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A National Long-Term Care Awareness Campaign:

A Case Study in Social Marketing

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Invited Case Study

Abstract

Although 70% of individuals age 65 and over will need long-term care at some point in their lives, most do not plan for this potentially devastating likelihood. In 2005, the U.S. Department of Health and Human Services (USDHHS) launched a social marketing campaign, "Own Your Future," to encourage people to take an active role in planning for long-term care needs. The campaign used qualitative and quantitative research methods to determine how best to reach individuals.

Since 2005, more than 24 states have participated in the campaign. Governors in participating states sent letters to all households with residents between the ages of 45-65 (and in some states ages 50 to 70). The letter encouraged them to consider their future long-term care needs and order a free Long-Term Care Planning Kit. These mailings reached approximately 18.1 million households, and almost 1.5 million recipients took the additional step of ordering the free kit, for an overall response rate of over 8%.

Those who ordered the kit received information about planning strategies, legal considerations, private and public financing options, and other tools to help them make decisions about long-term care planning. Some participating states conducted complementary outreach activities promoting local care resources.

The campaign was effective in prompting individuals to take some type of long-term care planning action. Those who received the Planning Kit were significantly more likely to take some type of planning action as compared to those who did not receive it. Specifically, those who received the Planning Kit were twice as likely to buy long-term care insurance after the campaign.

Overall, results suggest the campaign was effective in getting individuals who already have a planning orientation to take some type of planning action. However, because the initial mailing resonated more strongly with individuals with a planning orientation, it was not as effective in generating requests for the planning guide among those who saw little value in planning ahead. Additional research to identify how to create a planning orientation with respect to future long-term care needs among those who currently lack it is needed.

Introduction

Statement of the Problem. Although 70% of Americans will need long-term care at some point
in their lives, many individuals fail to plan for this likelihood. Long-term care includes a variety of services to meet personal care needs over an extended period of time. Most long-term care is non-skilled personal care assistance, such as help performing activities of daily living, or ADLs (e.g., bathing and dressing). The goal of long-term care is to help individuals maximize independence for as long as possible.[1]

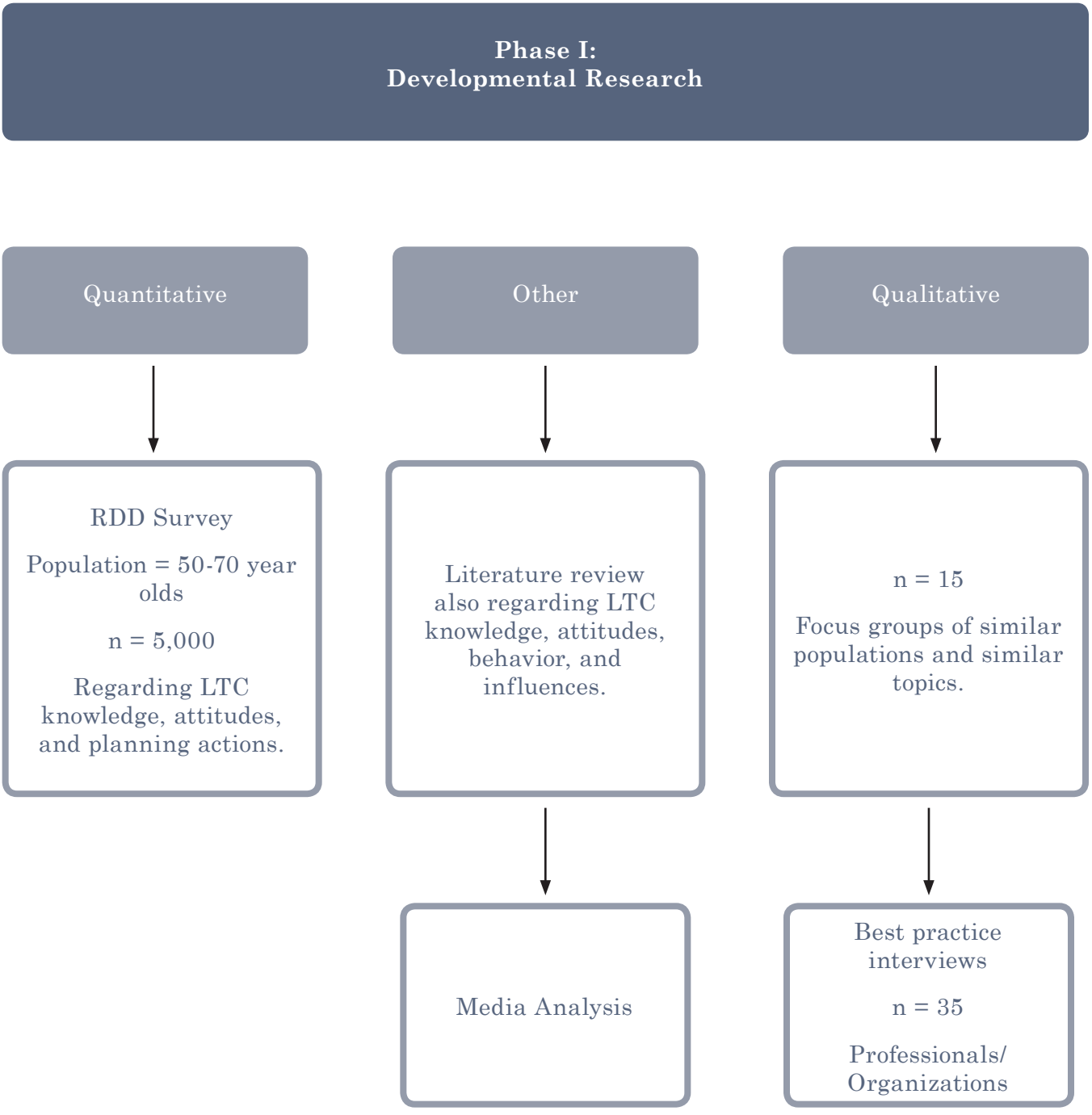
Being unprepared for long-term care needs can have catastrophic implications, both emotionally and financially. The average lifetime cost for someone who needs care is $150,000.[2] This is the cost of paid care only, so it does not attempt to monetize the value of the significant amount of unpaid care people receive from family and friends. For those who do not have, or do not choose to rely on, family or friends for informal care, the out-of-pocket expenditures for long-term care will be significantly greater than the $150,000 mentioned above. Failure to plan also has societal implications. Lack of planning for long-term care is likely to increase the strain on already overburdened public financing sources, most notably state Medicaid budgets.

The U.S. Department of Health and Human Services (USDHHS) launched the "Own Your Future" campaign, a comprehensive consumer education campaign to increase awareness about planning ahead for long-term care and motivate individuals to plan ahead for their future needs. Planning was defined broadly to include not only financial issues but lifestyle, health, housing, legal issues, and other concerns associated with aging and disability. The campaign aimed to make people aware of the importance of planning and give them incentives and tools for planning.

