

Best Practices in Public Reporting No. 3: How to Maximize Public Awareness and Use of Comparative Quality Reports Through Effective Promotion and Dissemination Strategies

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Prepared by:

Shoshanna Sofaer, Dr.P.H., and Judith Hibbard, Dr.P.H.
Center for Health Improvement

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Purpose

The purpose of this guide is to help report sponsors promote and disseminate comparative quality reports to the public. The guide contains 10 evidence-based recommendations. Intended audiences include Chartered Value Exchanges (CVEs) and other community collaborative. The guide also may be of interest to States, health plans, and purchaser and consumer groups involved in the design, production, promotion, and dissemination of comparative health care quality and cost information for consumers.

Value of Effective Public Reports

According to a recent poll from the Kaiser Family Foundation, 30 percent of Americans say they have seen information comparing the quality of different insurance plans, hospitals, or doctors, while only 14 percent have used such information.¹ These figures are slightly higher than in surveys conducted in previous years. For example, a 2007 survey by Harris Interactive on behalf of the California HealthCare Foundation revealed that 23 percent of respondents had seen hospital comparative quality reports.²

them. If they never see them, they cannot use them. And if they do not use them, there is no return on those investments.

Few, if any, sponsors have been fully successful in expanding access to and awareness and use of quality reports whether they use a print or Web format. There are several reasons for this problem: poor promotion and dissemination of reports; flagging awareness among consumers who heard an initial announcement about a report and then forgot about it; lack of consumer interest in the providers measured or the measures reported; and poor report design.

Little research exists on how to promote and disseminate quality reports; however, there is much to learn from social marketing and Web marketing. In this report, we will apply key insights and strategies from those fields to the challenges of getting comparative quality reports seen and used by the public. This is a tough job, but there are steps sponsors can take to reach more of the people who need to see and use reports.

Many potential partners may have deep experience in these areas that can be applied to promoting comparative quality reports to consumers. For example, private sector purchasers have staff or other resources with marketing, advertising, and Web expertise. The Cincinnati CVE, Health Improvement Collaborative of Greater Cincinnati and HealthBridge, is fortunate to include Proctor & Gamble, a major consumer products firm with extraordinary expertise in marketing. Proctor & Gamble assigned one member of its staff to work with the CVE for 18 months on promotion and dissemination issues. In addition, the company helped the CVE develop its Web site. Public and nonprofit organizations also have expertise in media relations and social marketing, as well as skill at marketing with limited budgets.

In putting together a multistakeholder partnership, it is also imperative to include those who serve, can reach, and are trusted by your audience, in particular consumer and patient organizations. Involve them early and ensure that they have a clear voice in decisions. These organizations are not likely to participate as productively and completely as you would like unless they believe they are viewed as essential to the process, rather than an afterthought.

Recommendation No. 2: Identify your audience as early as possible

Sponsors must identify, and get to know, their audiences as soon as possible to ensure effective promotion and dissemination of comparative quality reports or cost information.

Whom do you want to reach? Often, sponsors say they want to reach everyone in the community. While this is admirable, it may be self-defeating, at least in the short term. Marketing professionals know that “audience segmentation” is essential for effective promotion of any product or service.

We are a highly diverse society. People’s needs and interests differ. A message that reaches older rural Americans, for example, will not necessarily work with the urbanized Facebook generation. Women respond differently than men. People from different ethnic groups have different beliefs and values about health care that will significantly influence both what to emphasize and where to place your messages.

The nature of the information provided also points to the audience. Information about primary care physicians implies a broad audience. Data that relates to nursing home quality suggests a narrower audience: those likely to be admitted to a nursing home, plus those who help them make decisions.

So, while planning, sponsors should think carefully about priorities in terms of audience. A CVE’s mandate is important, but within the context of a mandate for a public report, there are options. Report sponsors may choose to target audiences who:

1. Need the information the most.
2. Will be easiest to motivate to look at and use the information.

These groups are unlikely to overlap completely, so tradeoffs will be necessary.

require them to read and understand text and graphs. Such media include radio, TV, and perhaps most important, other people. To reach less literate groups, or groups that are more comfortable speaking a language other than English, the strategies presented in Recommendations 3 and 7 are essential.

Promotion and dissemination efforts also should target those who can influence others because they are trusted sources of information. People ask friends and family for health care recommendations, and they can extend a report's influence. People who are highly engaged in health issues and are natural helpers are likely "early adopters" of new health information.

Heightening awareness of your reporting among this group through community organization newsletters, health-related blogs, or other media can provide an avenue into hard-to-reach groups. Keep in mind that a "trusted source" can vary by topic. For example, consumers may trust physicians for reports on clinical issues and look to health plans for information on medical groups.

