

PORG-574 FY2002

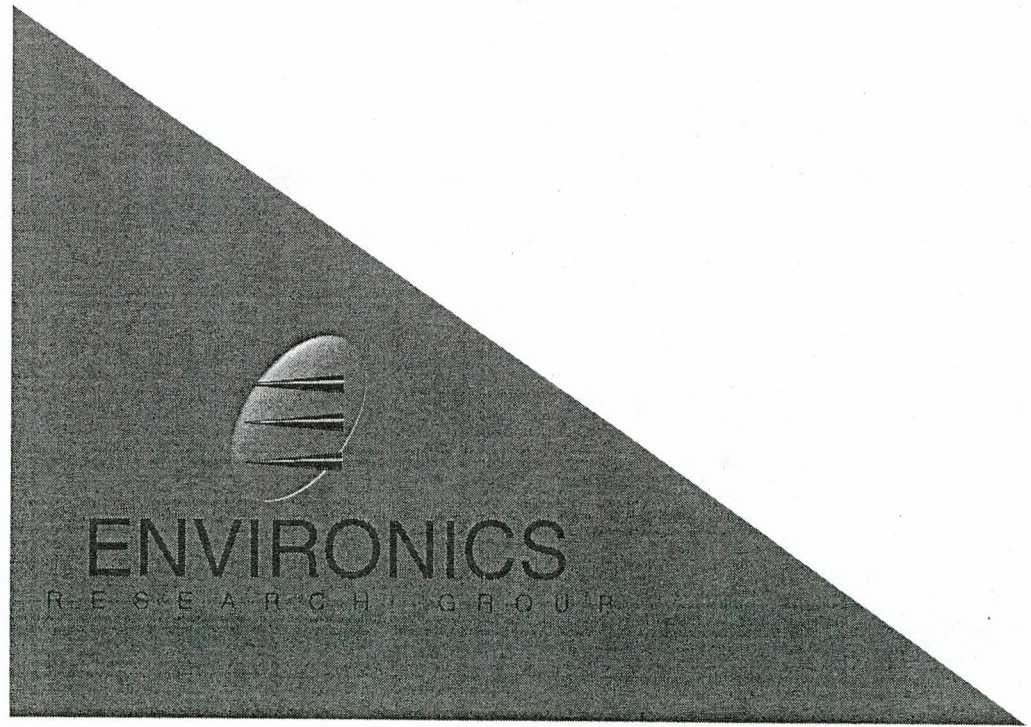
# Qualitative Testing of an Informational Brochure on the Health Care Accord

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POR#: H1011-020108/001/CY – POR-02-102

Calgary, Montreal and Ottawa



January 2003

- A series of six focus groups, two 90 minute sessions in each of Calgary, Montreal and Ottawa on the evening of February 10, 2003.
- Participants recruited from the general public and represented a mix of age groups, and educational backgrounds; also roughly equal proportions of men and women in each group.
- Participants allocated to sessions on the basis of their awareness of the Health Accord.
- People working in the health care field were excluded from participating, as well as standard excluded groups (media, advertising, market research, working for an elected official).
- Participants were presented with text and sample brochure.



# Media Awareness

## Media Awareness

- Top of mind awareness of the Accord included:
  - Premiers didn't get the level of funding they wanted
  - Lack of agreement with Territorial Leaders mars the "Accord"
  - Conflict between PM and Premiers
    - "No Smiles" - Montreal
    - Ralph Klein's "dark side" comment - Ottawa, Calgary
  - Dispute over the amount of "new" funding available
  - Some awareness of home care, catastrophic drug program, new medical technologies among the High Awareness groups
    - Montreal participants were aware of "flexibility" on catastrophic drug program given existing Quebec Government program.

## Media Awareness

- Confusion with Romanow Commission and Romanow Report
  - High Awareness participants see Romanow as benchmark by which the Accord is judged.
  - Belief across all groups that the Accord fell short of Romanow Report.
  - Low awareness of Romanow Commission Report in Montreal, higher awareness in Ottawa and Calgary.

## Media Awareness

- Strong differences in perceptions/knowledge between High Awareness and Low Awareness groups in Ottawa and Calgary, less so in Montreal.
  - Low Awareness participants distinguished by general anxiety about health care and cautious optimism.
  - High Awareness participants more knowledgeable about health care system/Accord and more pessimistic.
- Extremely low penetration of print advertisement (One print run in limited number of newspapers).
  - Higher awareness of provincial government advertisements/ advertisements by health groups



# Knowledge Mapping

## Knowledge Mapping

- “Knowledge Mapping” is a qualitative technique aimed at understanding current levels of knowledge (or misinformation) as well as key information needs related to the topic under investigation.
  - Working in pairs, participants chart out the items they “know” about the health care system and what they “wonder about.”
- Information needs, as defined by the things “they wonder about”, resurfaced throughout the discussion on the brochure text and contents of the Accord.



## Knowledge Mapping - "What We Know"

- Universality emerges as key attribute of health care system across groups and locations.
- Low Awareness participants focussed primarily on their concerns about the health care system in general.
  - Shortage of health professionals an attribute of the current system.
- High Awareness participants focussed primarily on the details of the Accord and the possible impact it might have on the system.
  - Participants well informed of the amounts associated with the Accord and "discrepancies" between what was requested and what was received.

## Knowledge Mapping - "What We Know"

- Accord falls short of what Premiers, Romanow Report wanted.
- High awareness of the rejection of the Accord by Territorial Leaders.
- General belief that services in the health care system have contracted over the past few years.
- Focus on "bricks and mortar" over new modes of health care delivery. For example, there is high awareness that the number of hospital beds have been reduced but low awareness of new therapies.
  - Belief that shorter hospital stays are a sign of less service and fewer resources than more efficient treatments.

