

**Aligning Forces for Quality
Within Western New York**

Final Project Report

A Concept Systems Approach to Analyzing:

*“Factors that may motivate/empower consumers to take
more active responsibility for their own health and health
care decision making”*

Submitted By:

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Executive Summary

As part of an initial fact finding process first begun in the spring of 2007, the leadership of the Western New York Pursuing Perfection Collaborative (P2 Collaborative) commissioned a consumer centered survey and Concept Systems©¹ analysis seeking to gain insight into what might motivate consumers to take more active responsibility for their own personal health and health care decision making.

Eight focus groups were conducted across various WNY communities which initially yielded over eight hundred consumer advocate responses to the open ended prompt statement: “ People need to be empowered/motivated to take charge of their own health and health care. One way to get people to be involved in their health (health care decision making) would be to:” After elimination of extraneous responses, elimination of duplicate responses and item consolidation where possible, these statements were then reviewed and prioritized by P2’s Consumer Engagement Leadership Group (CELG). The subsequent CELG’s prioritized list was then provided to staff from Buffalo State College’s Center for Health and Social Research for literacy refinement and formulation into a consumer survey instrument (See Appendix B).

After survey administration and subsequent analysis, results from this effort suggest that, when considering taking action to increase a consumer’s personal responsibility for health and health care decision making, respondents were most interested in being provided with tangible tools or aids as well as with credible local resource personnel to help enable/empower the desired change process. While consumer support groups, suggestions for healthy activities, and health & wellness education related statements were all viewed as having a degree of “potential benefit” to positive consumer behavior change, there was a measurable disconnect between seeing “potential benefit” in these areas and reporting the “likelihood of use” or participation by these same respondents. The age, sex, gender, income, geographic location or ethnicity of survey participants had little, if any, change effect on these overall findings.

¹ *Concept Systems*© is a copyrighted software package and facilitation strategy developed and marketed for commercial use by *Concept Systems Incorporated*, Ithaca, New York.

Background & Purpose

In 2007, the Western New York P2 collaborative was awarded a multi-year grant from the Robert Wood Johnson Foundation (RWJF) to participate as one of 14 pilot communities within RWJF's national "Aligning Forces for Quality" initiative. A key expectation of this grant award is to have each selected community develop and implement local strategies seeking to better engage and empower health care consumers. The underlying goal is to better align the key constituents involved in the delivery paradigm potentially beginning with the encouragement and support of consumers themselves becoming more proactive in making responsible informed health related choices, be these choices related to health and wellness activities, care management decisions, and/or the selection of high performing health care providers.

Accepting this challenge, the P2 leadership early on determined that it wanted to become more informed themselves about the dynamics involved in motivating consumer change. They elected to start by seeking local consumers' own personal perspectives/opinions on the topic. Thus, P2 commissioned a local healthcare facilitation consultant to first have focused discussion with WNY health care advocates and to later survey a sampling of local health care consumers regarding their personal perceptions of what it will likely take to motivate/stimulate responsible lasting health related behavioral change.

Project Process

During the spring and summer of 2007, P2's consumer engagement consultant conducted eight focus groups across Western New York, four urban/suburban based and four rural based. Approximately ninety consumer advocates from various organizational backgrounds provided the consultant with over eight hundred responses to the open ended prompt: "People need to be empowered/motivated to take charge of their own health and health care. One way to get people to be involved in their health (health care decision making) would be to:". This list was then refined through elimination duplication and elimination of extraneous responses (i.e. responses that did pertain to the intended focus of this project or were beyond the reasonable ability of an individual consumer to perform/participate in). This process reduced the item set to less than two hundred items which were then presented to the Consumer Engagement Leadership Group (CELG) for further item reduction as deemed warranted and item prioritization in terms of importance and feasibility. Items deemed both important and feasible were then forwarded to staff of Buffalo State College's Center for Health and Social Research where items were reworded for appropriate reading level and sorted into two groups, one dealing more with desires/expectation for the health care delivery system and the other dealing more with desires/expectation for one's own personal behavior. Findings/analyses for each group are discussed separately below.