Recommendation No. 3: Engage those who can help you learn about and reach your audience

Multistakeholder sponsors, such as CVEs, must strategize from the outset about how to include organizations that are knowledgeable about and trusted by their report's intended audiences. Many groups can help: Employers can help reach their employees and their families; health plans can spread the word to their members; and providers can contribute to getting out the word out to patients. However, the stakeholders that are especially important to help you learn about and reach your audience are consumer and patient advocacy groups⁷

- League of Women Voters
- Lion's Club
- Literacy Council
- Neighborhood associations

In addition to their other considerable contributions to reporting efforts, consumer-oriented organizations can be a key resource for ensuring effective report promotion and dissemination. Community groups that advocate or provide support for people with the kinds of conditions measured in specific quality reports could make a substantial contribution. Partners with special access to groups you want to reach, such as minorities, older adults, parents of young children, people who prefer speaking a language other than English, women, or consumers in rural areas, can become critical “information intermediaries” who do hands-on promotion and dissemination of reports and, in some cases, help people use and understand them. The following list of “Roles of Information Intermediaries” was adapted from a report on the subject for people on Medicare.⁸

Roles of Information Intermediaries

Promote and Disseminate Information

- Promote the availability of information, assistance, and decision support.
- Disseminate information “broadcast” through one or more channels.
- Disseminate information to particular groups of people in a more tailored and customized manner.
- Legitimate the trustworthiness and usefulness of information materials and sources of information and decision support.

Connect Specific Individuals With Information When Needed

- Identify specific individuals who need information and decision support.
- Refer people to appropriate sources of information

These organizations also can help conduct formal and informal audience research to identify the kind of report to use to attract those you want to reach. Reports will be more likely to resonate with the public if they address the providers people are most interested in learning about and include measures that are important and make sense to them. Clearly, these are “up front” questions. In addition, audience research can help identify modes of dissemination most likely to reach people, benefits to highlight in promoting the report, and barriers to overcome in raising awareness and achieving access, as well as what will make consumers most likely to trust the report.

When seeking to involve those with special access to your audience, you cannot start too early, especially if your intended audience is vulnerable or often ignored. If people think they are being included only after many of the important decisions have been made, they are less likely to support the efforts. They are not interested in being a rubber stamp and may be quick to think they are being used.

Also consider reasons these organizations might

Secondary audiences also exist in areas where elements of health care delivery interact. For hospital ratings, physicians constitute an important audience, since they admit patients to hospitals and refer patients to specialists who have privileges at one or a very small number of hospitals. It is not likely that physicians will change referral

you want to reach. As mentioned above, if another organization has the right brand identity and will be viewed as trustworthy and objective by your audience, why not use their site?

A multistakeholder sponsor may also need to consider whether to locate its report on one of the major stakeholder's Web sites (and under its brand) or create a Web site for the collaborative effort. Before taking the latter approach, consider if one of the collaborative's partners is already known, trusted, and used by the audience. Consider also if it will cause problems within the partnership if one member is chosen to be "home" to the quality reports. Since most sponsors have created new Web sites for their reports, there has been little research to test the relative effectiveness of these strategies.

There is no doubt that it is useful to place links to your report's Web site on as many trustworthy and appropriate sites as possible. Pick sites consumers visit when dealing with a health problem

In addition to reaching consumers who are looking for information about quality, you want to attract those who are seeking health information but are not necessarily thinking about quality. Embedding links on related sites will help bring users to your Web site. For example, placing links to your report on Web sites that consumers visit for health information is an effective tactic for reminding them to consider comparative quality information when they are, for example,

time and give them opportunities to watch events unfold. When your data are available, you can also arrange a meeting with media representatives, individually or as a group, to preview the results and, more important, make sure they really understand what they mean.

The media want stories that will help them sell papers or get audience share and, thus, advertising revenues. The electronic media, in particular, need stories that work as “9-second sound bites.” Just as it is necessary to grab the attention of consumers immediately in a report on comparative quality, it is also imperative to get to the point of your story quickly. This means you need to shape your pitch to the media as “new news.”

But what is news? It has been said that “victims, villains, and simple solutions” are what make news. A horror story about a patient’s terrible experience with a particular hospital is more likely to be reported than a story about the release of a report on hospital quality. It is necessary to explain the “quality story” to members of the media and entice them to cover it. In this way, you may complement social marketing efforts with what is called media advocacy or earned media by turning your messages into news. This gets them on air or in print without your having to pay advertising fees.

This approach has served key health behavior efforts extremely well. Your goal is to place periodic stories—news and features—about your quality report. Some people think the public will respond better to your story as earned media than as paid advertising because when you advertise, it is clear you are shaping your message.

The challenge is to identify interesting and surprising findings in your report as “teasers” to

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Promoting CalHospitalCompare.org

The California HealthCare Foundation (CHCF) has spent years supporting efforts to provide hospital quality information to Californians. In 2008, CHCF reported on its study of how consumers use the Internet to manage their health care.^{2,13} CHCF found that in 2007, 23 percent of those surveyed had seen hospital rating information, but only 4 percent of those had considered a change in hospital choice, and only 1 percent made a change based on the ratings.

