

2015 Survey Report



**TEXAS MEDICAL
ASSOCIATION**
INSURANCE TRUST

Funded by a grant from the TMA Foundation with major support from TMAIT



**TEXAS MEDICAL
ASSOCIATION**

Physicians Caring for Texans



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FOUNDATION

walk with a
DOC



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EXECUTIVE SUMMARY

Project Overview

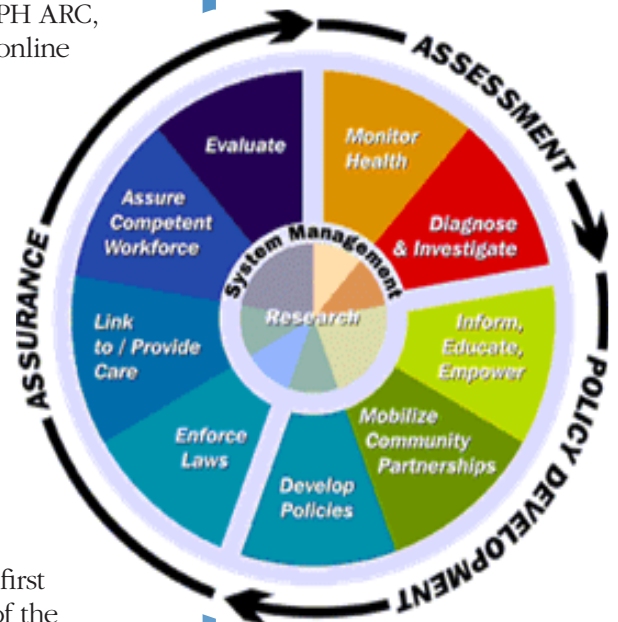
The Texas Medical Association (TMA) teamed up with The University of Texas School of Public Health, Austin Regional Campus (UTSPH ARC), to evaluate Walk With a Doc (WWAD) Texas. Tira Hanrahan, a TMA intern from UTSPH ARC, worked closely with TMA staff and UTSPH ARC faculty to create an online survey to analyze and evaluate the 2015 WWAD Texas program.

The intent of the collaboration between UTSPH ARC and TMA was to evaluate and improve the WWAD Texas program. As the program assessment progressed, it became apparent that this project met the Centers for Disease Control and Prevention's (CDC's) National Public Health Performance Standards, the framework illustrated in the accompanying chart. This framework identifies and assesses the capacity and performance of public health systems and institutions. WWAD Texas encompasses six of the 10 standards: link to/provide care; ensure a competent workforce; evaluate the effectiveness of the program; monitor health; inform, educate, and empower [participants] about health issues; and mobilize community partnerships.

There are two phases of the WWAD Texas program evaluation. The first phase, the initial survey, creates a baseline of data that covers three of the four goals of the program: (1) improve the health of all Texans, (2) increase the number of participants, and (3) increase the number of physician leaders. In the second phase, the follow-up survey, TMA will collect data regarding the fourth goal: (4) educate Texans about the prevalence of diseases associated with obesity by providing relevant talks to walk leaders. TMA will send out the follow-up survey in December 2015.

Walk With a Doc Program Overview

WWAD is a national nonprofit organization that encourages healthy physical activity in people of all ages, and seeks to reverse the consequences of a sedentary lifestyle in order to improve the health and well-being of the country. David Sabgir, MD, started Walk with a Doc in 2005. Dr. Sabgir is a board-certified cardiologist in Columbus, Ohio, who practices with the Mount Carmel Health System.





Walk With a Doc Texas

For the past three years, TMA has been a part of this national grassroots movement. WWAD Texas has a proven track record of helping people commit to a healthy lifestyle through monthly physician-led walks throughout Texas. Physicians are offered an opportunity to strengthen their role as a trusted leader in their community and to participate in a healthy activity with patients. Susan Pike, MD, a WWAD Texas leader who hosts a monthly walk in Georgetown with her patients, said, “The program isn’t about just weight loss or exercise. It’s about moving more, eating better, and learning about simple things we can do that can influence our health positively. These are the types of changes people can embrace that can lead to success.”

As of July, 2015, in Texas:

- 15 physicians lead 15 active sites;
- More than 300 walks and talks take place each year;
- 7,500 people will participate in 2015 (projected);
- TMA sent the online survey to more than 380 participants, with a 44-percent response rate; and
- 12 sites and 12 physicians submitted data for the survey.

WWAD Texas Sponsors

Texas Medical Association Foundation (TMAF) is dedicated to funding initiatives with the power to help physicians create a healthier future for all Texans. TMAF supports collaborative programs among medicine, business, and community that have measurable outcomes and reach large populations. WWAD Texas meets the focus initiatives of TMAF, as it promotes health, targets public health issues, offers resources, and fosters disease prevention.

Texas Medical Association Insurance Trust (TMAIT) was created to help physicians, their families, and their employees get the insurance coverage they need. Funding from TMAIT helps TMA physicians host walks with their patients, provide marketing and promotional materials, and cover insurance costs and technical support from the Walk With a Doc organization. TMAIT Administrator James Prescott said, “Supporting TMA’s Walk With a Doc Texas is another way we can back the efforts and meet the needs of TMA members. TMA Insurance Trust has been helping TMA members meet their insurance needs for 59 years, and helping WWAD Texas grow expands this mission.”



PARTICIPANT PROFILE

WWAD Texas participants come from all over the state. We have more than 460 participants on record, 389 active email addresses, and a projected rate of 7,500 participants for 2015.

