

The Arthritis Foundation



Research Project December 2010



Marquette University
Strategic Research of Advertising and Public Relations

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+ Executive Summary

In order to assist the Arthritis Foundation of Wisconsin in their goal of determining the awareness levels and attitudes surrounding the condition of arthritis, we have compiled a comprehensive report. This report details the quantitative and qualitative research conducted to produce several final recommendations that we believe can aid the Arthritis Foundation in reaching out to their publics.

Our secondary research included conducting literature reviews about arthritis as a health condition, nonprofit communication, and health advocacy. In addition, primary research was conducted through in-depth qualitative interviews. The interviews used a sample of participants living in Southeastern Wisconsin who are between 18-24 years of age. An online survey with respondents from the Arthritis Foundation email database was also conducted that yielded a response rate of about 10 percent.

Several key findings became evident upon review of the research. Some respondents are aware of the facts regarding arthritis as a health condition, while others have incorrect perceptions. In addition, no interviewee was able to identify the Arthritis Foundation logo and when asked to identify someone with arthritis, everyone described someone who was old. Based on survey results, 70 percent of individuals learn about arthritis through a family member or friend who has the disease compared to only 42 percent who go to the Arthritis Foundation for information. No one surveyed identified social media as a key source of updates from the Arthritis Foundation and the Jingle Bells Run/Walk for Arthritis was the most popular event. Time was also identified as the main factor prohibiting people from participating in more events



We have developed several recommendations for implementation that broadly include the following:

- To build outreach and community through Web 2.0 and implement a specific social media plan (Appendix D).
- To focus on educational initiatives throughout Southeastern Wisconsin, with an emphasis on peer-to-peer testimonies through a junior ambassador program and casting youth in advertising to help break the stigma of arthritis as an “old person” condition
- To take specific steps to improve event management and marketing through a guerrilla marketing tactic in which individuals “track the blue man” as well as branding runners at the Jingle Bells Run/Walks
- To create a uniform digital personality including social media networks, the website, and blog
- To maintain a focus on donor satisfaction and create ways to become involved corporate events through those donors

I. Introduction

The Wisconsin Chapter of the Arthritis Foundation approached us with their goal of determining the awareness level and attitudes about arthritis. Our group selected 18-24 year olds as our basic demographic sample. We have conducted both quantitative and qualitative research through in-depth interviews and a survey that was distributed to individuals associated with the Arthritis Foundation. Through our research we have developed the following analysis and recommendations for the Arthritis Foundation to consider implementing.

II. Situation Analysis and Research Needs



Organizational Background

The Arthritis Foundation was founded in 1948. The focus of the foundation was to establish chapters around the country and raise funds to support the foundation's research and education programs. The Arthritis Foundation is the largest private, non-profit contributor to arthritis research in the world. It is also the only organization that supports more than 100 types of arthritis and related conditions. Throughout its 62 year history, the Arthritis Foundation has experienced steady growth and has made great strides in the treatment of the many forms of arthritis. The Foundation has been a tremendous sponsor of research and, since 1948, has spent \$400 million to support some 2,200 scientists and physicians in arthritis research. In 2009 alone, the foundation raised more than \$98.7 million. In addition, income and market gains on their investments added another \$18.4 million to the overall revenue, making the total revenues 29 percent higher than in 2008. The Arthritis Foundation has also begun to publish the magazine, *Arthritis Today*. The magazine supplies a large variety of information about arthritis and reaches 3.9 million consumers. Their main purpose as an organization is to offer information and tools to help people live a better life with arthritis.

The Arthritis Foundation-Wisconsin Chapter is dedicated to use the contributions they receive in the most beneficial way. It stands behind the fact that 81 percent of every dollar contributed to this organization directly funds vital research, important to Wisconsin patients, disease-management services, public health education, and education and training for medical professionals.

Mission Statement

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

Structure of Organization

The Arthritis Foundation currently has 43 chapters and hundreds of service points nationwide to provide community-based programs and to raise funds. The Arthritis Foundation is driven by volunteers of the organization with program, research, budget and policy decisions made by volunteer committees. Paid staff also provides professional expertise and support for volunteer efforts.