Participant Demographics

Utilizing P2 member agencies as outreach agents, 500 consumer engagement surveys were distributed throughout WNY and 176 were returned for a completion response rate of 35%. (It should be noted that several of the responses were not fully completed and therefore could only be partially utilized in analysis.) A brief overview of participant demographics is provided in the bullets. More detailed summaries of participant demographics can be found in Appendices A & I to this report.

Participant Characteristics:

- Average age: 49
- Gender:
 - Female: 78 %
 - Male: 12 %
- Race/Ethnicity:
 - Caucasian/White: 80 %
 - African American/Black: 11 %
 - Native American: 6 %
 - Other: 3 %
- Employment Status:
 - Employed Full Time: 64 %
 - Employed Part Time: 13 %
 - Retired: 16 %
 - Unemployed: 07 %
- Household Income:
 - Over \$75,000: 22 %
 - \$50,000-\$75,000: 25 %
 - \$20,000-\$50,000: 33 %
 - Under \$20,000: 13 %
 - Missing Data: 07 %
- Health Insurance:
 - Insured: 96 %
 - Uninsured: 4 %

Key Findings – Concept Systems Analysis

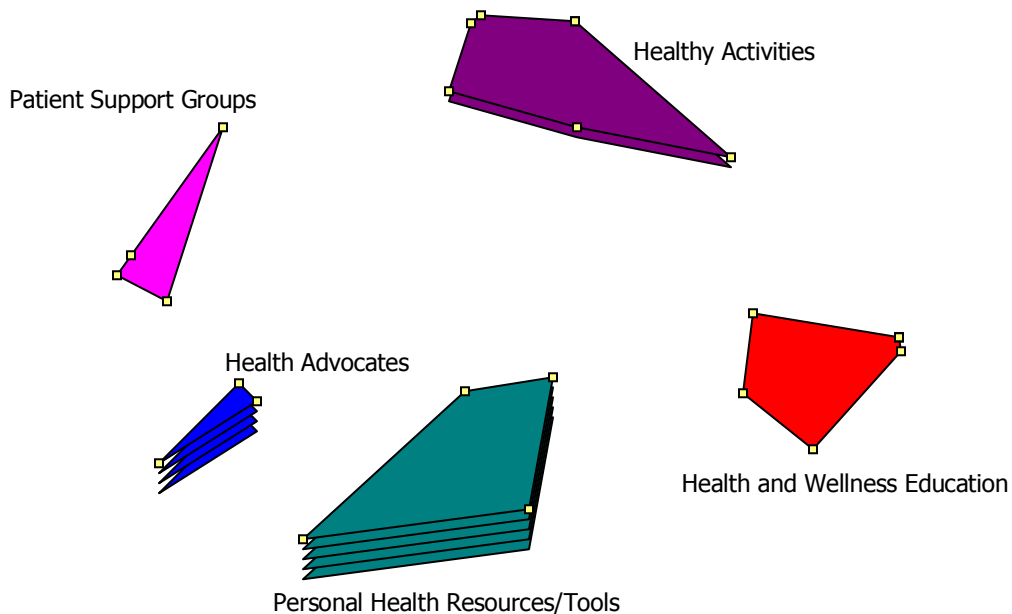
As a key component of this consumer engagement survey process, participants were asked to respond to a series of 26 statements relating to their personal health behaviors or health decision making. They were first asked to consider each statement in terms of perceived “potential health benefit” and second in terms of “likelihood of personal use”. Simple statistics (averaging and correlation analysis) were then applied to the responses yielding the findings discussed within this section of the report.

Master Concept Map – Likelihood of Participation

In order to best consider consumer responses to a number of different, yet potentially interrelated statements or concepts, members of the CELG were also asked to consider the 26 statements presented to consumer respondents. CELG members were not asked to rate these items as was requested of survey participants, but rather to independently group or cluster the items based upon their personal perception of commonality among the various items. The resulting input was then used within a *Concept Mapping*© process to create a similarity matrix for use in multi-dimensional scaling and the creation of a point map. With further statistical manipulation, the end result was the creation of a visual map that can now be used to better understand various consumer inputs in aggregate.