We determined the projected number of participants for 2015 based on this information:

1. The 7,500 participants include repeats, e.g., if one person attends each monthly walk in a year, this counts for 12 walks but is considered one participant in this survey.
2. This survey was conducted in June, the middle of the calendar year, and the 7,500 participants are for the entire calendar year.
3. Nine of the 12 participating sites did not submit all of their sign-in sheets with participants' contact information, so our numbers are an estimate.

See the following table for the numbers according to site.

Locations and Walk Schedule

Location	Walk Schedule	Walks Per Year
North Houston	Monthly, 2nd Saturday	12
Brenham	Monthly, 4th Saturday	12
Katy	Monthly, 2nd Saturday	12
Dallas	Monthly, 1st Saturday	12
Hillsboro	Monthly, 2nd Saturday	12
New Braunfels	Monthly, 3rd Saturday	12
Paris	Monthly, 3rd Thursday	12
Dallas-Fort Worth	Weekly, Every Saturday	52
Edinburg	Weekly, Every Monday	52
Cuero	Monthly, 3rd Thursday	12
Tyler	Weekly, Every Thursday	52
Lubbock	Monthly, 2nd Saturday	12
Houston	Monthly, 2nd Saturday	12
Georgetown	Monthly, 2nd Saturday	12
Austin	Monthly, Varies	12

Total number of walks **300**

Average number of participants per walk x 25

Projected total number of participants for 2015 7,500

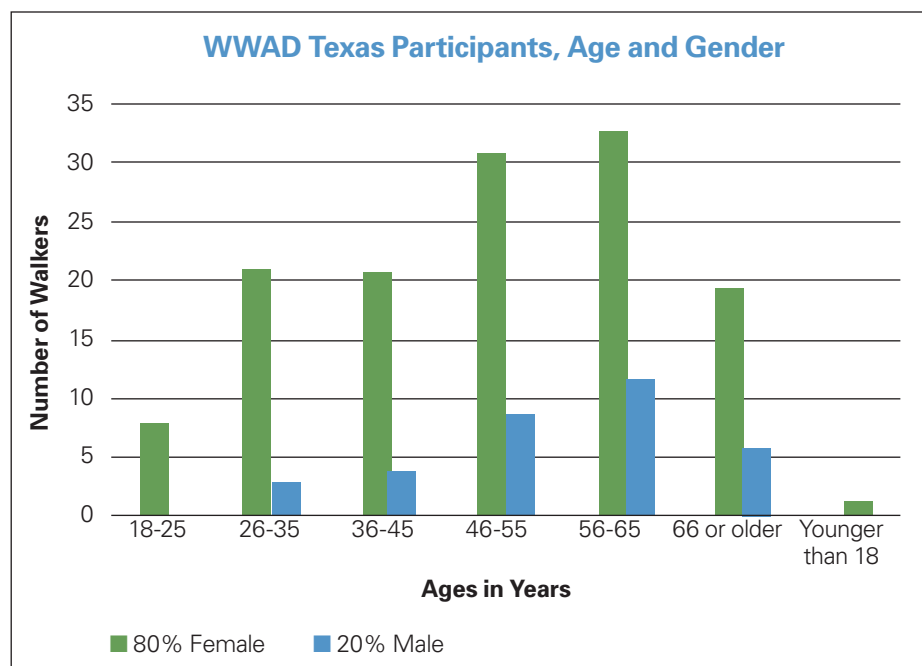




Demographics

Of those who participated in the survey, 80 percent were female, and 20 percent were male. The survey found that 47 percent of WWAD Texas participants are 46 to 65 years old; 24 percent are between 46 and 55 years old, and 23 percent are 56 to 65 years old. Another 18 percent are 66 years old or older, 15 percent are 36 to 45 years old, 14 percent are 26 to 35 years old, and 6 percent are 25 years old or younger. The graph below shows the distribution of age by gender.

The survey found the ethnic distribution of WWAD Texas to be 74 percent Caucasian, 14 percent Hispanic/Latino/Spanish origin, 6 percent Black/African-American, 4 percent Asian, and 1 percent each of Native Hawaiian/Pacific Islander and other origin.



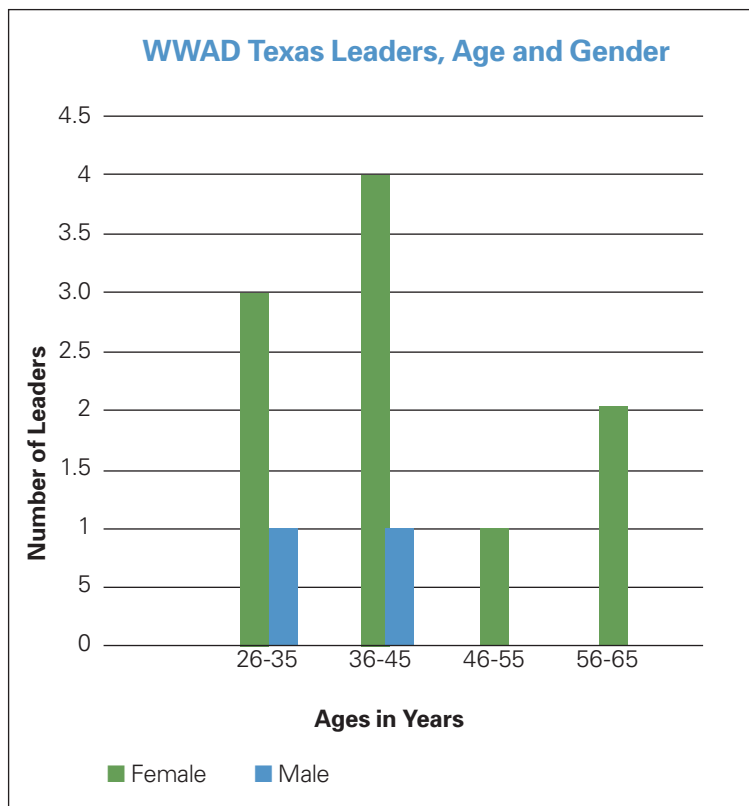
PHYSICIAN PROFILE

WWAD Texas physicians lead walks all over Texas. Currently, there are 15 active sites throughout the state. We have 23 WWAD Texas leaders' contact emails on file, and 12 of the 23 completed the survey.