CHCF's analysis of usage statistics from its CalHospitalCompare Web site revealed a substantial number of visits. But because about half of the traffic came from visitors who had "bookmarked" the site on their Internet browsers, it was believed that industry insiders were responsible for as much traffic as consumers. In response, CHCF launched a campaign to increase consumer awareness of its Web site, hoping to drive more consumers to the site and increase their use of the data in hospital choice decisions. (Note that hospital participation in this initiative was voluntary; CHCF demonstrated the benefits of their participation by

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For multistakeholder groups, partners are key. Employers can help reach workers and their families; labor unions can help reach their members; and providers (hospitals, physicians, community health clinics) can help reach their patients. Public agencies can help reach those they serve, whether these are people with Medicaid coverage or people who use public health services; condition-specific advocacy groups can help reach specific groups of patients and their caregivers; and so on.

Tap existing networks

It is likely that you will need to reach beyond your partners to gain the widest possible awareness of your report. To reach seniors, for example, take advantage of State AARP chapters along with what is called the “aging network,” the vast array of primarily small- or medium-size agencies that serve the social and health needs of elders. In many communities—especially those of color—faith-based organizations can be of great assistance. Social clubs and service clubs exist for all kinds of cultural groups in your community. This is where people congregate, where they chat, and where they expect to get information that is in their best interest.

Educational institutions are natural partners; this does not just mean elementary and high schools, but also community colleges, adult education programs (including those who provide classes in English as a Second Language), daycare centers, and after school programs. Programs directed toward children provide a great way to reach out to parents, especially if your report includes measures of health care for children.

The impact that effective outreach can have is exemplified by the outreach efforts made when the State Children’s Health Insurance Program (SCHIP) began more than 10 years ago. States eager to enroll as many eligible children as possible used the full range of organizations discussed above and more to get out the word about the then-new program. Those who did more outreach enrolled more children. [14.15](#)

When reaching out to these groups, it is critical to demonstrate that you have no “ax to grind” and that your report is not a form of advertising for any particular insurance company or medical provider. Similarly, you must show how the organizations and their members will benefit from working with you. Work collaboratively with these organizations to identify the best tools for reaching their constituencies. And do not be surprised if they propose face-to-face contact instead of, or in addition to, the use of pamphlets, brochures, posters, and other written materials. They also will want materials that are user friendly. Indeed, staff of community-based organizations may be an excellent source of feedback on your report; if they do not find it compelling, relevant, and easy to understand and navigate, chances are their constituencies will not either.

Do not forget libraries

Last, but by no means least, public libraries offer important promotion and dissemination opportunities. Libraries are all about access to information, and most libraries today realize that a significant part of their service to the public is to help those caught in the digital divide gain access to both print and Web-based information. At least two CVEs have experience working

with libraries for this purpose: Puget Sound Health Alliance and Pittsburgh Regional Health Initiative.

Recommendation No. 10: Gather and analyze feedback on the report and its promotion

Given the investment of time and effort in a public report, sponsors should have a mechanism to assess its impact. Knowing how many people a report reaches, whom it reaches, and how it is received and used will be helpful in refining future versions. Simply tracking online “hits” offers a rough gauge of use of Web-based reports. It also is possible to track more detailed information, such as pages viewed, time spent per page, and links that produce the most traffic. Many sponsors of Web-based reports take advantage of the extensive free tracking and analysis services available. However, to understand how people respond to and use the Web site, other methods are needed.

A survey built into the Web site is one possible feedback mechanism. Focus groups with key audiences will provide information about how well the report meets the needs of those subgroups. Community partners, such as employers, payers, and community organizations, may help by recruiting their members

Together the three reports cover the wide range of issues and challenges faced by report sponsors:

- *Best Practices in Public Reporting No. 1: How To Effectively Present Health Care Performance Data to Consumers* focuses on the challenges involved in designing a public report card so that the performance information is easily understood by consumers and on strategies to make it easier for consumers to understand and use comparative health care quality reports.
- *Best Practices in Public Reporting No. 2: Maximizing Consumer Understanding of Public Comparative Quality Reports: Effective Use of Explanatory Information* focuses on the explanatory information in public reports, beyond the performance data itself, that helps to accurately communicate quality ratings to consumers and motivate them to use the ratings in making informed health care decisions.
- *Best Practices in Public Reporting No. 3: How To Maximize Public Awareness and Use of Comparative Quality Reports Through Effective Promotion and Dissemination Strategies* applies social marketing and other principles to explore how to target reports to specific audiences, develop messages to promote the report with key audiences, engage consumer advocacy and community groups in promoting reports and helping people use them, disseminate reports through trusted channels, and ensure that consumers see and use comparative quality reports.

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