The program has been ongoing since 2005, and has reached over 18 million households in 25 states. Each year, approximately three to five more states joined the effort. This case study explains the research used to develop the social marketing campaign, key activities, and campaign results to date.

A diagram providing an overview of the continuum of campaign activities, from development through implementation and evaluation, is shown in *Figure 1*, next page.

Figure 1.



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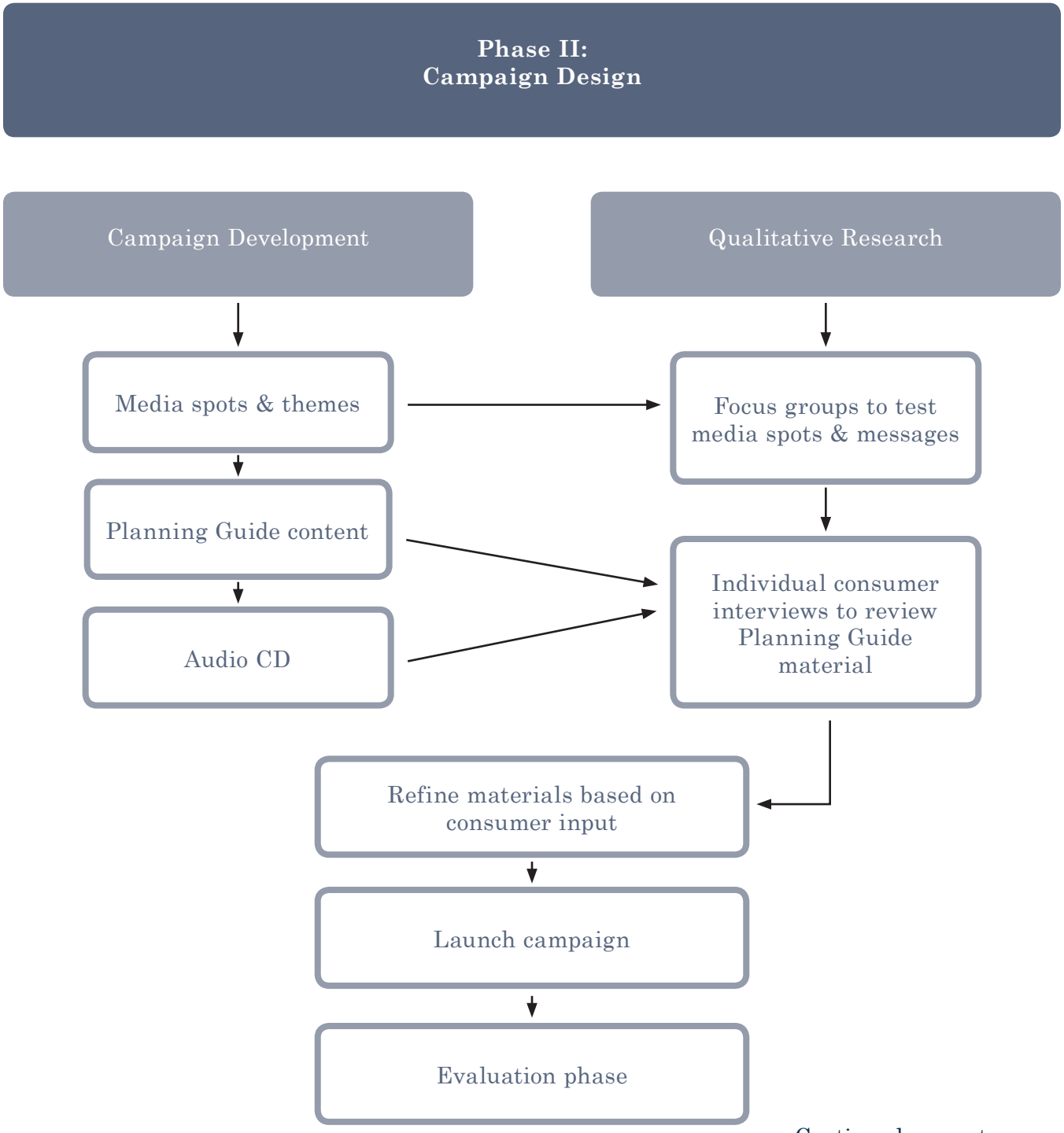

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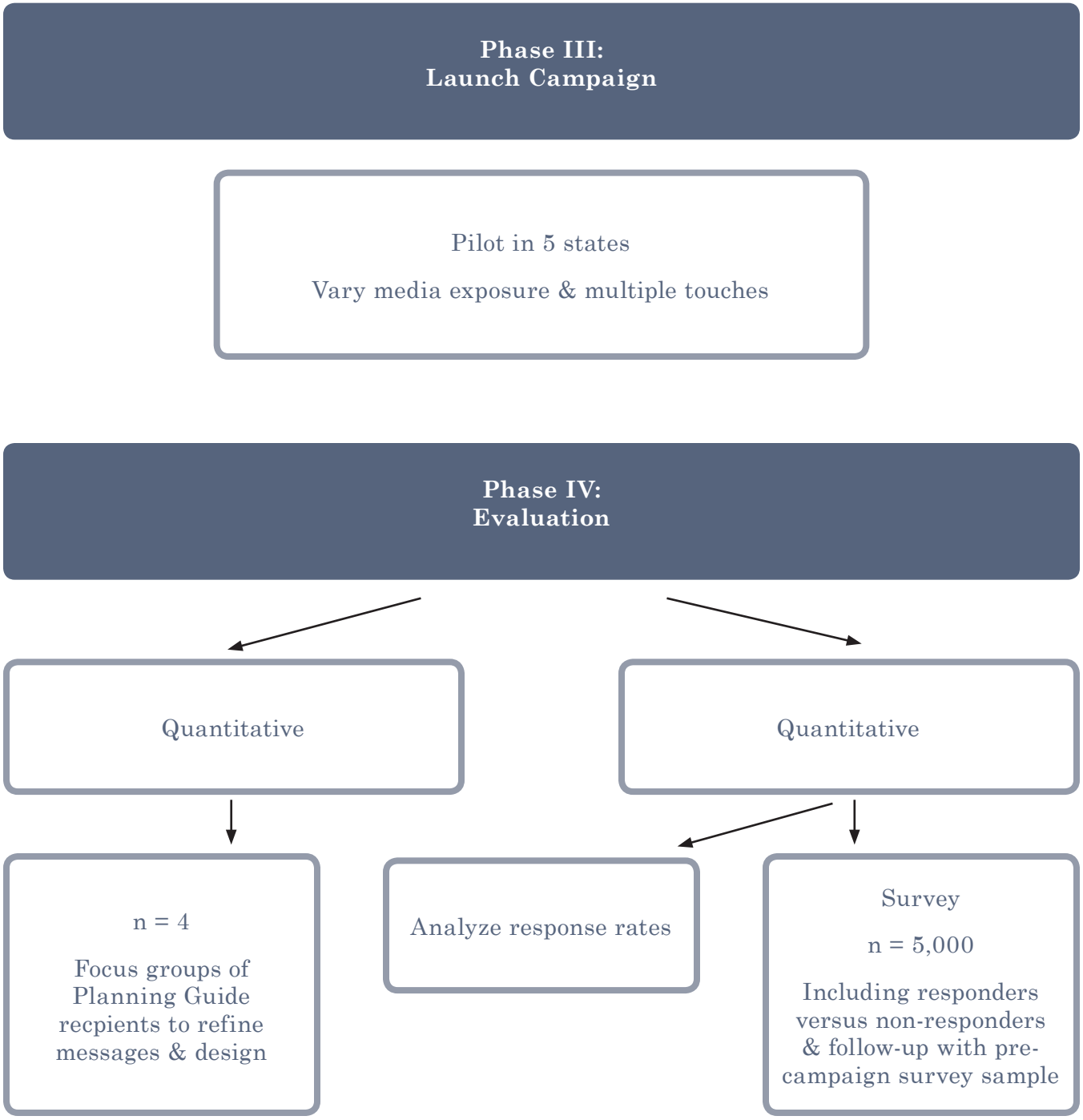