While many variations of maps can be generated through a concept mapping process, the map below was selected by the project consultant (with input from the P2 leadership) as a viable representation for this particular project. It was generated as a clustered solution considering the “likelihood of use” input provided by all survey responders and depicts the 26 statements grouped into five related clusters as determined from the CELG’s input. The layering effect present reflects the level of consumer rating: the more layers, the more likely consumers report they would use the ideas reflected within that specific cluster.

Master Concept Map



As is visually apparent from this map, survey participants suggested they were far more likely to use the suggestion/opportunities represented in two clusters over those contained in the other three. On a scale of one to four, the highest rated cluster “Personal Health Resources/Tools” contained four of the twenty six survey items and had an overall average cluster rating of 3.07. In rank order, these statements were:

- Financial rewards (such as no co-pays) for following your doctor’s instruction (3.38)
- Utilizing a set of questions to ask your doctor at office visits (3.19)
- Utilizing your pharmacist as a source of general health information (3.06)
- Accepting assistance in learning to keep a personal health record (2.65)

The second highest cluster titled “Health Advocates” possessed an average rating of 2.95 and contained three items. These items included:

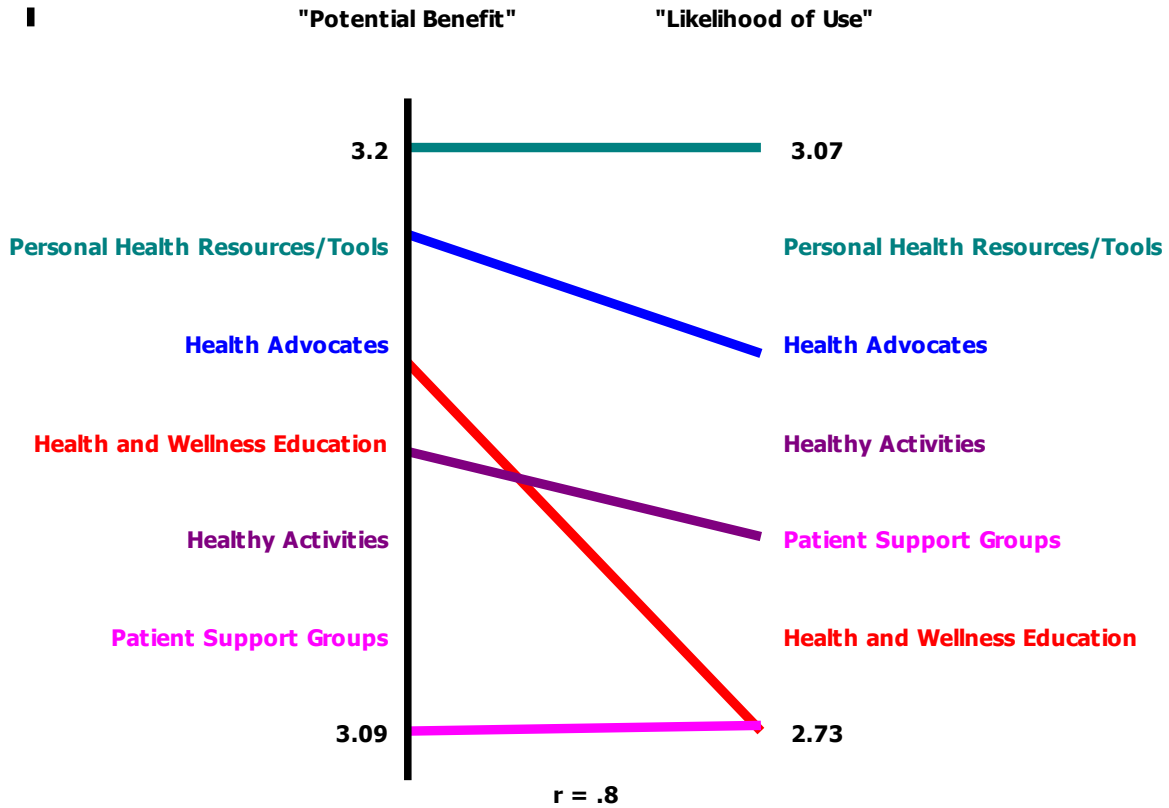
- Regular check-ups that include routine screenings (3.41)
- Health coaches/navigators, patient advocates, or other staff assigned to you who can guide you and answer questions about your care (2.91)
- Having a family member or friend trained as a health advocate to go to doctor appointments with you (2.54)

