ads appear before, during and after Internet videos), pre-roll (ads appear at the beginning of online videos))	13%	8%	3%	3%	1%
Mobile App	22%	13%	10%	4%	2%
Other	1%	0%	1%	2%	1%
None	6%	10%	5%	7%	6%

N=2,057

Source:  marketingsherpa

Considerations for Messaging

Research shows that people with prediabetes who take part in a structured lifestyle change program can cut their risk of developing type 2 diabetes by 58 percent (71 percent for people over age 60).

Following are key motivators for participation by seniors in a lifestyle change program.

- Many Medicare beneficiaries are interested in quality of life issues and nutrition. Focus on the ways that prevention of type 2 diabetes and improvements in nutrition and physical activity will help older adults do the things they want to do.
- Many Medicare beneficiaries want to learn more about shopping for healthy foods and cooking and eating out in healthy ways.
 - According to a study conducted in 2013, the ability to prepare meals at home decreases with age. In the study, up to 85% of those aged 75 and older needed assistance with tasks related to nutrition, such as grocery shopping and food preparation. (6)
- Some Medicare beneficiaries may spend a great deal of time alone. Socialization is important for their physical and mental health.
- Many Medicare beneficiaries are either stretching limited resources or conserving resources. Preventing type 2 diabetes can reduce health care costs.

Proven Strategies

Referral Networks

Primary care physicians are consistently identified as the most trusted source of health information among Medicare participants. Establishing relationships with primary care providers by working with local health care organizations and local medical or specialty associations/societies are key to your recruitment success. Work with providers and health systems to use electronic health records to identify patients who fit lifestyle change program eligibility requirements, and to contact these individuals to inform them of their risk and opportunities to participate in a CDC-recognized lifestyle change program. Due to patient confidentiality issues, these communications must come from the health system or provider to the identified patients. Visit the Prevent Diabetes STAT website for additional guidance and tools that can be used to increase

physician screening, testing, and referral of their patients with prediabetes to CDC-recognized lifestyle change programs.

Community centers serving older adults and active living and independent living communities are also potential referral sources for your lifestyle change program.

Classes may be offered on site if the organization is amenable.

Help health care providers (including pharmacists, physical therapy offices and nurse educators as well as allied health in home care providers) understand that older individuals are more open to referral and participation in lifestyle change programs when they:

- Are made aware of prediabetes and their risk factors.
- Are faced with a health challenge or a health challenge of someone close to them.
- Believe the program will make a difference in how healthy they feel and will improve their ability to spend time with people they care about and do the things they enjoy.
- Believe that a healthy lifestyle will help them protect their financial assets and spend less money on health care.
- Understand that the program will provide tips and strategies for healthy eating and ways to be more physically active, even with mobility restrictions.
- See the program as a place for social interaction and peer support.

Use Multiple Channels

Ensure you understand where, when, and how older adults typically spend their time locally, so you know where and when to effectively reach them. Learn more about the community where you plan to hold your lifestyle change program by speaking with someone from the community who knows the Medicare population. Ask them to show you:

- Locations where older adults gather
- Houses of worship
- Restaurants popular with older adults
- Community activities that draw older adults
- Businesses that cater to older adults in the community

- Senior living communities

Your marketing plan may include opportunities to reach potential program participants by:

- Participating in health fairs and similar events, especially those targeting older adults.

Use program champions (people 65+ who have successfully completed the program) in this promotion strategy. Always provide a take home piece with contact information and next steps.

- Collaborating with community partners, such as faith-based organizations, senior centers, local offices on aging, and community-based organizations like the American Veterans Association and Lions Club.

Use thought leaders such as pastors, senior center staff or leadership volunteers, and club officers to promote your program. Always provide posters and take home pieces in these locations. Provide talking points to the individuals promoting the program on your behalf.

- Working with worksites, including leading employers in your community that employ significant numbers of older adults.

Ask the HR department to provide handouts in breakrooms that older employees can take home with them. Provide copy for employee newsletters promoting your program.

- Partnering with businesses that have a large senior clientele.

Ask business owners to include posters, take home literature etc. at their place of business. If the business is customer service oriented like a restaurant or hair salon ask if their staff can help promote the program by directly handing out the take home pieces and provide them with talking points.

- Focusing on channels older adults use to access health information, including television, local newspapers, the Internet, and their physicians.

Consider using the community calendar feature of local media, local talk shows, and PSAs with the channels local seniors access the most. Consider a segment on the local news about prediabetes and local National DPP lifestyle change programs.

- Connecting with senior living and active living communities.

Work with the marketing departments in senior living and active living communities to promote your program to their residents. Partner with park districts, fitness centers or any outlets at the community level that may offer free recreational activities for seniors.

Choosing the right font size is important when developing resources for Americans aged 65 and older. The Medicare marketing guidelines state that all text included on materials, including footnotes, must be printed with a font size equivalent to or larger than Times New Roman twelve (12)-point. The only exceptions should be when developing television ads, ID cards, logos or logos with taglines. Make sure the copy in your materials can be read and understood by your audience.

Questions for Consideration

Understanding Your 65+ Population

- What are the demographics of your local 65+ population?

Demographics	Statistic/Data
Population Percentage	
Median Age	
Gender	
Country of Origin	
Language (spoken)	
Population with Prediabetes	
Economic Status	

- What are the cultural and language nuances for the local 65+ community?
- Within your community, are there particularly active or large groups that represent 65+?

Health Care and Health Information Seeking Behaviors

- Where specifically does your local 65+ population go for health care?
- How accessible is health care within the community, especially for those 65+?

- Are the health information seeking behaviors the same or different for your local 65+ population compared to other populations within the community? If different, how?
- Who are the trusted sources for health information for the 65+ population? Are they different or the same as other trusted sources?
- What benefits are meaningful to your audience? How can you work these benefits into your marketing materials?
- What does your lifestyle change program offer the community that other prevention programs or events don't or can't?

Trusted Sources

- Who are the trusted thought leaders in your local community?
 - Community Based Organizations?
 - Faith Communities?
 - Health Care Providers?
 - Vocal advocates?
- Who has access to these groups? With whom do you need to collaborate?
- How can you utilize these trusted sources to help you with marketing and promoting your lifestyle change program?

Media Habits

- Which media channels, including social and digital media, are most popular and/or preferred among the 65+ in your community?
- What relationships do you have with these media outlets? Who do you need to reach out to?
- What infrastructure does your organization have to utilize popular social and digital channels? What do you need to strengthen?

Messages

- Are your messages culturally sensitive?
- Do you have images that will resonate with your 65+ population?
- Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

Barriers and Benefits to National DPP

- What are the specific barriers in your community?
- How will you work to mitigate these?

References

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