Demographics

The majority of WWAD Texas leaders, 42 percent, are 36-45 years old. The second-largest age group of leaders, 33 percent, are 26-35 years old. Seventeen percent are 56-65 years old, and 8 percent are 46-55 years old. The known ethnic diversity of leaders who participated in the survey is limited. The majority of leaders reporting, 83 percent, are Caucasian, and the remaining 17 percent are Asian.

This graph displays the distribution of male and female leaders to age.



Area of Practice

The majority of leaders, 67 percent, practice in primary care, and the remainder are surgical specialists.



Goal 1: Improve the Health of All Texans

Objective 1: Engage Texans in a healthy, sustainable activity

The first objective under Goal 1 is to engage Texans in a healthy, sustainable activity (walking), where up to 50 percent of WWAD Texas participants meet the CDC's recommendation of walking for 150 minutes per week or running 75 minutes per week.

The survey found 48 percent of WWAD Texas participants are meeting the CDC's recommendations for physical activity by walking 150 minutes or running 75 minutes, or more. The chart at left illustrates that 5 percent of participants are only 10 minutes away from meeting the CDC recommendation.

The survey found that 58 percent of WWAD Texas leaders are meeting the CDC's recommendations for physical activity by walking 150 minutes or running 75 minutes, or more. The chart at lower left illustrates that 8 percent of leaders are only 10 minutes away from meeting the CDC recommendation.

Objective 2: Engage Texans in preventive care

The second objective of Goal 1 is to engage at least 50 percent of participants in seeking preventive care by promoting the importance of the patient-physician relationship.

The survey found that 94 percent of participants are very likely and/or likely to contact their doctor before a problem gets worse. The chart on page 9 at top right illustrates the likelihood of a WWAD participant to seek preventive care. Participants self-report how likely they are to communicate with their doctor, and this serves as the measurement tool for this objective.

Goal 2: Increase the Number of Participants

Objective 1: Determine factors of attendance

To increase the number of participants in WWAD Texas, we must determine how, why, and what percentage of participants are referred by their physicians.

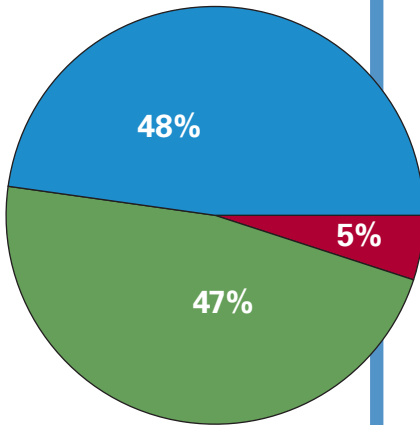
A: How participants heard about WWAD Texas

First, we must understand how WWAD Texas participants became aware of the walks. A self-report question in which participants selected how they were referred to the walks served as the measurement tool. The choices were friend/family member, my doctor, social media, news/calendar, Texas Medical Association, or other.

The survey found 28 percent of participants are referred by their friends and family, while 21 percent of participants heard about WWAD Texas from "other," which includes work, WWAD marketing, and school. Participants' doctors referred 20 percent, and news/calendar was reported at 15 percent, social media at 12 percent, and TMA at 4 percent.

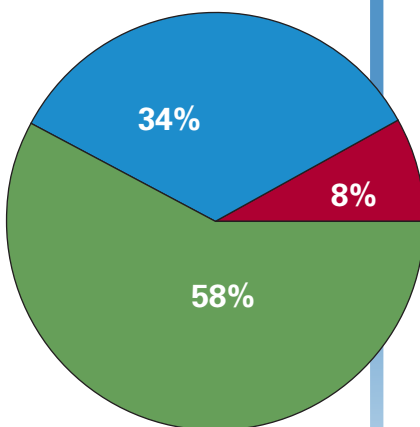
The graph at right illustrates how WWAD Texas participants are referred to walks and the amount of participation each referral type generated. The graph shows that the majority of participants attend one to three walks.

Percent of WWAD Participants Meeting CDC Physical Activity Recommendations



■ No
■ Not Yet (within 10 minutes)
■ Yes!

Percent of WWAD Texas Leaders Meeting CDC Physical Activity Recommendations



■ No
■ Not Yet (within 10 minutes)
■ Yes!

TMA measured how leaders were referred to WWAD Texas by a self-report question in the survey. This data will help TMA understand how leaders are being referred and how to increase the number of active site in Texas. The majority, 67 percent, of physicians were referred by TMA, 25 percent by a colleague, and 8 percent by social media, as depicted in the chart below right.

B: Why WWAD Texas participants attend

When the motive to attend walks is identified, TMA can enhance the talks to be relevant to participant interests. Respondents reported the following: maintaining/improving health, 25 percent; opportunity to spend time outside, 18 percent; near and convenient, 16 percent; the importance of community involvement, 15 percent; opportunity to socialize, 13 percent; my doctor invited me to the walk, 8 percent; and other, 5 percent. See the side bar on page 10 at top left.