Background

A Social Marketing Challenge

As with many social marketing campaigns, the challenge was to motivate people to adopt a behavior that they either do not want to do (e.g., plan for their long-term care needs) or may want to undertake, but do not know how to do so or may not feel it is not feasible.

The social marketing challenges for "Own Your Future" were to find ways to communicate the following messages:

- Long-term care needs are best met when they are planned for;
- Planning ahead can mean more options, peace of mind, and independence at a time when it is needed most;
- Planning eases the emotional and financial burden on loved ones;
- Planning does not need to be an overwhelming undertaking; and,
- Planning for one's long-term care needs can begin by taking the first step of ordering the Long-Term Planning Care Kit.

Barriers to Planning

Attitudes and Beliefs

Peoples' attitudes and knowledge about long-term care have changed dramatically over the last 25 years. Misperceptions, such as the belief that "It won't happen to me," or that "Medicare or my health plan will pay for long-term care" still exist. However, overall, awareness about the need to plan has improved.[3-5] Currently, people lack knowledge about how to plan and may not believe that planning is possible and beneficial. Like end of life planning, making preparations for a time when one might be functionally or cognitively dependent on others is something individuals prefer not to think about. Overcoming this denial to realize that planning is possible and beneficial was the campaign's first challenge.[3,6]

Some social marketing campaigns are more challenging than others. For example, Got Milk is asking people to increase dairy consumption, but individuals do not have a strong attachment to not drinking milk. In contrast, a campaign to encourage people to quit smoking has to address both the advantages of quitting and overcome the strongly entrenched benefits to the smoker of retaining the addictive behavior. Essentially, like a quit smoking campaign, the long-term care planning campaign had to overcome a natural resistance in order to get the target audience to adopt the behavior being promoted. The resistance in this case was denial and discomfort, as opposed to addiction in cigarette smoking. In other words, it is more difficult to ask consumers to change

long-standing personal habits than to simply adopt new behaviors. This posed an additional challenge to the campaign planners. Other challenges included:

- **Denial.** People do not believe they may need long-term care, and thus underestimate the risk of needing care.[6]

- **Difficulty comprehending benefits.** The benefits of planning ahead (e.g., greater peace of mind, financial and emotional independence) occur far in the future for most people, and are difficult to quantify.

- **Disbelief.** People do not believe that planning can make a difference in an event that is already perceived as negative.

- **Overestimating costs.** People who buy private long-term care insurance while they are still young and healthy can appreciate low premiums for long-term care insurance. However, people consistently overestimate what they believe to be the costs of obtaining such coverage, even those who have met with an agent or planner.[7]

- **Misperception of financial risk.** Even if people do accept that they may need long-term care, many mistakenly believe that Medicare, disability insurance, or their private health plan will pay for long-term care.[8]

Campaign messages also included incentives for planning, such as:

- Greater independence and choice of care settings, should the time come that care is needed;
- Peace of mind of not having to rely on or burden one's family or friends with caregiving responsibilities;
- Financial protection (e.g., being able to protect quality of life, lifelong savings, and leave an estate to a surviving spouse or heir); and
- Guarantee that one can afford the type and amount of care that is preferred.

What Does it Mean to Plan?

Focus groups and surveys disclosed that the target audience, ages 45-65, wanted a road map for planning that could help them understand what steps made sense at various points in their lives. When members of the target audience were asked what planning for long-term meant to them, some consumers expressed concern that all the communications they received were trying to get them to purchase something (e.g., long term care insurance). They wanted a planning process that addressed more than just the financial aspects of aging or becoming disabled (e.g., how to plan for a time when one might need to rely on others for care, assess one's current living situation, and identify

options that might better suit finances). They also wanted advice about legal considerations (e.g., setting up an advance directive or living will), talking with family about preferences in advance of needing care, what services are available in the community, what care costs, making sound care choices, and ways to pay for long-term care.[9] Finally, they wanted planning broken down into easy steps, such as talking with family about care preferences and reviewing one's current coverage to understand whether long-term care is covered. It was felt that these small steps would help consumers in their planning process.

Methods

Message Development

Both qualitative and quantitative research activities were initiated to help formulate effective messages and strategies for the campaign. Activities included:

- Consumer focus groups to understand baseline knowledge about long-term care, attitudes toward planning, barriers to planning, and factors that would encourage and enable planning. The focus groups were designed based on standard qualitative research methods.

- A direct mail survey to 5,000 randomly selected individuals in the target age group to gain further insight.

- Interviews with more than 35 professionals and leaders of organizations successfully involved in motivating planning behavior to define best practices that have been used to reach this population on the topic of long-term care planning.[10]

- A comprehensive review of the literature on consumer attitudes and behaviors with regard to planning for long-term care, and

- A nine-month long media watch to identify current messages about long-term care, including positive messages to build upon, and negative messages to address.

The consumer focus groups and survey provided a useful baseline to assess knowledge of long-term care, factors that would motivate planning, and barriers to planning. The focus groups also helped determine the most effective language of long-term care to use in reaching out to consumers. It highlighted consumers' concerns with message overload, the importance of a government-sponsored campaign that is clearly identified as such, and the need to differentiate communication that is really meant to sell something as opposed to those meant to educate. Additionally, the focus groups identified what consumers viewed as positive outcomes associated with planning. Moreover, the results of the focus groups showed that respondents had different opinions about planning for long-term care, depending on their life stage, financial situation, or family circumstances. It validated the research team's hypothesis that a one-size-fits-all solution would not be well received. Consumers are interested in materials that address their specific lifestyle, housing, financial, legal, and family concerns with regard to long-term care.