Programs/ Events

The Arthritis Foundation has created five programs to help with the well-being of people suffering from arthritis. The Life Improvement Series helps to strengthen muscles, improve flexibility and boost self-confidence. They are taught by certified instructors and are proven to increase mobility, reduce pain and stiffness, and physician visits. The five programs include: Self-Help Program, Exercise Program, Tai Chi Program, Aquatic Program, and Walk With Ease Program. The Arthritis Foundation also sponsors many events throughout the year all over the country. All of these programs have the same idea in mind of getting people together to raise awareness and funds for Arthritis.

- Time to Walk the Walk
- Life Improvement Series
- Jingle Bell Run/Walk
- Dinner and Gala Events
- Joints in Motion Marathon Training Program



Competitive Analysis

Forbes 200 Largest U.S. Charities

Name	Total Revenue	Total Expenses	Surplus/Loss	Net Assets
19. <u>American Cancer Society</u>	926	822	115	1,233
35. <u>American Heart Association</u>	612	520	92	647
74. <u>American Diabetes Association</u>	206	196	10	85
104. <u>Alzheimer's Association</u>	156	138	18	105
117. <u>Arthritis Foundation</u>	122	114	8	137

American Cancer Society

As the largest non-governmental funder of cancer research and having spent more than \$3.5 billion on cancer research since 1946, the American Cancer Society has played a role in nearly every cancer breakthrough in recent history. Which has lead to an impressive statistic of 1 in every 100 Americans participates in one of the nearly 5,100 American Cancer Society Relay For Life® events, which comprise the world's largest movement to end cancer. The American Cancer Society Making Strides Against Breast Cancer® event unites 600,000 walkers and more than 140 communities to help save lives from breast cancer and provide hope to people facing the disease.

American Diabetes Association

The American Diabetes Association was founded in 1940. In 2009, they were able to raise over \$205 million. Diabetes research is the top priority for the organization. In 2009, \$33.5 million was invested in research at leading institutions across the country. Over the years, ADA has provided more than \$500 million in diabetes research and provided funding for more than 4,000 research projects.

SWOT Analysis

Strengths <ul style="list-style-type: none">• Only organization that supports all 100 plus types of arthritis and related conditions• Already put a lot of money towards research• Offer many programs for people with arthritis to participate in	Weaknesses <ul style="list-style-type: none">• Not many young adults are informed of the organization• Inconsistency with the brand image• The use of social media is minimal
Opportunities <ul style="list-style-type: none">• Expand use of social media as a way to educate more people about arthritis• Use social media as a way to get more people of all ages involved with the Foundation	Threats <ul style="list-style-type: none">• There are many non-profits for people to support

Arthritis by the Numbers

46 million adults are suffering from arthritis in America.	Approximately 300,000 children suffer from arthritis in America.
#1 cause of disability in America. And costs the US economy \$128 billion annually.	An estimated 67 million US adults will have Arthritis by the year 2030.
In Wisconsin, 1.1 million men, women, and children suffer from arthritis.	1 in 3 people over 40 years old suffer from arthritis.

Research Needs

After looking at the statistics above, it is clear that arthritis is a serious issue that deserves attention. We researched the awareness level of the Arthritis Foundation in Southeast Wisconsin as a means to receive information about arthritis. This included whether or not people use the Arthritis Foundation's online tools such as the website and social media to gain information about the Wisconsin chapter and/or the Arthritis Foundation as a whole. We also wanted to learn how much people truly know about arthritis as a disease. With the many misconceptions about arthritis, we wanted to find the reasoning behind those thoughts. Furthermore, we looked at the fact that most people do not know the difference between rheumatoid and osteoarthritis and did research to understand the reason for this confusion. Another area we looked at was the awareness level of arthritis as a serious health condition and the attitudes people have about arthritis. We focused on the psychological aspects that are typically associated with arthritis such as the idea that it only affects older people and only occurs in hands/fingers. Also, we considered why there is an inaccurate portrayal of the number of people affected by arthritis. We felt that this was very important considering the high statistics of individuals with arthritis.



III. Research Strategies

Various data collection methods were used throughout the course of this project. First, secondary research was done to gather some basic knowledge about arthritis as a health condition, non-profit communications and health advocacy. Secondly, in-depth interviews were conducted to gain insight on perceptions about non-profits, arthritis and the Arthritis Foundation. Finally, a survey was created and sent to individuals in the Arthritis Foundation's Database.