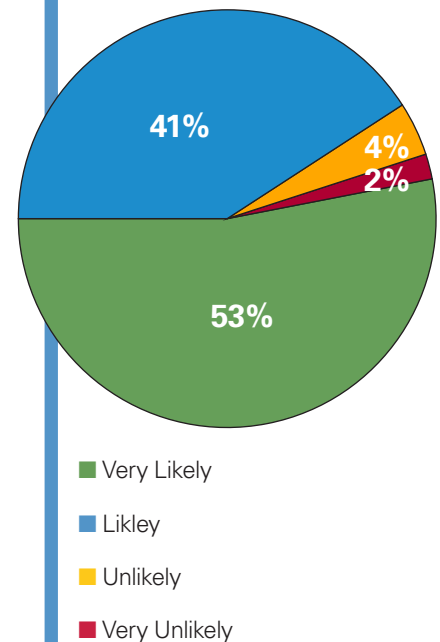
C: Percentage of participants referred by physician

This information will help TMA better understand how many participants are coming to the walks related to the patient-physician relationship. The results of this survey determined 20 percent of WWAD Texas participants were referred to the walks by their physician.

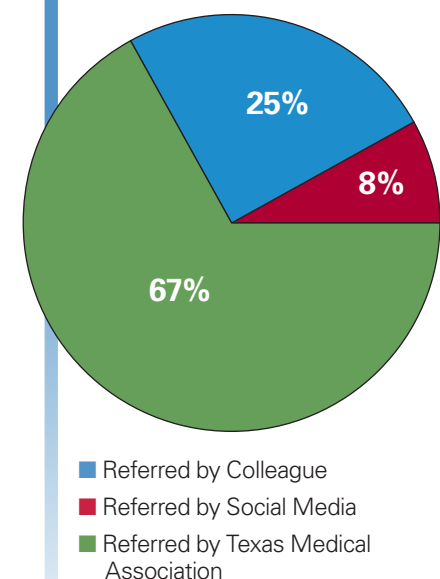
D: Likelihood of leaders to refer patients

According to this survey data, 84 percent of leaders are likely to refer their patients to WWAD Texas walks.

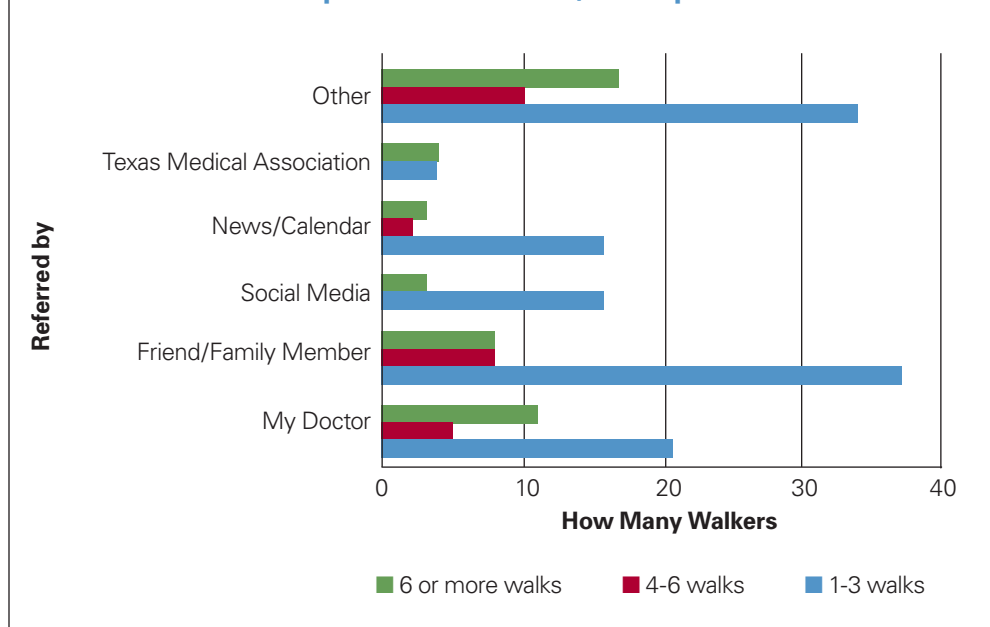
Likelihood to Initiate Communication With Physician



WWAD Texas Leaders Referral Source



How Participants Are Referred/Participation Generated



Why WWAD Texas Participants Walk

- 25%** Maintain/improve my health
- 18%** Opportunity to spend time outside
- 16%** Near and convenient
- 15%** Being involved in the community is important
- 13%** Opportunity to socialize
- 8%** My doctor invited me to the walk
- 5%** Other

What WWAD Texas Leaders Enjoy

- 61%** Connect with patients outside of the office
- 15%** Chance to improve lives by encouraging exercise
- 8%** Be a part of the community
- 8%** Be outside
- 8%** Encourage healthy stress habits



