

**Cover Sheet for Example Documentation  
for PHAB Domain 3 Standard 1 Measure 1**

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Standard and Measure 3.1.1. This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

**Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.**

<b>Document Title:</b>	Smoking and Diabetes Leads to Blindness Focus Group Results						
<b>Document Date:</b>	5/17/2012						
Version of Standards and Measures Used: 1.0							
Related PHAB Standard and Measure Number							
Domain:	3	Standard:	1	Measure:	1	Required Documentation:	2
<b>Short description of how this document meets the Standard and Measure's requirements:</b> This focus group findings report is an example of steps taken to solicit input from the target audience during the development of the message and materials to help shape the final content. Three focus groups were held in different regions of the state. There was at least one individual who was a current smoker at each of the focus groups. The Diabetes, Smoking and Blindness poster was revised based on input from the participants in the focus groups. The report shows images of the poster before and after the focus group findings were incorporated.							
<b>Submitting Agency:</b>	Missouri Department of Health and Senior Services						

## Focus Group Results

### Diabetes, Smoking and Blindness Poster Project

Three Focus Groups were conducted, one at Northwest Health Center (NWHC) in St. Joseph, one at Southeast Missouri Health Network (SEMO) in New Madrid and one at Community Health Center of Central Missouri CHCCM in Jefferson City. Twenty-three (23) total people provided input at the various locations, eight (8) at NWHC, ten (10) at SEMO, and five (5) at CHCCM. The focus groups were held on March 19 and 29, 2012 and May 17, 2012. We asked the same ten questions at each location about the design of the Diabetes, Smoking and Blindness Poster. The questions were designed to uncover the strengths and weaknesses of the poster design.

The results of these focus groups are summarized in this report to be utilized by those working to revise the poster. Not all suggestions can or should be implemented. Some are mutually exclusive of others. However, it is clear from these suggestions that improvements to this document should be made. No one thought that it did not need any changes.

The idea of a poster, to be displayed in health care settings to communicate this information, was seen in a favorable light. A few felt more information could be put into a brochure to compliment the poster. Some felt there was too much information currently on the poster.

When asked about general impressions and feelings about the poster, some said it did not grab their attention... it did not “pop” for them. Some thought it looked like the eye belonged to a “peeping tom” and kind was kind of “creepy”. Many said they did not even see the smoke at first. Some thought it was an error in printing.

Everyone was aware that smoking was bad for their health. Most were not aware before reading the poster that smoking causes blindness. Some were aware that diabetes caused blindness. Very few had thought about the concepts together or heard it was even more important to stop smoking because of diabetes. All the smokers seemed to agree that they were more likely to quit smoking because of the association to blindness. Many of the younger smokers did not consider their mortality to be an immediate threat, but would never want to be blind.

When asked about what they liked and did not like, some talked favorably about the general message, a few discussed the eye as drawing their attention to the poster and others did not like it. Many suggested different colors to grab attention.

Most everyone felt the eye should be different, but opinions differed about how to do that. Many felt a more drastic graphic was needed. Suggestions included:

- An unhealthy eye (bloodshot or worse)
- An older eye (wrinkly)
- A blurry picture, to represent bad vision

The smoke in the poster was hard for many to identify. Some thought it was a printing error. Recommended improvements included:

- Adding a smoke source like a cigarette to the poster
- Adding more Smoke, make it more drastic.
- Maybe using a dark background and a lighter smoke.

The headlines and copy were the last major element discussed. Most people did not have a problem with the text as it was. Some suggestions that were made included:

- Adjust the sizes of fonts to provide more emphasis
- Make the Quitline # larger and red to make it stand out.

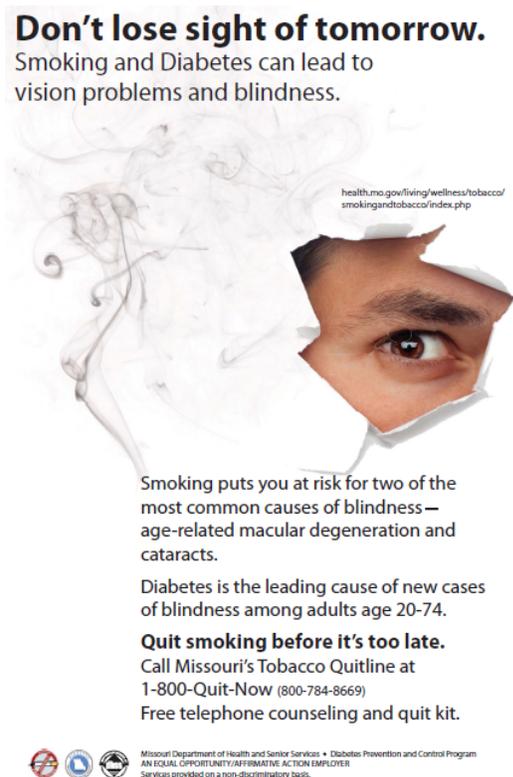
Alternative headlines given were:

- Smoke Gets in Your Eyes
- Do the Eyes Have It
- Don't Lose Sight of Tomorrow
- Quit Smoking Before It Is Too Late

When asked if they would notice the poster. Many said they would not. One of the organizers posted it in her office and no one had noticed it. Alternative theme descriptions included:

- Adding more color to the original design
- Diabetes + Smoking = Blindness Theme instead of current eye/smoke theme
- A progression of eyes from young and healthy to old and blind
- A guy with dark glasses, a cane and a cigarette

#### Design Before Focus Groups



#### Design After Focus Groups