For the secondary research, two literature reviews were created for each of the following topics: arthritis as a health condition, non-profit communications and health advocacy. Sources included various academic journals, book chapters, articles from popular press sources and other academic sources.

During the second stage of the research process, in-depth interviews were conducted. In-depth interviews provide rich qualitative information that may not be found through quantitative research. These in-depth interviews were conducted near the beginning of the research process because some valuable insights could be used to frame future research tactics.

College students aged 18 to 24 were interviewed. More specifically, one 19-year-old male, two 20-year-old females, one 20-year-old male, one 21-year-old female and one 21-year-old male were interviewed for this study. The reason this age demographic was selected was partly because this demographic was most readily accessible to the research group. This sample consists of all Marquette students meaning that they live in the target area for the Arthritis Foundation's Wisconsin Chapter. A convenience sample was used to select each of the individuals that were interviewed.

The interview guide is attached (Appendix A). Questions start more general, and then become more specific as the interview goes on. The intent of this method is to allow the interviewee to become more comfortable and therefore more open to share their thoughts. Also, it allows the researchers to find more general, yet still valuable, information about other organizations and causes before getting to the primary topic of the Arthritis Foundation. Interviews were conducted in various locations, to the interviewee's comfort. All interviews were recorded to allow for review afterwards. Notes were also taken during the interview to record any key responses and body language.

An online survey was conducted as the third stage of the research process. Participants were chosen as a random sample from the Arthritis Foundation database. For the sample, 791 people were randomly selected; however, 24 emails were undeliverable. This means that in total, 767 people were contacted via email to participate in the survey, and were also sent a second reminder email. Of these people, 78 partook in the survey equaling a response rate of about 10%. Ten questions were used in the survey, starting more general and becoming more specific about the Arthritis Foundation. Two demographic questions were included at the end of the survey: age and gender.

The data received through this research has some limitations. First of all, the data from the in-depth interviews is not able to be generalized due to the nature of the qualitative research and because of the sample. The sample size is 6, which is much too small to gather a true variety of opinions or reach a point of information saturation. Also, the sample used was a convenience sample and may not be representative of the entire population.

The data from survey results also has some limitations. People surveyed have already had contact with the Arthritis Foundation. While their information and opinions may be valuable, the Arthritis Foundation is primarily looking for the general public from which to decide the most effective method for increasing awareness. Perhaps data from people who are not involved would provide more valuable insights. Also, our data may be skewed since we have a very small response rate and only a small fraction of opinions and experiences are represented.

IV. Results

Survey Results

After looking at the survey results that were sent out to individuals involved with the Arthritis Foundation, the first thing that needs to be analyzed is the demographic information. The age range of the participants was dispersed fairly well especially between 20 and 60 years old. The largest number of respondents that did the survey were between 50 and 59 years old (27% of participants). The wide distribution adds more validity to the data because more groups in the sample are represented; however, there is an issue with which genders participated. 79.7% of people that partook in the survey were females. This is an issue because the lack of male participation makes the sample not wholly representative of the population. Overall, these factors should be taken into consideration when reviewing the following findings.

The first major issue that can be seen in the results is that the Arthritis Foundation is not the main source of information for those who participated in the survey. 70% of people learn about the disease through a family member or friend who has arthritis compared to only 42% who go to the Arthritis Foundation for information. Although people with the disease are good resources to go to, the Arthritis Foundation could bring these people to their doorstep and help spread their name throughout communities. The Arthritis Foundation should ultimately be the main resource for people when dealing with the disease.

Another problem that the Arthritis Foundation faces is their complete lack of presence in the social media world. The survey results show that 0% of people receive information through Facebook and Twitter. They seem to be without a presence in this medium and should reevaluate their position in the field. A major issue in this question was that 4% of the respondents answered that they were not aware of the Arthritis Foundation. One positive sign from the survey is that the newsletter that is released to patrons of the foundation is very effective. 42.6% of the responses indicated that the newsletter was the main resource the Arthritis Foundation had for them to learn more about events, the condition, etc. Information received at events was close behind the newsletter at 39.7%. This finding translates well to the next question on the survey about participation in Arthritis Foundation sponsored events. Compared to the Jingle Bells Run/Walk for Arthritis, none of the other events seem to be nearly as popular with patrons of the foundation. The Run/Walk had 63.5% of responses say that it was the event they participated in, followed next by not participating in events at 13.5%. Other events like the Family Day and Golf FORE Healthy Joints both had no responses for involvement.