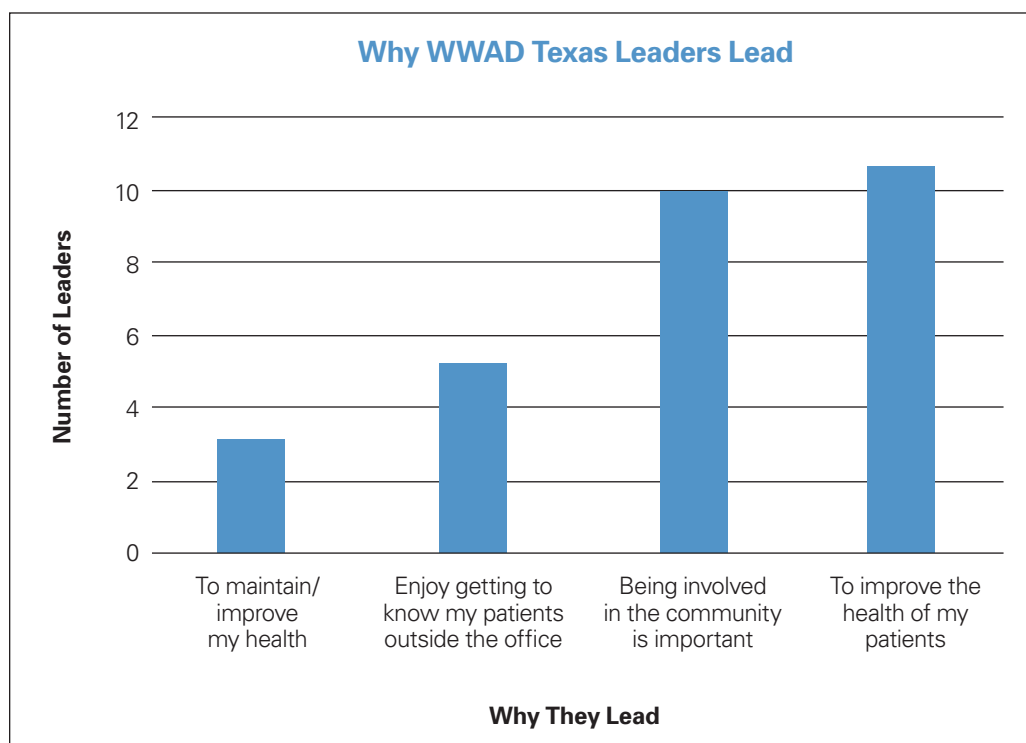
GOAL 3: Increase the Number of Leaders

Objective 1: Determine factors of participation

To increase the number of physician leaders in the program, we must determine why physicians become leaders, what they enjoy, their likelihood to renew, and how to improve WWAD Texas.

A: Why WWAD Texas leaders lead

The information gathered from this objective will tell TMA what motivates leaders to host walks in their communities. The most popular reason (34 percent) that leaders host walks is to improve the health of their patients. The second most-popular motive to lead is to be involved in the community, 30 percent. The graph below describes what motivates WWAD Texas leaders to host walks in their community.



B: What leaders enjoy

The information generated from learning what leaders enjoy about WWAD Texas will help TMA enroll new leaders and provide relevant resources. More than half, 61 percent, of leaders enjoy connecting with patients outside of the office. About 15 percent enjoy the opportunity to improve the lives of patients by helping them exercise. The page 10 sidebar at lower left details what WWAD Texas leaders like about this program.

C: Likelihood to renew

Obtaining information about the likelihood of a WWAD Texas leader to renew provides TMA with information about the success of this program. More than half of WWAD Texas leaders, 66 percent, are likely or very likely to renew their contract. The chart at right describes WWAD Texas leaders' likelihood to renew.

D: How to improve WWAD Texas

The feedback from this question will help TMA further support WWAD Texas leaders and, ultimately, improve the lives of more Texans. This was measured by an open-ended question.

The majority of physicians identified they need the following to enhance the success of WWAD Texas: increased marketing and promotion support, more time to set up their walks, and information/strategies about how to attract and maintain participants. The most common idea to improve WWAD Texas was to give more promotional support. The chart below right describes how leaders think this program can improve.

Follow-Up Survey

In December 2015, TMA will disseminate a follow-up survey to maintain data on participants' physical activity levels and reasons for attending walks. The follow-up survey will also generate data regarding Goal 4: Educate Texans about the prevalence of diseases associated with obesity by providing relevant talks to walk leaders, and offer participants an opportunity to share their strengths and recommendations for program improvement.

Gathering information regarding disease prevalence among participants will allow WWAD Texas leaders to deliver talks related to participants' health conditions. Based on identification of diseases, WWAD Texas will provide educational materials for all walk leaders to use at their events that will help participants maintain and/or improve their health.

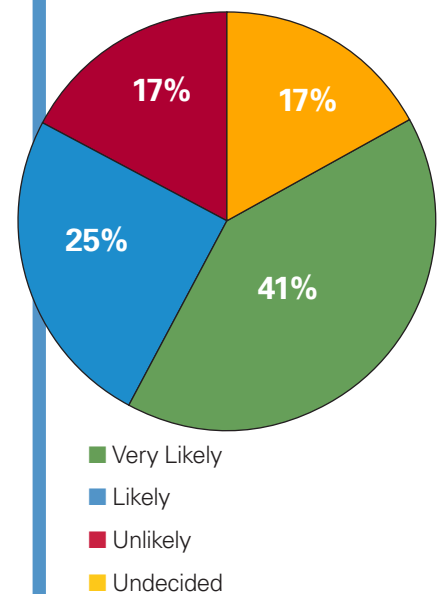
Recommendations

To improve this survey and WWAD Texas, we list six recommendations.

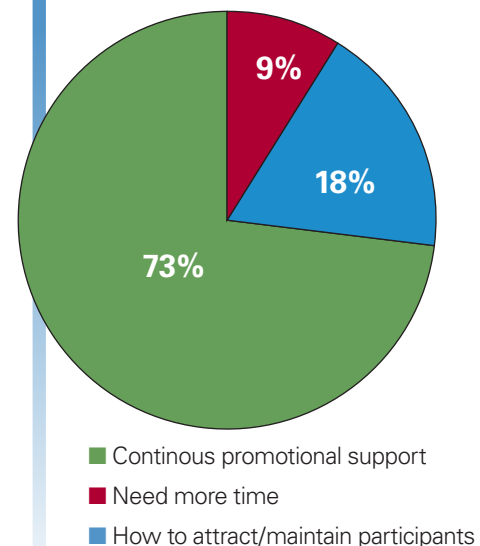
1. Streamline data collection by creating a data collection procedure.
2. Increase communication between TMA/WWAD headquarters and physician leaders, e.g., monthly conference calls, weekly emails, and the like.
3. Increase the diversity of participants. Appendix C has a chart with outreach recommendations for different generations and for Hispanic/Latino and African-American ethnicities.
4. Make necessary changes to improve WWAD Texas according the leaders' feedback, and ultimately increase the renewal rate of leaders.