Appendix C provides a listing of all statements, by cluster, with rating scores. Appendix D provides a listing of all twenty six statements, non-clustered and ranking based upon “likelihood of use”. Appendix E presents the Master Concept Map utilizing “Potential Benefits” ratings as opposed to “Likelihood of Use”.

Master Pattern Matching – Comparing “Potential Benefit” to “Likelihood of Use”

An interesting and potentially important finding within this study is the measurable disconnect that exist between perception of “Potential Benefit” and “Likelihood of Use” corresponding with the lower ranked concept mapping clusters. The following diagram reflects this disconnect when considering correlation analysis among clusters (e.g. correlating “Potential Benefit” to “Likelihood of Use”) again utilizing input from the consumer participant group as a whole. Appendix F offers a series of similar sub group pattern matches that suggest consistent findings regardless of age, sex, gender, income, geographic location or ethnicity

Master Pattern Match

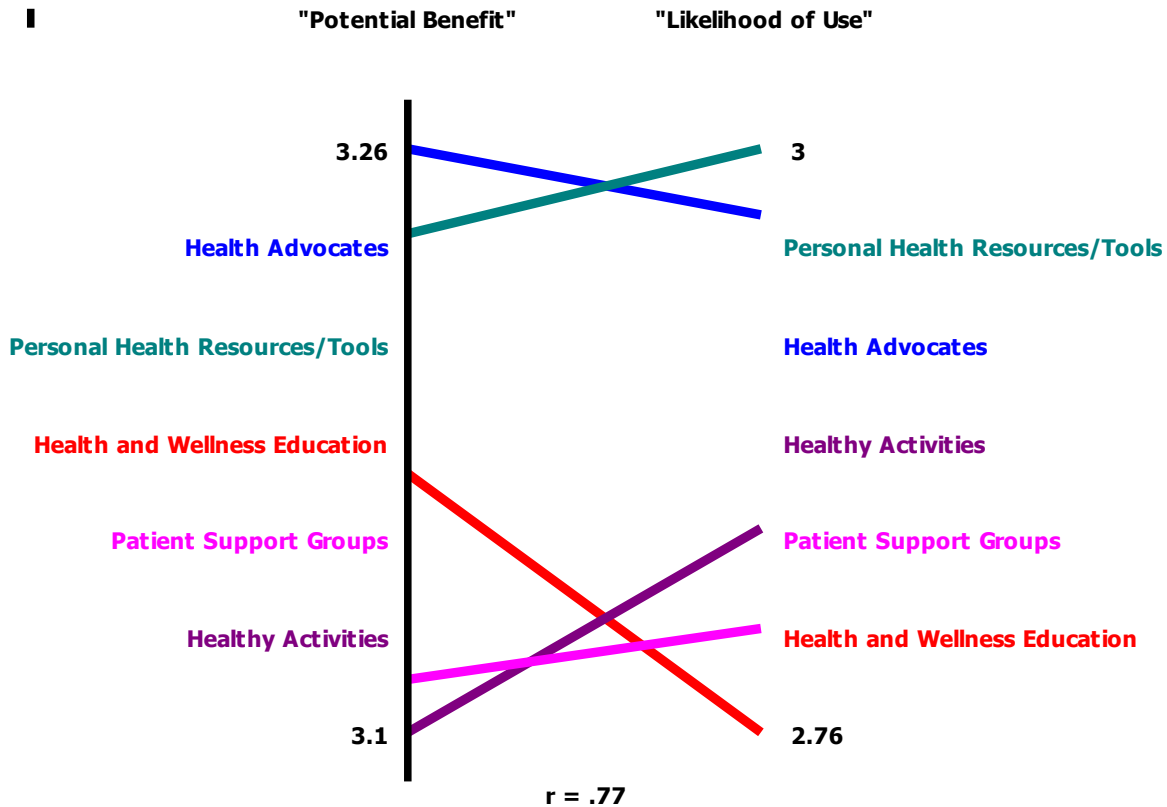


To interpret pattern matches, consider the degree to which each colored line is either straight or diagonal between the diagram’s left and right axes. Also consider the relative height of each line in comparison to the other lines. This Master Pattern Match shows, as suggested earlier, that the two clusters “Personal Health Resources/Tools” and “Health Advocates” are valued measurably *higher* by the group as a whole than are the other three clusters. Note also that the “Personal Health Resources/Tools” line is particularly straight suggesting a strong positive correlation between perceptions of “Potential Benefit” and “Likelihood of Use”. Conversely the line representing “Health and Wellness Education” is quite diagonal in nature. This indicates that while consumers may see the potential value in health and wellness education, at the same time they are suggesting that they would be less likely take advantage of such opportunities if afforded the other options present for their consideration. It is also interesting to note that the items represented within the “Patient Support Groups” cluster are least valued both in terms of perceived “Potential Benefit” and “Likelihood of Use”.

A second pattern match is displayed below as a representative sub group pattern match, this time considering only the input of those consumer respondents 50 years of age or older. Consistent with the overall Master Pattern Match, the two clusters “Personal Health Resources/Tools” and “Health Advocates” are valued significantly higher than any of the other cluster groups. Yet their relative importance apparently

increases as the age of the respondents increase. It would seem that “Health Advocates” associated activities in particular become more important to us as we age. Additional sub group pattern matches are again provided as Appendix F to this report.

Pattern Match (Input from survey participants age 50 and over)