## Knowledge Mapping - "What We Wonder About"

- Low Awareness participants tend to focus (with anxiety) on the nature of the health care system in the future. Concern is high with regard to:
  - The introduction of two-tier system/privatization
  - Introduction of user fees
  - Shortage of health professionals
  - Imbalance in doctor/nurse responsibilities in health care delivery
  - Impact of demographic change on health care costs
- Low Awareness participants also had questions with regard to items unrelated to the Accord, such as:
  - Why are prescription drug prices rising?
  - Why do we pay directly for ambulance services?
  - Are health cards accepted as personal identification?

## Knowledge Mapping - "What We Wonder About"

- High Awareness participants tend to focus on funding issues and the Accord itself. Information needs identified as:
  - Desire for more details on the funding amounts, targets and timelines.
  - Accountability and enforcement of the Accord
  - Federal-Provincial co-operation/jurisdiction.
  - Have earlier cuts to health care been restored?
  - New money versus old money
- Calgary and Montreal participants concerned about federal intrusion in area of provincial jurisdiction.
  - Concern related to broader issue of federal/provincial co-operation (Kyoto in Calgary, Unity in Montreal)
  - Montreal participants also wonder about impact of Accord on provincial pre-election scene.



# Brochure Testing - Text

## General Comments

- Brochure is too “text heavy” and “repetitive.”
  - Too much text is spent on outlining the background to the Accord rather than the Accord itself.
- Despite criticism that it is “too dense”, brochure text is seen as informative.
  - Participants in High Awareness groups more positive – especially with regard to home care, new technologies, catastrophic drug plan.
  - Participants in Low Awareness groups see the plan as “utopian” [Ottawa] or “too good to be true” [Montreal]. Overall, these participants concerned about the perceived lack of a plan to address shortage of health professionals
- Strong endorsement of the structure used in explanatory sections (Plan, Target, Benefits).

## General Comments

- Tone and level of language seen to be correct although there is a desire for more concise sentences. Text successfully avoids jargon.
- Text addressed some, but not all, information needs identified in Knowledge Mapping session.
  - “Unfulfilled” needs are often related to issues outside of the Accord (user fees, differing roles of health professionals, cost of equipment, impact of demographic change on health care costs and so on).

## Text - Strengths

- The pie chart, contact information section seen as strengths in the text.
- Organization of sections strongly endorsed.
- Seen as providing overview on amounts, timelines, objectives (although a higher level of detail was desired by more knowledgeable participants).



## Text - Weaknesses

- As noted previously, some information needs were not addressed.
- Target of 50% access to 24/7 primary care problematic for participants.
  - Target seen as insufficient.
  - Target seen as less than the level of service currently available in urban areas (Emergency/Casualty wards available 24/7).
- Text “vague” on the commitments that are actually being made. Worry that the Accord may be unilaterally altered by future governments or that commitments will not be upheld.
- Information on Health Council seen to be an afterthought (positioning as well as level of detail)



# **Brochure Testing - Graphics**

## General Comments

- Although participants agree that the brochure is “text-heavy” or “wordy”, there is general agreement that it is well-laid out and pleasing to the eye.
  - Minor criticisms on stylistic elements (use of burgundy for section titles - “like blood”, “Liberal colours”, preference for a larger font size, reduce number of hyphenated words).
- Agreement that colour palette is appropriate.

## Pictures and Graphics

- A strong preference for pictures that are action-oriented and patient focussed.
  - Good examples include the doctor examining X-Rays (pg. 4), patient in MRI (pg. 6).
  - “Happy faces” (Cover, pg. 3 Doctors) undermine the seriousness and complexity of the problems (and solutions) facing health care.
- The pie chart on page 7 seen to be an asset.
  - Preference for a clearer colour distinction between “Research Hospitals” and “Health Reform Fund”



# Potential for Change

## Potential for Change

- After reviewing brochure, participants were asked about the ability of the Accord to make positive change to the state of the health care system.
- Although participants feel that the Accord could contribute substantially to health care reform, there is a deep set cynicism and anxiety about the likelihood of change.
- If Accord is implemented, participants see positive change in:
  - The use of new technologies
  - Sustainable and predictable funding
  - Affordability of prescription drugs
  - Home care
  - Federal/Provincial harmony

## Potential for Change

- Anxiety among low awareness groups that Accord is “too good to be true”
- Despite optimism about the Accord, participants believe that negative attributes of the current health care system will continue. These include:
  - Bureaucracy and mismanagement
  - Shortage of health professionals
  - Access to care will not be improved
  - Funding disputes
- As well, there is view that the the five year time period of the Accord is too short to generate sufficient or noticeable benefits. A worry that talk, and not action, will be the prime result of this agreement.

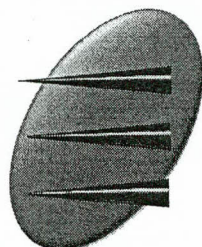


# Conclusions



## Conclusions

- Brochure contains many strengths on which to build:
  - Organization of sections
  - Use of graphics
  - Correct tone and level of language
  - Seen as informative (if a bit intimidating due to length)
  - Addresses concerns of those aware of Accord
  - Receptivity to home care, technology and drug costs (flexibility in Quebec)
- Address “wordiness” issue, cut back on background.
  - Use bullet points when appropriate
- Choose action-oriented, patient-focussed pictures



# ENVIRONICS

R E S E A R C H   G R O U P

336 MacLaren Street

Ottawa, Ontario

Phone: 613.230.5089

Fax: 613.230.3836

[www.environics.net](http://www.environics.net)