Likelihood of WWAD Texas Leaders to Renew



How to Improve WWAD Texas



5. Increase the measurement minutes a participant can exercise to at least 150 minutes on the survey. This will provide a more accurate determination of how many participants are meeting CDC recommendations for physical activity. A factor in some participants not meeting the CDC recommendation is that a participant could only select 120 minutes as the maximum number of minutes he or she walks and engages in moderate or vigorous physical activity. Therefore, if a person walked 150 minutes per week and did not do any vigorous exercise, the maximum number of minutes on the survey would be 120 minutes of walking, which did not meet the CDC recommendation for physical activity.
6. Increase the number of participants that attend six or more walks:
 - a. According to the survey, 25 percent of participants attend to maintain their health, and 18 percent come to spend time outside. Physicians can deliver talks related to maintaining overall physical health and creative ways to get exercise outside.
 - b. If WWAD Texas utilizes the outreach recommendations to improve the diversity of participants, then the number of participants will increase.
 - c. Encouraging physicians to refer their patients to walks (and reminding them to use their prescription pads) will increase attendance as well.

APPENDIX A: GOALS AND OBJECTIVES

Goal 1: Improve the health of all Texans

OBJECTIVE 1: Engage Texans in a healthy, sustainable activity (walking), where up to 50 percent of Walk With a Doc (WWAD) Texas participants meet the Centers for Disease Control and Prevention's (CDC's) recommendation of walking for 150 minutes per week or running for 75 minutes per week.

A: Measure through self-report on the WWAD participant survey.

B: Measure increases in activity through self-report on the WWAD participant follow-up survey.

OBJECTIVE 2: Engage at least 50 percent of participants in seeking preventive care by promoting the importance of the patient-physician relationship.

A: Measure likelihood participants will contact their doctor's office when they have a question.

B: Measure likelihood participants will contact their doctor's office for an appointment before their health issues worsen.

Goal 2: Increase the number of participants

OBJECTIVE 1: Determine factors of attendance.

A: Measure how they heard about the walk through an open-ended, self-report question in the WWAD Texas participant survey.

B: Measure why they attended the walk through an open-ended, self-report question in the WWAD Texas participant survey.

C: Measure percentage of patients who are referred by a physician leader through an open-ended, self-report question in the WWAD Texas leader survey.

D: Measure the likelihood of leaders to refer patients to walks through a self-report question in the WWAD Texas leader survey.

Goal 3: Increase the number of physician leaders

OBJECTIVE 1: Determine why physicians become leaders, what they enjoy, their likelihood to renew, and how to improve WWAD Texas.

A: Measure why they lead the walk through an open-ended, self-report question in the WWAD Texas participant survey.

B: Measure what leaders like about the program through an open-ended, self-report question in the WWAD Texas participant survey.

C: Measure the likelihood of leaders to renew their contract with WWAD Texas through an open-ended, self-report question in the WWAD Texas participant survey.

D: Gather information through self-report about how leaders think WWAD Texas can improve.

Goal 4: Educate Texans about the prevalence of diseases associated with obesity by providing relevant talks to walk leaders (for follow-up survey only)

OBJECTIVE 1: Identify the top three diseases that WWAD Texas participants associate with obesity.

A: Measure through self-report on the WWAD participant follow-up survey. (According to CDC, associated diseases include but are not limited to heart disease, diabetes, cancer, high total cholesterol or high levels of triglycerides, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.)

OBJECTIVE 2: Based on identification of diseases, provide educational materials for 100 percent of walk leaders to use at their events.

A: Measure through open-ended, self-report question on participant survey; let participants tell us what they want to learn about.

B: Allow walk leaders to choose topics to discuss and provide confirmation as to what topics are used at their events on the leader survey.

APPENDIX B: WWAD TEXAS INITIAL PARTICIPANT SURVEY



Thank you for participating in the Walk With A Doc Texas Program. Please complete this short survey. Your feedback is very important to us.

Gender:

- ☐ Male
- ☐ Female

Age:

- ☐ Less than 18
- ☐ 18 - 25
- ☐ 26 - 35
- ☐ 36 - 45
- ☐ 46 - 55
- ☐ 56- 65
- ☐ 66 or older

Race or origin:

- ☐ White
- ☐ Black/African American
- ☐ Hispanic/Latino/Spanish origin
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Some other race or origin

APPENDIX B: WWAD TEXAS INITIAL PARTICIPANT SURVEY *(continued)*

Think of all of the activities you did for at least 10 minutes at a time in the last 7 days. Move the slider to show how many minutes/hours have you finished:

0 15 30 45 60 75 90 105 120

Walking (for example walking for recreation/fun, sport, exercise or leisure)



Moderate physical activity (for example carrying light loads, bicycling, yoga, or playing tennis)



Vigorous physical activity (for example heavy lifting, cross-training, aerobics, spin class, or running)



APPENDIX B: WWAD TEXAS INITIAL PARTICIPANT SURVEY *(continued)*

How many walks have you attended?

- ☐ 1 - 3 walks
- ☐ 4 - 6 walks
- ☐ 6 or more walks

Since attending walks, how likely are you to do the following?