The best practices interviews, as well as the literature review, identified a number of critical factors in reaching out to consumers to motivate learning and behavior change with regard to long-term care.[10] For example, the research team learned that:

- The best approach is one that is factual and uses personal anecdotes and real stories to illustrate the facts, but does not use scare tactics. Some humor in the campaign is helpful, but it must accompany key facts and a meaningful call to action.

- Repeat messaging is important. A complex topic such as long-term care requires more than one touch.

- Campaign messages need to be sent through a trusted source.

- The education gap needs to be addressed by providing basic facts about risks and costs, but also by providing a solution to any problem that is raised.

- Earned media, or no cost placement of public service announcements (PSAs) is cost-effective, but should be supplemented with outreach that is more tangible and lasting (e.g., direct mail).

- Direct mail is relatively inexpensive and allows for focused and repeat communication.

- Paid advertising can be an effective supplement to direct mail as well, but is not generally useful on its own.

- Materials need to include an easy call to action and reinforce the rewards promised by the campaign (e.g., more care options, empowerment through education, independent living, peace of mind, aging with dignity, and others).

The formative research suggested that the most receptive audience members were individuals ages 45-65, which became the broad audience segment for this campaign. Specifically, this age category is starting to think about retirement and/or dealing with aging issues for their parents.

Message Testing

Following this initial research, the team developed test materials and messaging, and conducted more focus groups to evaluate the target consumer's receptivity to them. The materials included a variety of themes for a TV spot and a direct mail campaign. An important component of the focus group testing for the direct mail campaign was to include the proposed direct mail sample piece(s) – testing various designs and content – by including the piece with a variety of other typical mail one might receive. Focus group participants were recruited without any awareness of the subject matter for the group. They were provided with a mailbox of materials and asked to sort through them and select the pieces they would discard unread and those that piqued their interest and might be ones they would open. In this way, the researchers could evaluate how the target audience might respond to the various lead generation pieces

being considered. In the end, the piece with a matter of fact message and an official endorsement from a government sponsor was determined to be most effective. Pieces with humor or wake up call type messages and graphics did not gain as much favor with the target audience in the mail sort exercise.

The focus group process also tested a variety of phrases for the name of the campaign. The literature review and best practice interviews indicated that positive messages resonate better. Concepts around independence, control, and financial security were more favorably received. A variety of phrases conceived by the program developers were tested, including the "Own Your Future" concept, which seemed to be favored most with the target audience.

Through this process, the strategy and campaign components were refined. The campaign also included a variety of print materials, including the campaign's central focus – a specially created Long-Term Care Planning Guide – designed to address the key elements identified in the formative research phase. Once the campaign title, "Own Your Future," and the core educational piece for the campaign were developed, one-on-one interviews with consumers were conducted to identify how to modify the content and presentation of the educational booklet. Based on the interviews, the research team added a real stories CD to the mailing packet so that individuals had voices, names, and examples to illustrate each type of the planning booklet materials being discussed.

Campaign Implementation Planning

The "Own Your Future" campaign used direct mail, public relations, and both paid and public service media spots to communicate its messages. The USDHHS also collaborated with state governments to promote messages. The campaign began as a pilot program in five states: Arkansas, Idaho, Nevada, New Jersey, and Virginia.

The direct mail component included a letter from each state's governor to every household with a member between ages of 50-70. The letter included a brochure informing consumers how to order the free Long-Term Care Planning Kit. Over 2.1 million letters were sent to households across the five pilot states. Follow-up postcards were also used to remind the target group of the availability of the Planning Kit.
Communications through the sponsorship of the governor as a credible source of information was an important element of the campaign. It helped address the information clutter being directed at consumers, since the governor is a neutral source on this issue who has the public's trust. Importantly, the materials did not endorse any specific product. Instead, the desired behavior was to order the free educational kit. The kit aims to motivate recipients to take action in

a wide variety of planning behaviors, such as talking to family or assessing available community care resources.

The second component of the campaign was a series of paid advertisements to publicize the toll-free number to order the Planning Kit. Paid media included television and radio spots selected to maximize exposure in the target audience. PSAs were also used to supplement the paid media buy.

Media Campaign

Due to budget limitations, the media buy varied in the campaign states. Both TV and radio were used only in Idaho. TV only was used in Arkansas, Nevada and selected markets within Virginia. Radio was used in New Jersey, due to the high cost of paid media; however, the campaign was successful in placing PSAs in all markets, including New Jersey.

A variety of TV and radio spots ran frequently over an eight-week time period in most media markets. Across all media markets, a total of 3,107 PSA TV spots and 1,036 radio spots aired over the duration of the media component of the campaign. The media activity focused on the stations, programs, and times of day best suited to reaching the age 50+ target market.[11,12]

Results

The campaign evaluation included: (a) an analysis of response rates, and (b) a baseline and follow-up survey.

Response Rates

The unduplicated response rate to the direct mail campaign across all campaign states was 7.7% (see *Table 1*). The response rate was highest in Virginia at 9.1%. The response rate in all states is considerably higher than the rate for comparable private sector, product-oriented direct mail campaigns, which generally have response rates between 0.5% to 2.0%.11,12 New Jersey's response rate of 7.5% was especially impressive, considering that paid TV media was not used there.

Table 1. Response Rates for Phase I States (2005)

State	Total Kit Orders	Individuals*
Arkansas	7.4%	5.2%
Idaho	8.7%	7.9%
Nevada	9.3%	8.0%
New Jersey	7.9%	7.5%
Virginia	10.3%	9.1%
Total Campaign States	**8.8%**	**7.7%**

*Represents non-duplicated orders

Baseline and Follow-up Knowledge, Attitude and Behavior Surveys

A consumer survey was conducted both prior to and following implementation of the campaign. The pre-campaign survey conducted in late Fall 2004 was designed to measure baseline levels of knowledge, awareness, attitudes and behavior about long term-care planning. Selected respondents included a randomly dialed sample of 4,500 individuals within the target audience in the five pilot states.

Once the first phase of the campaign concluded, a post-campaign telephone survey was conducted among the same group of respondents to identify changes in their long-term care knowledge, attitudes and planning behaviors. The survey explored changes in key attitudes or planning activities, as well as exposure to and opinions of the campaign activities. The post-campaign survey also included a replacement sample

of individuals who requested the "Own Your Future" Planning Kit, but who were not included in the baseline assessment. Including these kit respondents better enabled the planning team to evaluate differences between kit responders and non-responders in terms of their reaction to the initial campaign message (e.g., a call to action to order the Long-Term Care Planning Kit). Thus, the survey design examined changes over time among the same population, as well as differences between kit responders (e.g., those who requested and received the kit) and non-kit responders (e.g., those who did not request the kit).