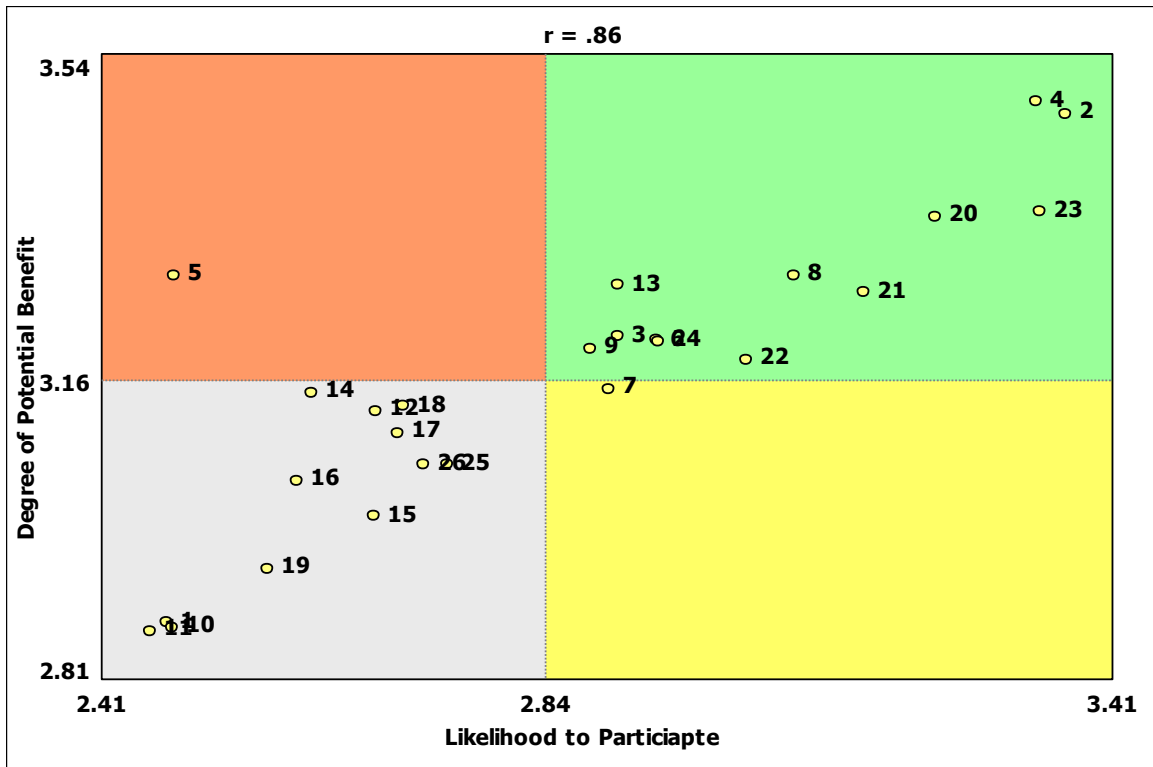


Go Zone Analysis

A “Go Zone” or quadrant analysis is also provided for the reviewer’s consideration. Go Zones are created by considering individual item rating scores for both perception of “Potential Benefit” and “Likelihood of Use” in association with one another. Items contained with the upper right hand corner of the scatter diagram below, shaded green, are items that survey respondents collectively found to be above average on both rating scales. Thus, accepting all participants’ input, the following five survey items considered independently were deemed most worthy of P2’s attention.

1. Regular check-ups that include routine screenings (2)
2. Walking trails or parks (4)
3. Financial rewards (such as no co-pay) for following your doctor's instructions (23)
4. Pamphlets and other informational materials that are understandable to the average person (20)
5. Set of questions to ask your doctor at office visits

Go Zone Analysis



Appendix G provides additional Go Zone charts for sub groups of the whole and Appendix H provides a listing of survey items by assigned number.

Key Findings – Consumer Opinion

As a separate component of P2's consumer engagement survey effort, respondents were also asked to rate their perceived importance of fifteen additional considerations identified within the initial focus groups. At the time, numerous consumer advocates deemed these considerations to be potentially significant when addressing consumer empowerment issues. These suggested considerations, and participant rating responses to them, are provided in the table that follows.

Consumer Opinion Table

Percentage of Participant Ratings Statement as:

Statement	Very Important	Important	Unimportant	Very Unimportant