	Very Likely	Likely	Unlikely	Very Unlikely
Call the doctor's office when I have a question.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make an appointment before my problem gets worse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you hear about Walk With A Doc? (select all that apply)

- ☐ My doctor
- ☐ Friend/family member
- ☐ Social media (Facebook or Twitter)
- ☐ News
- ☐ Texas Medical Association
- ☐ Other

I came to Walk With A Doc because (select all that apply):

- ☐ I want to maintain/improve my health.
- ☐ I like the opportunity to spend time outside.
- ☐ Walk With A Doc is near and convenient.
- ☐ I enjoy the opportunity to socialize.
- ☐ My doctor invited me to the walk.
- ☐ Being involved in the community is important.
- ☐ Other

Thank you for completing the survey. For more information on the Walk With A Doc Texas Program visit our [website](#).

APPENDIX C: WWAD TEXAS INITIAL LEADER SURVEY



Physicians Caring for Texans

Thank you for participating in the Walk With A Doc Texas Program. Please complete this short survey. Your feedback is very important to us.

Please enter your email below.

Gender:

- ☐ Male
- ☐ Female

Age:

- ☐ Less than 18
- ☐ 18 - 25
- ☐ 26 - 35
- ☐ 36 - 45
- ☐ 46 - 55
- ☐ 56 - 65
- ☐ 66 or older

Race or origin:

- ☐ White
- ☐ Black/African American
- ☐ Hispanic/Latino/Spanish origin
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Some other race or origin

Identify your area of practice below:

- ☐ Primary care
- ☐ Medical specialist
- ☐ Surgical specialist
- ☐ Other

APPENDIX C: WWAD TEXAS INITIAL LEADER SURVEY *(continued)*

Think of all of the activities you did for at least 10 minutes at a time in the last 7 days. Move the slider to show how many minutes/hours have you finished:

0 15 30 45 60 75 90 105 120

Walking (for example walking for recreation/fun, sport, exercise or leisure)



Moderate physical activity (for example carrying light loads, bicycling, yoga, or playing tennis)



Vigorous physical activity (for example heavy lifting, cross-training, aerobics, spin class, or running)



Have you participated in Walk With A Doc previously?

- ☐ Yes
- ☐ No

How did you hear about Walk With A Doc? (select all that apply)

- ☐ Colleague
- ☐ Friend/family member
- ☐ Social media (Facebook or Twitter)
- ☐ News
- ☐ Texas Medical Association
- ☐ Other

APPENDIX C: WWAD TEXAS INITIAL LEADER SURVEY *(continued)*

I lead Walk With A Doc because (select all that apply):

- ☐ I want to maintain/improve my health.
- ☐ I want to improve the health of my patients.
- ☐ I enjoy getting to know my patients outside the office.
- ☐ Being involved in the community is important.
- ☐ Other

Identify how you feel about the following:

	Very Unlikely	Unlikely	Undecided	Likely	Very Likely
I will continue to refer my patients to WWAD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will lead another WWAD (renew contract).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the space below please share:

What you enjoy about WWAD:

How can we improve WWAD:

Thank for completing the survey. For more information on the Walk With A Doc Texas Program visit our [website](#).

APPENDIX D: OUTREACH RECOMMENDATIONS

Generational Research

Compiled by Tira Hanrahan, TMA intern

Generation	Generation Data	Cautions	Recommendations
Pre-Boomer Generation "Traditionalists" Born before 1945 (70+ yrs. old)	<ul style="list-style-type: none"> Background: loyal, follow the rules, feel lucky to have a job, "silent generation" when it comes to discussing feelings/emotions, privacy and image are important, lived in a time before vaccines for deadly infections like the measles/whooping cough, women stayed at home to raise the children, church and government were absolute, their handshake = law Work Style: "do something once and do it right, then move on," grew up in big families where everyone shared the workload, earning it is important Motivations: "a job well done" goes a long way, enjoy a handwritten note, believe everything is done to better the lives of their children 	<ul style="list-style-type: none"> Frugal: "earning their money is important" Tend to donate to national causes because they believe their credibility is established = earned loyalty Email will most likely not be effective to reach this group 	<ul style="list-style-type: none"> Establish relationships with local churches and government Communicate by word of mouth Maximize credibility and relationships Talk about WWAD Texas reputation Emphasize leaving a legacy to children related to taking care of personal health Mention impressive statistics associated with WWAD Texas and TMA Use words like stability, earned, honor, respect Mention the mission of WWAD and TMA Talk about how health is a national cause, but they can invest their time in a local effort Write handwritten notes in post mail
Baby Boomers Born 1946-59 (69-56 yrs. old)	<ul style="list-style-type: none"> Background: Spent their lives waiting in line, love to talk about themselves and how things used to be, emotional, do not like change, workaholics, emphasis on how you feel about it not whether wrong or right, value money/material possessions, typically have 1-2 children Work Style: identify with organization/workplace, passive-aggressive, like to be treated with respect (called by their proper name), greeted with a smile, process-oriented (enjoy back story), competitive by nature, value choice and options (but not too many to make their head spin) Motivations: causes involved with transformations 	<ul style="list-style-type: none"> Initially will have to work hard to create a positive impact: This generation has a tendency to love or hate something (black/white mentality with few shades of gray) 	<ul style="list-style-type: none"> Create committees to talk about issues Emphasize public recognition; they like it Discuss how their involvement will help to transform the lives of others by being a role model Emphasize the positives that come from walking Encourage their desire to help by highlighting the benefits they receive from WWAD Texas and TMA associations Mention WWAD accomplishments/awards Avoid the the terms "never" and "always"

APPENDIX D: OUTREACH RECOMMENDATIONS (Continued)

Generational Research (Continued)