Fielding for the post-campaign survey took place in late Fall 2005. Individuals were surveyed about their recall and reaction to the "Own Your Future" campaign approximately five to seven months after campaign completion. While the team's ability to measure recall of specific campaign elements could have been enhanced by fielding the survey sooner after the campaign concluded, it was believed that a greater time interval was needed in order to detect meaningful behavioral changes as a result of the campaign.

The final sample included 2,904 individuals who participated in both the pre- and post-campaign surveys (i.e., the follow-up sample), as well as 1,600 individuals in the campaign states who participated only in the post-campaign survey and those who requested the planning kit. Approximately 65% of the individuals who participated in the baseline pre-campaign survey also participated in the follow-up post campaign survey. These figures varied only slightly by campaign state. Therefore, the remaining 35% of the survey sample consisted of the replacement sample drawn randomly from kit responders. Across the entire sample participating in the post-campaign survey, approximately 41% of the sample received the Planning Kit.

Unfortunately, given the range of response rates, from 7% to 10%, the likelihood that an individual would simultaneously be included in both the pre- and post-campaign surveys and have received the Planning Guide was very small. Therefore, the sample size associated with individuals falling within that category was too small to analyze on a pre- versus post-campaign basis to identify changes associated with receipt of the planning guide within this survey segment. As a result, the focus of the analysis presented here is on the more important differences found in terms of attitudes and actions among the kit responders and non-kit responders.

Demographic Differences

Table 2 summarizes demographic differences between individuals who requested the Long-Term Care Planning Kit and those who did not. Statistically significant differences were discovered.

Financial status did not differ significantly across the responder vs. the non-responder groups. This suggests that individuals along all ends of the financial spectrum of income and assets found some relevance in the campaign. This finding is consistent with the broad range of topics addressed in the Planning Kit, which emphasized financial planning approaches as well as lifestyle and household options. Specifically, the kit was designed during the focus group process to hold broad appeal across individuals of various ages and incomes. Therefore, it is not surprising that there were no significant differences in demographic traits among those who ordered the kit and those who did not.

Table 2. Demographics by Responder Status

	Responder's Status	
Demographics	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2651
Age of Respondents		
50-54	18%	19%
55-59	25%	28%**
60-64	22%	22%
65-59	24%**	21%
70+	11%	10%
Mean Age of Respondents	61**	61
Female	64%	72%***
Married	61%	70%***
Education Level of Respondents		
Less than high school	5%	9%**
Graduated high school	22%	27%**
Some college/technical school	30%	30%
Graduated college	20%	19%
Post graduate education	23%***	16%
College or higher degree	43%***	35%

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Table 2. Demographics by Responder Status (continued from previous page)

	Responder's Status	
Demographics	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2651
Employment Status		
Employed	43%	46%*
Retired	38%***	32%
Other (homemaker, student, etc.)	19%	22%**
Retirement Status		
Completely retired	77%	74%
Retired but working for pay	13%	13%
Other (homemaker, babysitter, etc.)	10%	13%**
Health Status of Respondents		
Excellent	33%	31%
Good	42%	46%**
Fair	17%	17%
Poor	8%**	7%
Children Living within 25 Miles	54%	61%***
Homeownership	89%	87%
Household Income		
Less than $10,000	8%	9%
$10,000 - $20,000 ($19,999)	12%	11%
$20,000 - $30,000 ($29,999)	14%	14%
$30,000 - $50,000 ($49,999)	23%	21%
$50,000 - $75,000 ($74,999)	19%	19%
$75,000 - $100,000 ($99,999)	11%	12%
$100,000 or more	14%	14%
Household Income More than $30,000	68%	66%
Household Assets		
Less than $10,000	22%	25%**
$10,000 - $20,000 ($19,999)	9%	10%
$20,000 - $30,000 ($29,999)	7%	9%
$30,000 - $50,000 ($49,999)	7%	9%
$50,000 - $75,000 ($74,999)	7%	8%
$75,000 - $100,000 ($99,999)	7%	6%
$100,000 - $125,000 ($124,999)	4%	5%
$125,000 or more	36%***	29%
Household Assets More Than $30,000	65%***	58%
Have an IRA, 401-K, or an annuity	67%**	63%

* p<0.1 level; ** p <0.05 level; *** p<0.001 level

Long-Term Care Experiences

This study's findings are consistent with prior research[3-5] that individuals who had a close family member who needed long-term care or who knew someone who used up savings paying for care were more likely to order the kit than those who did not share those experiences. These findings are shown in *Table 3*.

Table 3. Respondent's Long-Term Care (LTC) Experience

	Responder's Status	
Long-Term Care Experience	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2653
Arranged for or provided help with LTC	39%	38%
Close family member needed LTC care	55%**	51%
Know someone who used most of their savings to pay for LTC.	48%***	40%

* p<0.1; ** p <0.05; *** p<0.001

Attitudes about Planning and the Need for Long-Term Care

A series of questions focused on how strongly the individual agreed with various statements about the value of planning and the obstacles to being able to plan ahead. Responders were more likely to perceive the value of planning ahead and to express a certain degree of confidence about their ability to perform advance planning (see *Table 4*, next page).

Beliefs and attitudes associated with the probability of ordering the Planning Kit include:

- A belief in the value of planning and the benefits of planning ahead.
- A belief that long-term care may someday be needed.
- Concern about the burden on their family if they needed long-term care.
- Worry about the financial impact of their care needs on loved ones.
- Concern about how or whether they will get help if they needed long-term care.

Table 4. Attitudes About Planning for Long-Term Care

	Responder's Status	
Attitude and Awareness of LTC	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2653
General Planning Style		
I leave nothing to chance	8%**	6%
I plan ahead as much as I can	77%	75%
I plan only when I have to	9%	11%**
I let the future take care of itself	7%	9%**
How often do you make plans or lists		
Most of the time	65%***	59%
Some of the time	30%	32%
Hardly ever	4%	7%***
Never	2%	2%*
There are planning steps I can take now		
Strongly Agree	19%**	16%
Agree	69%	71%
Disagree	10%	12%
Strongly Disagree	1%	1%
I am confident that I could get the help I need if I need LTC		
Strongly Agree	15%	14%
Agree	65%	69%**
Disagree	17%**	15%
Strongly disagree	3%	2%
I do not know what steps to take		
Strongly agree	3%	4%
Agree	25%	26%
Disagree	59%	60%
Strongly Disagree	13%**	10%
Planning means I have more control over the type of care I receive		
Strongly Agree	25%***	21%
Agree	67%	69%
Disagree	7%	9%**
Strongly Disagree	1%	1%

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Table 4. Attitudes About Planning for Long-Term Care (cont. from previous page)