The next major finding in the research was that the participants were generally aware of most facts regarding arthritis as a health condition. A good sign from this data is that people are receiving the right information about arthritis and its effects on the body. The only two categories that did not have strong responses in the “agree” or “disagree” categories are: “arthritis affects men as often as it affects women” and “arthritis is an autoimmune disease.” All other categories had a high percentage one way or another. The highest percentage was in the “arthritis affects only the elderly” category where 84% of respondents strongly disagreed with the statement. When asked about the main causes of the disease, there was much less consensus in the group about what the causes are. The high ranking categories were “genetic predisposition to arthritis” and “age-related changes” at 76.6% and 71.4%. After that, the distribution evens out between the four main categories of immune deficiency, injury/broken bones, joint instability, and being overweight. Another question that met the same inconsistent results was regarding how people manage their condition. The high response was with over-the-counter medication at 85.7%; however, the distribution is almost even around 70% with several other categories, so, there does seem to be some confusion as to what is actually the best way to manage arthritis.

The last noteworthy facts from the survey are that time is the main factor prohibiting people from participating more in events. 57.5% of respondents answered in this manner followed by lack of knowledge about the events at 35.6%. The rest of the distribution is fairly even among the other categories where the response percent sits between 15% and 30%. From this, it can be seen that the time commitment that is associated with being involved in an Arthritis Foundation sponsored event is too great. Adding some events that have a smaller time commitment may increase involvement in activities. The next category relates directly to the publicity that surrounds events, that is lack of knowledge about events. Since this was the next highest ranking category, steps should be taken because individuals unaware of an event happening is directly related to the earlier stated issue of the Run/Walk having most of the involvement.

Interview Results

An interesting trend that can be seen in the interviews done by our group is that every single interviewee supports a different cause. There is no uniformity between this sample of college-aged people. To go along with this, there also is a diverse mix of responses for why they support one cause over another. Only a few interviewees had a personal connection with a specific cause they supported. Others either became aware of it by chance or like the organization because it covers a wide range of causes. Involvement in this wide variety of organizations breaks down to two categories: those that volunteer at events and those that donate to the cause on a semi-consistent basis.

Responses also were fairly focused when asked how they like to be reached by nonprofits. The group agreed that Facebook and emails (newsletters) are their preferred form of communication with these organizations. They like having an update every now and again just to know what the organization is doing. When health causes were brought up specifically, again there was a variety of responses. Everyone seemed to have their own health cause they supported. The response ranged from cancer, universal health care, Crohn's disease, and Arterial Veneer Malformations. Health causes showed a similar trend between the interviewees. Almost all of those interviewed support a specific health cause because they have a personal connection with the disease. Most of them have had a family member or they themselves have dealt with a disease.

When the topic of arthritis was brought up, there was again a variety of responses as to how much each person knew about the disease. Those that did know a little bit more compared to others had a personal connection with arthritis because a family member has it. When asked to describe someone with arthritis, all respondents answered with someone that was "old." One respondent went as far to say that he does not need to worry about the disease yet because he is young. Furthermore, when asked specifically about the Arthritis Foundation, none of the interviewees knew anything about the organization. Any publicity that the Arthritis Foundation uses to reach the younger generations is likely not effective because those surveyed were not aware of any events either. Some think that if the Arthritis Foundation were to use more personal meetings with people and increased their advertising, they would be able to do better within the realm of nonprofits. Interviewees all seemed to agree that the Arthritis Foundation is not in a position of familiarity compared to other organizations. All participants were shown a sheet full of logos of nonprofits and no one was able pick out the Arthritis Foundation. Popular organizations like the American Cancer Society and the Red Cross all have logos that were easily identified (by this sample) and recognizable.

V. Implications of Results and Final Recommendations

After completing and analyzing both our primary and secondary research regarding the awareness levels and attitudes of both the condition of arthritis and the Arthritis Foundation, we believe that there are several key findings we can provide. The individuals our team specifically focused on in our primary research were 18-24 years of age. Several of our recommendations take this specific demographic into account. We believe our recommendations can be effectively and specifically applied to both further the mission of the Arthritis Foundation as well as foster knowledge of Arthritis Foundation.