Generation	Generation Data	Cautions	Recommendations
Cuspers Born 1960-68 (55-47 yrs. old)	<ul style="list-style-type: none"> Share values of both Gen X and baby boomers Socially liberal, fiscally conservative, may have 3 children 		
Gen X Born 1968-78 (47-37 yrs. old)	<ul style="list-style-type: none"> Background: first generation- of latchkey children, independent, global thinkers, grew up with CNN/constant news reports, 50 percent are children of divorce, see technology as extension of self/need to be told when it is appropriate, seek mentors, like alternatives, “realists” — grew up with disappointment, disasters, and diminished expectations Work Style: value/thrive on change, fear stagnation, mistrust corporates, expect rewards/ shift changes if asked to work overtime, take time-off/balanced life is important, hit the ground running, fun is top on their list of work expectations, utilize direct communication, provide results, “get to the point” mentality Motivations: enjoy being recognized verbally or by email 	<ul style="list-style-type: none"> Hardworking but no strong identification with work institution Fear stagnation, do not like to be bored Skeptical 	<ul style="list-style-type: none"> Communication through technology (more likely to be online) Recognize their independence Provide family volunteer opportunities to teach children responsibility Want to know their impact Maximize results and efficiencies in messaging Use words like: results, challenge, work smart, flexible, make it your own
Millennials/ Gen Y Born 1979-on (36 and under)	<ul style="list-style-type: none"> Background: terrorism is a part of daily life, family is not limited to matrimony or blood, important to take care of Earth, work for less if they are happy, expect happiness, embrace diversity, inclusive in imagery and words, used to technology/do not view as impersonal Work Style: expect orientation/ training, fascinated with older adults, seek out oldest co-worker to ask questions/shadow, speed/ quick, do not need experts but people who can contact experts, want an input/feedback Motivations: what is in it for them 	<ul style="list-style-type: none"> Not concerned with hierarchy Be honest = “say what you mean and mean what you say” There has to be something in it for them 	<ul style="list-style-type: none"> Take full advantage of email and online communication Maximize relationships and uniqueness Attempt to connect walking to global health efforts Stress what they value: fun, freedom, friends and family Emphasize creativity, cause, community Use words like: friends, dynamic, stimulating, flexible, community, socially and environmentally conscious

APPENDIX D: OUTREACH RECOMMENDATIONS

Ethnicity Outreach Recommendations

Compiled by Tira Hanrahan, TMA intern

Ethnicity	Ethnic Data	Recommendations
<p>Hispanic/Latino</p>	<ul style="list-style-type: none"> • While speaking, Latinos tend to make eye contact, face each other, and touch more than the average American. • Hispanics/Latinos are ranked as the highest racial/ethnic group without health insurance. Hispanics working on Mexican immigrant wages rarely receive health insurance, and traditional healing systems are culturally approved with low costs. • The oldest male relatives (fathers) are the greatest power in the family, an attitude known as machismo, and women are usually submissive. • Generally the males, who are in charge, are reluctant to seek professional help. • Hispanics/Latinos tend to live in large households. • Children have great importance. • Hispanics/Latinos have a collectivist nature. • Studies show Hispanics are consistent users of MySpace/Facebook and view such as a good source of learning. • Family care and protection is highly valued (Carino). • Familismo is the value of family over individual or community needs and the expression of strong loyalty, reciprocity, and solidarity among family members. • Faith and church are often central to family and community life. • In the United States, 68 percent of Hispanics/Latinos are Catholic. Two-thirds attend services where clergy, majority of other worshippers are Hispanic/Latino and where services are offered in Spanish. • Typically this subculture believes God is an active force in everyday life, will pray every day, and have a religious object in their home. • Hispanics/Latinos celebrate many holidays that are not shared with much of the American population. • Assimilation into mainstream American culture varies with each family. 	<ul style="list-style-type: none"> • Coordinate through trusted and established organizations/people (Promotoras are trusted community health advisors and work with families). • Invite Promotoras to be a part of the WWAD planning process; they can guide you in how to best relay information. • Express how much you value their contributions. • Explain lack of physical activity/ physician care is not something to be embarrassed about; emphasize that coming to walks shows the strength of the family because family is willing to overcome it. • Actively engage them to participate in discussion. • To better understand this population, do some research to determine if a majority of the group is U.S.-born or immigrants. • Advertise WWAD Texas on MySpace/Facebook and their community newspaper. • Value, respect, and acknowledge their culture. • Be aware of the holidays this group might observe because you will not want to host an event/presentation that conflicts with such: <i>La Semana Santa (Easter Holy Week)</i>, <i>Three King's Day or El Día De Los Tres Magos on Jan. 6</i>, <i>Día De los Muertos or Day of the Dead on Nov. 1 and 2</i>, <i>Feast of Our Lady of Guadalupe on Dec. 12</i>, and <i>"Las Posadas," the nine days before Christmas</i>.

APPENDIX D: OUTREACH RECOMMENDATIONS (Continued)

Ethnicity Outreach Recommendations

Ethnicity	Ethnic Data	Recommendations
African-American	<ul style="list-style-type: none">• This subculture does not have as many differences as other cultures because African-Americans have been immersing in mainstream culture longer. Characteristics of this subculture include:<ul style="list-style-type: none">• Strong kinship bonds• Devoted work orientation• Do not like to admit when they need help from services leading to a lack of knowledge about the availability and system of social services• Tend to have distrust for the government, social services and to keep issues within the family fearing individual and/or family disgrace• Strong religious orientation (some may be Islamic)• Church/religious body and community act as support networks• Aging deems respect, authority, and wisdom	<ul style="list-style-type: none">• Utilize community/religious leaders to access a trusted system and to be viewed as social support.• Explain lack of physical activity/physician care is not something to be embarrassed about; coming to walks shows the strength of the family because persons are willing to resolve it.



Funded by a grant from the TMA Foundation with major support from TMAIT



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