	Responder's Status	
Attitude and Awareness of LTC	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2653
By planning, I can better protect my family's income and savings		
Strongly Agree*	23%**	19%
Agree	67%	70%*
Disagree	9%	10%
Strongly Disagree	1%	1%
Planning for a time now will help me stay in my home		
Strongly Agree	21%***	17%
Agree	69%	72%**
Disagree	10%	10%
Strongly Disagree	1%	1%
I worry that the cost of care would burden my family		
Strongly Agree	21%***	17%
Agree	46%	50%**
Disagree	28%	30%
Strongly Disagree	4%**	3%
I feel confident that family or friends would take care of me		
Strongly Agree	13%	15%
Agree	54%	60%***
Disagree	27%***	22%
Strongly Disagree	5%***	3%
I will deal with it when I get to it		
Strongly Agree	7%	6%
Agree	40%	46%***
Disagree	43%	41%
Strongly Disagree	10%**	8%
How likely do you think it is that you might need this type of care		
Very Likely	26%***	21%
Somewhat Likely	50%	48%
Not Very Likely	18%	23%***
Not At All Likely	6%	8%**

* $p<0.1$; ** $p<0.05$; *** $p<0.001$

Paying for Long-Term Care

There were differences between kit responders and non-kit responders in terms of their knowledge and perception of who would pay for long-term care if they needed it on an extended care basis (See *Table 5*, next page). Those who did not order the kit were more likely to say that Medicare and/or Medicaid would pay some of the costs, while those who did order the kit were more likely to see Medicare and/or Medicaid as paying none of those costs.

In contrast, people who ordered the kit were more likely to feel that they would be responsible in paying for long-term care on their own, while those who did not order the kit were more likely to say that their own financial resources would not pay for any of their care. Finally, those who ordered the kit were more likely to say that children would not be involved in paying for their care, while non-responders were more likely to say that they would rely on children to pay for their care.

Table 5. Respondent's Knowledge of Who Pays for Long-Term Care

	Responder's Status	
Who Pays for Long-Term Care?	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2653
Medicaid		
All of the costs	11%	11%
Most of the costs	12%	13%
Some of the costs	42%	47%**
None of the costs	34%***	29%
Medicare		
All of the costs	4%	4%
Most of the costs	12%	13%
Some of the costs	65%	68%**
None of the costs	19%***	15%
A private health insurance or retirement health plan		
All of the costs	5%	6%
Most of the costs	20%	20%
Some of the costs	52%	50%
None of the costs	23%	24%
Your own income, savings, or the sale of other assets		
All of the costs	10%**	8%
Most of the costs	18%	19%
Some of the costs	58%	56%
None of the costs	14%	17%**
Children or Relatives		
All of the costs	2%	2%
Most of the costs	3%	5%**
Some of the costs	40%	44%**
None of the costs	55%***	49%

* p<0.1; ** p <0.05; *** p<0.001

Campaign Exposure

Fewer than half of the respondents recalled receiving the governor's letter. Furthermore, fewer than 40% of the sample recalled seeing a TV ad and approximately 13% recalled hearing a radio ad. These findings are summarized in *Table 6*.

As stated previously, about 8% of the sample ordered the Planning Kit. Of these individuals, 80% indicated that they had read the kit. By contrast, however, only 17% of those receiving the kit listened to the Success Stories CD that was included. Follow-up focus groups indicated that many individuals did not notice the CD. They thought it was a talking version of the same material, or tried to play it as a DVD and failed.

Table 6. Campaign Exposure

	Responder's Status	
Campaign Exposure	**Ordered Planning Kit**	**Did Not Order Kit**
	n=1849	n=2653
Received the governor's letter	69%***	34%
How informative was the letter?		
Very informative	30%	26%
Somewhat informative	54%	56%
Not very informative	12%	11%
Not at all informative	4%	8%**
See a TV ad about LTC	42%**	36%
How informative was the TV ad?		
Very informative	31%	28%
Somewhat informative	52%	57%*
Not very informative	13%	11%
Not at all informative	4%	4%
Hear a radio ad about LTC	14%*	12%
How informative was the radio ad?		
Very informative	28%	23%
Somewhat informative	55%	61%
Not very informative	12%	11%
Not at all informative	6%	4%

* p<0.1; ** p <0.05; *** p<0.001

Long-Term Care Planning Actions

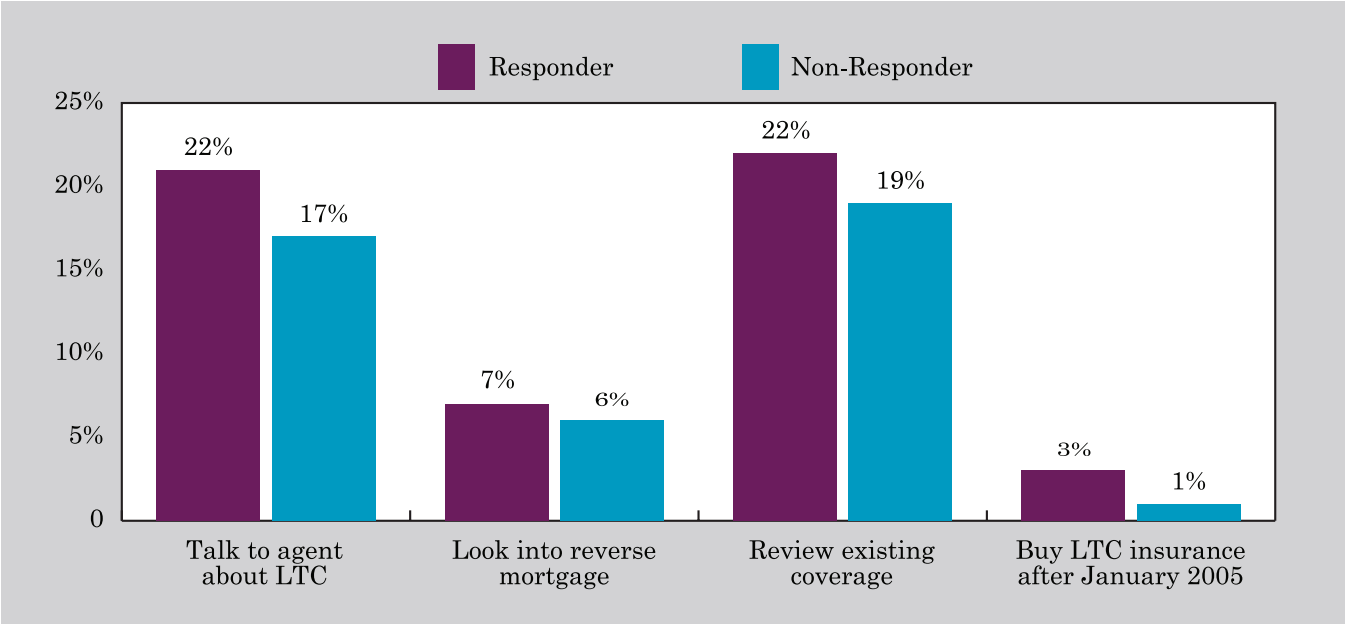
Respondents were asked about planning steps taken to prepare for their future long-term care needs. Specifically, as shown in *Figure 2*, they were asked whether they had taken any of the four key planning steps. Individuals who ordered the planning kit were more likely to have:

- Purchased long-term care insurance (after the campaign);
- Consulted with a financial planner or an insurance agent;
- Looked into a reverse mortgage and/or;
- Reviewed existing coverage.