The first initiative we recommend is a focused effort in building outreach and relationships through Web 2.0 and specifically social media networks. Several findings from both our primary and secondary research support this conclusion. In our primary research, which involved conducting in-depth interviews to individuals from 18-24 years of age, the overwhelming majority of participants indicated that they prefer to receive updates through social networks like Facebook as a complement to e-mail. In addition, findings from our secondary research indicated that social networks provide a powerful forum to unite and engage individuals; therefore, it must be active at all times. Social networks can also serve as a portal for donations. They create community and awareness, attract donors, and connect people and ideas in new ways. In the survey results, no respondents indicated they received a majority of their information about the Arthritis Foundation through Facebook and Twitter despite the fact that accounts on these networks already exist. Finally, survey results also indicated that time was the primary aspect of respondent's lives which inhibited them from being more involved with events. We believe that there are ample ways for respondents to be involved using social networks without taking time away from their home. Ignoring Web 2.0 could prove to be a crucial mistake in the Arthritis Foundation's communication and fundraising plans now and in the future. The specific tactics we recommend for Web 2.0 are as follows.

First, promoting Facebook and Twitter accounts through traditional forms of communication is necessary to build awareness of the Arthritis Foundation's presence on the networks. Respondents from the survey indicated that they receive a majority of their information from the Arthritis Foundation newsletter. Therefore an article or tag at the bottom of the newsletter, which asks readers to follow the Arthritis Foundation or become a fan on Facebook, would be an effective first step. Promotion and links to the social media accounts should also be on the homepage of the Arthritis Foundation website for the Wisconsin chapter. In addition, after a strong base of followers is built, we believe text ads on Facebook promoting the Arthritis Foundation would be an effective way to promote the organization and the social networking pages to all individuals that live in Wisconsin as the network allows you to target specific geographic regions. We also recommend having a volunteer, intern, or staff member wholly dedicated to responding to the questions and comments that get brought up on the community and furthermore build a foundation for the objectives and strategies for the Arthritis Foundation's presence on Web 2.0. This would also aid in promoting events, programs, and campaigns. Finally, having individuals who want to be involved with the Arthritis Foundation, but also don't want to take time away from their home lives, could serve as effective resources for helping to organize event and program pages online to specifically help promote and raise awareness of Arthritis Foundation functions (Appendix D).

The next initiative that we believe is critically important to the well being of the Arthritis Foundation is educational initiatives in Wisconsin. The primary research conducted overwhelmingly indicated a lack of awareness about the Arthritis Foundation for 18-24-year-olds and certain aspects regarding the condition of arthritis as well. For instance, during the in-depth interviews that were conducted, a projective technique was used that asked participants to identify as many logos of 16 different non-profit organizations as they could. In our interviews, no participant was able to identify the logo for the Arthritis Foundation. Furthermore, none of the participants were familiar with the Arthritis Foundation and all stated that arthritis is a disease that older people get. The results obtained from the survey distributed to individuals on the Arthritis Foundation's distribution list were concerning as well. There were three individuals who were "not aware of the Arthritis Foundation" when asked where they get the majority of their information from. Considering these individuals are in the database, there may be disconnect between programs they participated in and the Arthritis Foundation as a sponsor.

We have developed several tactics that will effectively spread awareness levels of the Arthritis Foundation and arthritis in general. The first is a junior ambassador program which would be run through the Arthritis Foundation. The program would allow young individuals whom the disease affects, like college athletes, to speak to high school students about their personal story, experience with the disease, and provide educational information and answers to questions. This would allow young individuals to learn that they too are susceptible to arthritis just as elderly individuals are as well as build awareness for the Arthritis Foundation. Regional commercials which are cast should also employ youth or young adults instead of the stereotypical elderly individuals. By specifically focusing on breaking the association between age and arthritis, individuals will begin to form a broader knowledge base as to who the disease really affects and may therefore become more concerned and passionate about the cause.

Another area we feel there is need for improvement is event management and marketing. From the survey data collected, 29 individuals stated that they receive a majority of their information from events of the Arthritis Foundation. However, the first and second ranked responses for which events or programs individuals have ever participated in was the Jingle Bells Run/Walk and "I have not participated in any events." Individuals may be participating in select events and look to gain information from them; however, the individuals clearly don't participate in many more than one event or program per year. Efforts to truly brand and spread awareness of the Arthritis Foundation at the Jingle Bells Run/Walk should be a top priority. Furthermore, when individuals then leave the event, they carry the message along with them. We have developed several specific marketing tactics to help spread awareness of the Arthritis Foundation.