Respondents who bought long-term care insurance after the campaign were compared by state. In New Jersey, Arkansas, and Virginia, the differences are statistically significant at $p<0.05$, $p<0.05$, and $p<0.01$, respectively. These differences, however, are not statistically significant in Idaho and Nevada.

Individuals who recalled the campaign communications and those who read the Planning Kit and/or listened to the CD were more likely to take some planning action. For example, individuals who recalled getting the governor's letter were more likely to review their existing insurance coverage to see if it covered long-term care (26% vs. 16%), to talk to an agent or financial planner about long-term care (25% vs. 14%), to look into a reverse mortgage (8% vs. 5%), or to buy long-term care insurance after the campaign (3% vs. 2%).

Figure 2. Planning Actions Taken by Responder Status



Multivariate Analyses

Finally, factors related to the probability of ordering a Planning Kit and the probability of taking some type of planning action, based on multivariate regression analyses, were identified. This is important to note since many variables that may prove to be significant on a bivariate basis may only be significant because they are proxies for or correlate with other variables. For example, the males in the survey are more likely to be married; individuals with higher incomes have a greater likelihood of having greater asset levels; and both are associated with higher levels of education.

Tables 7 and *8* show the variables tested in two separate multivariate equations. The coefficient indicates the direction of the relationship - negative or positive - while the Exp (B), known as the odds ratio, can be used to interpret the magnitude of the effect of each variable on the probability of ordering a kit. For example, in Table 8, an odds ratio of 1.36 for ordering a kit means that those who ordered the Planning Kit were roughly 1.4 times more likely to take some kind of planning action than those who did not order the kit, all else being held equal.

Table 7. Logistic Regression Model for Understanding the Probability of Ordering a Kit (Results of Multivariate Analysis)

Variable	Coefficient	Exp (B)
Being a New Jersey resident	.40***	1.492
Level of campaign exposure	.74***	2.105
Attitude scale toward planning	.05***	1.052
Think they may need long term care	.27**	1.308
Knowing someone that used most of their savings or assets to pay for LTC	.133	1.142
Age	.02***	1.021
Being female	-.46***	.632
Being married	-.43***	.648
College degree or higher	.25***	1.280
Owning a home	.123	1.131
Having an income greater than $30K	.113	1.119
Having assets greater than $30K	.149	1.160
Took action as a result of something they read, heard or saw in media	.51***	1.667

* p<0.1; ** p <0.05; *** p<0.001

Looking first at *Table 7* (previous page), the following variables emerged as significant independent predictors of ordering a planning kit:

- Attitudes toward planning
- Level of campaign exposure
- Belief in the need for long-term care someday
- Being between ages 65 and 69
- Being female
- Being married
- Having a college degree or higher
- Having already taken some action as a result of something they read, heard, or saw about long-term care in the media
- Being a New Jersey resident

Regarding demographics, the results include both expected and unexpected relationships. For example, consistent with the current findings, other research has shown that higher education correlates with being a planner and being more likely to take planning actions in general, and specifically to be involved in planning for both retirement and long term-care needs (i.e., those with a college degree or higher are roughly 1.3 times more likely to have ordered a kit).[3-5]

Other research, however, suggests that long-term care is a more salient issue for females.[3-5] In particular, women may be more likely to have care-giving experience, raising their awareness of the value of planning, and are also more likely to be single at the time that they might need long- term care. Thus, these points raise the importance of planning for females. Yet, results suggest that, all else being held constant, females were less likely to have ordered the Planning Kit.

Similarly, married people were also less likely to order the Planning Kit. As with females, evidence suggests a greater participation in long-term care insurance and similar planning activities among married couples for a variety of reasons.[3,4] Thus, the current data may well reflect the fact that married couples are further along in planning and, therefore, did not feel the need to request the Planning Kit.

Consistent with other studies, people who see themselves at risk for long-term care and who believe in the value of planning,[5] as measured by a created variable, the attitude scale toward planning, are more likely to engage in planning activities (e.g., ordering the Planning Kit). The attitude scale was based on responses to a series of questions all designed to indicate a planning orientation, such as stating Agree or Strongly Agree to the statement "I can take steps now to plan for a time when I may no longer be able to take care of myself." Ten different questions were used to create a planning orientation score, ranging from zero to ten.

An important research question is whether the exposure to campaign elements in general, and more specifically the media, increased the likelihood that someone would order a Planning Kit. Indeed, the analysis suggests that those with a higher score on a composite variable for level of campaign exposure were two times more likely to order the kit. Respondents could receive a score

from zero to three, based on the number of "Yes" responses they had on items related to campaign recall.

These findings are consistent with other research, suggesting that the number of touches or exposures to a message that an individual receives is positively related to them taking whatever action is directed in that message.[5] Individuals with a higher score on the campaign exposure variable reported that they received more communication urging them to order the Planning Kit, including mail, TV and/or radio. This does not, however, explain which type of media exposure was most important — TV, radio, follow-up postcard, or initial governor's letter. It merely suggests that the more exposure to the message, the better it is for requesting the Planning Kit.

Finally, it is difficult to explain why being a New Jersey resident, holding all else constant, had a favorable impact on the probability of ordering the Planning Kit. Other variables not captured by or influenced by the campaign may explain this finding, including the following:

- More urban/densely populated than other campaign states may help promote word-of-mouth awareness of the campaign;
- Impact of multiple touches from spillover from a simultaneous NY state media campaign on long-term care and marketing of the Federal Long Term Care Insurance Program;
- Nature of the Medicaid program in the state;
- Cost of care and occupancy rates for nursing homes in the state and/or;
- A letter from the governor of New Jersey may have provoked greater interest, since the governor was in the news for reasons unrelated to long-term care just prior to the campaign.

While strong response rates are an important element of a successful program, it is more important to examine whether people changed their behavior as a result of the campaign. The goal of the campaign, indeed, was to encourage and enable individuals to plan ahead for their long-term care needs. Therefore, *Table 8* (next page) takes a closer look at the variables that emerge as significant independent predictors of the likelihood of taking some type of long-term care planning action (e.g., reviewing existing coverage, talking to a financial planner or agent, considering a reverse mortgage, or buying long-term care insurance after the campaign). The sample sizes, with respect to the number of individuals who took one or more of these specific planning actions, were too small to analyze separately. Therefore, variables associated with taking one or more of these four planning actions were looked into. The independent variables used were the same ones described above, with the addition of a variable indicating whether the individual ordered the Planning Kit.

Table 8. Logistic Regression Model for Understanding the Probability of Taking A LTC Planning Action (Results of Multivariate Analysis)

Variable	Coefficient	Exp (B)
Ordered the Planning Kit	.309**	1.363
Being a New Jersey resident	.038	1.039
Level of campaign exposure	.146*	1.158
Attitude scale toward planning	.078***	1.081
Think they may need long term care	.018	1.019
Knowing someone that used most of their savings or assets to pay for LTC	.018	1.018
Age	.041**	1.042
Being female	-.237*	0.789
Being married	.082	1.085
College degree or higher	.111	1.118
Owning a home	.395*	1.485
Having an income greater than $30K	.264*	1.485
Having assets greater than $30K	.241*	1.272
Took action as a result of something they read, heard or saw in media	1.35	3.862

* p<0.1; ** p <0.05; *** p<0.001

Variables that emerged as statistically significant predictors of taking some type of planning action included the following:

- Ordering the planning kit
- Exposure to campaign media (both paid media spots and PSAs)
- Attitudes toward planning
- Being between ages 65 and 69
- Being female
- Being a homeowner
- Having household income over $30,000
- Having assets over $30,000

It is interesting to observe the differences in the factors associated with taking action versus simply ordering the kit. Specifically, financial variables – home ownership, income, and assets in excess of $30,000 – emerge as being significant with respect to taking planning actions, but do not differentiate between those who ordered the kit and those who did not. This makes sense since the Planning Kit was presented as broad-based, with suggestions for planning steps and information about the value of planning appropriate to individuals of varying economic profiles. However, the planning steps included for evaluation do tend to focus to some degree on those actions that are less suitable for and less accessible to individuals of more limited financial means. If sam-

ple sizes were larger, distinct differences may have been seen within the demographic profiles associated with individuals who took different planning actions (i.e., those who bought long-term care insurance versus those who reviewed existing coverage).

Other planning actions mentioned in the kit but not included in the evaluation questionnaire were: talk to family about preferences and concerns as you age; evaluate the safety of your home environment for aging in place; prepare a living will, healthcare proxy or advance directive; find out what community resources are available for long-term care should the need arise, and find out what services cost. These are the types of planning actions that were intended to appeal to a broad spectrum of the target population, without regard to income or assets.

These findings suggest that the availability of the planning kit played a role in facilitating a first step planning action, since ordering a kit emerged as a significant variable in the analysis. While demographics play a role, as discussed above, exposure to the campaign message through the various media outlets and having a planning mindset specific to planning ahead for long-term care are also important variables in predicting whether someone will take steps to plan ahead for their future long-term care needs. These findings suggest that education about the importance and value of planning, and instructions on how to plan – as furnished by the Planning Kit – are influential in fostering planning behavior. However, it is also important that certain key attitudes about the value of planning either be in place or be fostered through education and dissemination of information in order to generate behavior change.

Discussion

The campaign successfully generated requests for the Long-Term Care Planning Kit. The response rate to the direct mail and media campaign was approximately 8% across the pilot states. This response rate compares favorably to the roughly 5% seen in social marketing campaigns and far exceeds the typical response rates for industry-based direct mail campaigns.[13] Additionally, the vast majority of individuals who received the Planning Kit, at 80%, said they read it.

Salience of the long-term care issue seems to be an important factor in whether someone ordered the Planning Kit. Long-term care experience is an important factor influencing whether someone requests a Planning Kit. Individuals who had a close family member who required long-term care, or knew someone who used up their savings paying for care were more likely to order the kit than those who did not share those experiences. Individuals closer to the time when they might need long-term care, (e.g., retirees ages 65-69 as compared to those ages 55-59) were more likely to request the Planning Kit. Females and married couples were less likely to request the Planning Kit. This may, in part, reflect the fact that they are already further along in their planning activities, or have already planned to seek out other venues for obtaining information on their long-term care options.

The campaign resonated most effectively with planners, that is, people who believe in the value and benefits of planning, who believe they may someday need long-term care, are concerned about being a burden on their family for care, and/or about how they will get help if they need it. Some demographic differences were observed. Individuals who ordered the Planning Kit better fit the profile associated with a planner in terms of a having higher education and having other financial products.

The team found significant differences between kit responders and non-responders in terms of their knowledge and perception of who pays for long-term care. Individuals who ordered the Planning Kit were more likely to see long-term care as an area of personal financial responsibility, while those who believed Medicare and/or Medicaid would pay were less inclined to order the Planning Kit (at the $p<.001$ level). Both groups were exposed to a great amount of long-term care information in the media and mail over the duration of the campaign. However, those receiving the Planning Kit were almost twice as likely to take any action as a result of what they saw, read, or heard.

Additionally, several variables emerged as statistically significant in a multivariate analysis, explaining factors important in motivating someone to order the Planning Kit. Specifically, a variable was constructed to measure one's attitude toward planning. The analysis also showed that people who believe that they may someday need long-term care are more interested in learning more about how they can protect themselves from the risks and costs of that event. Surprisingly, younger age, being female, and being married are all negatively related to the probability of ordering a Planning Kit.

Younger individuals likely have competing needs, such as school aged children, and may not have begun other important planning like general retirement.

Consistent with other research, individuals with a college degree or higher are more likely to take steps to plan ahead for their long-term care needs.[3,4] In our survey, they were more likely to have ordered the Planning Kit.

Perhaps most importantly, the evaluation found that individuals who received the Planning Kit were significantly more likely to take some type of long-term care planning action subsequent to receipt of the kit. These planning steps included talking to a financial planner or agent, considering a reverse mortgage, reviewing their existing coverage to see if long-term care is covered, and buying long-term care insurance. Looking more closely at factors associated with taking some type of planning action in the multivariate analysis, exposure to media, attitudes about the value of planning and concerns with long-term care, age, being female, being a homeowner, and having income and assets in excess of $30,000 were cited as important factors.

Lessons Learned

Finally, other key findings that have implications for future direction of the Long-Term Care Planning Campaign include the following:

- Public sector affinity and sponsorship of the campaign is critical to achieving good response rates and ensuring consumer confidence in the objectivity of the information being provided.

- Repeat messaging is important. In subsequent campaigns, where a follow-up postcard was not used, response rates tended to be rather low.

- Direct mail appears to be a more cost-effective communication vehicle than broadcast media. While it remains to be seen whether consumers exposed to the broadcast advertising are different in terms of their attitude or behavior change as a result of the campaign, there was no significant difference in response rates between broadcast media and non-broadcast media states. In addition, given the cost of paid broadcast media in most major media markets, direct mail is a more cost-effective and sustainable option, at least in terms of generating reasonable response rates.

- Based on feedback from both the public and private sectors, the campaign helped raise awareness among state policymakers for the need of an integrated approach to fostering private responsibility for long-term care planning. The campaign has also renewed collaboration between the public and private sectors, with the unified objective of raising awareness and education on these critical issues, which is evidenced by private industry support for and participation in the campaign.

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