First, in relation the Jingle Bells Run/Walk, giving all participants bright blue earmuffs (like those that fit around the back of the head) that are branded with the Arthritis Foundation name and logo, would provide an effective way for individuals to showcase and begin to spread the logo and name association, especially considering the high attendance of this event. Secondly, simple things like magnets and bumper stickers can be distributed at all Arthritis Foundation events and programs in addition to healthcare facilities around Wisconsin that may serve patients with arthritis. Finally, we believe a guerilla marketing tactic could be especially effective in building awareness for the younger demographic of individuals like those our study focused on. This campaign should first work to simply build awareness and then build up to being more interactive. For example, the Arthritis Foundation logo, which is white and blue, has the silhouette of a person with their arms raised in the air. We envision employing an individual to dress in a blue, head-to-toe, stretch body suit. On the front of the suit would be the Arthritis Foundation logo. On the back of the suit, it would say, "Don't let arthritis make you *blue*. Track the blue man at: <http://www.arthritis.org/chapters/wisconsin/>." A micro site would then be created specifically for this campaign where individuals can log-in to an account they create for themselves and they can then enter where they've spotted the blue man. The first individual who spots the blue man at each site gets automatically entered for a prize from a drawing at the end of the campaign. In addition, the Arthritis Foundation now has these individuals' emails in their database. The blue man is in constant motion which is also an important association to make to the condition as a whole because movement is one of the simplest forms of medicine for arthritis. The blue man could potentially be anywhere, but we would recommend specifically targeting college campuses, sporting venues, and other locations where a younger demographic tends to frequent.

Several other final recommendations that contribute to the overall goal of building brand awareness and recognition remain. In looking through the chapter's annual report, blog, and overall digital personality including the colors and slogan do not align with that of the Arthritis Foundation's logo colors and slogans used. Seemingly small inconsistencies like these, can add up to have substantial negative impact on overall brand recognition. We believe that focusing on these small details could yield tangible results in the future. In addition, secondary research has indicated that identifying and keying in on top donors can prove to be beneficial in several ways. First, by satisfying donors and communicating with them the use of their money, it will inform them that they have not only made a sound investment, but that their investment is making a difference and are therefore encouraged to continue with their donations. Furthermore, donors who are part of corporations who look for ways to reach out or have banquets and auctions provide opportunities for the Arthritis Foundation to, at the very least, build awareness in the community and potentially become a financial beneficiary as well.



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+ VII. Appendixes

Appendix A

Group Interview Guide



Let's just begin by talking about causes that concerns you.

- What are some causes that you're interested or involved in?
 - Why are you interested in those causes?
 - What initially drew your interest in these causes?
 - What connection do you have with them?
- How would you describe your level of involvement? (donate, volunteer, attend events, etc)
- How do you learn more about the cause? (direct mail, email, friends, social media, news, etc)

Health Causes:

- What about health causes? Are there any health causes that interest you?
 - Why those particular causes?
 - How do you find out information about them?
- Logo Question: Series of logos and name as many as they can. (See hand out)

Arthritis:

- What about arthritis?
- What comes to mind when you think about arthritis?
 - Describe someone that might have arthritis.
- Do you know anyone who suffers from arthritis? If so, what do you know about his/her condition?
- Offer some educational information: 1 in 5 people suffer from arthritis; more than 100 types of arthritis; etc.
- What is your perception of the Arthritis Foundation compared to other nonprofit organizations?
- Are you familiar with any Arthritis Foundation events in the area?

Logo Handout

Try to identify as many nonprofit organizations as you can:



Logo Answers

First Row

1. American Heart Association
2. American Foundation for Suicide Prevention
3. American Red Cross
4. Planned Parenthood

Second Row

5. Big Brothers Big Sisters (BBBS)
6. American Cancer Society
7. Boys and Girls Clubs of America
8. The Salvation Army

Third Row

9. Bread for the World
10. American Diabetes Foundation
11. Arthritis Foundation (Bingo!)
12. Alzheimer's Association

Fourth Row

13. Save the Children Foundation
14. Make a Wish Foundation
15. Habitat for Humanity
16. Toys for Tots