Early treatment when health conditions do arise.	85 %	15 %		
A health approach that focuses on preventing health problems rather than just treating them when they happen.	76 %	24 %		
To have doctors and other health care workers receptive to your input.	70 %	29 %	1 %	
A health approach covering physical, emotional and/or spiritual health.	64 %	30 %	6 %	
Lower insurance, medicine, or medical costs in exchange for practicing healthy behaviors.	62 %	33 %	5 %	
Patients knowing about and understanding their rights.	56 %	40 %	4 %	
Increase community awareness of health resources available in our region.	56 %	41 %	3 %	
More one-on-one time to discuss your health with a health care professional.	55 %	41 %	4 %	
The role of one's family in one's health care.	54 %	38 %	7 %	1 %
More health and wellness in school curriculums (K-12)	52 %	40 %	7 %	1 %
School involvement and sponsorship of community health education classes and wellness programs.	45 %	45 %	8 %	2 %
Improved neighborhood safety so people can engage in more outdoor activities.	43 %	42 %	13 %	2 %
Access to health and wellness coaches, health navigators, or patient advocates.	31 %	52 %	15 %	2 %
Corporate involvement and sponsorship of health education classes and wellness programs.	29 %	52 %	17 %	2 %
Mandatory exercise programs in the workplace.	17 %	42 %	35 %	6 %

According to this input, survey respondents suggest that in order to best empower consumers to take more responsibility for their health and health care decision making, the delivery system (for both treatment and prevention/wellness) must above all else be readily accessible, affordable and respectful of consumer needs and opinions.

Summary and Recommendations for Future P2 Actions/Activities

In considering all of the data and information obtained through this consumer engagement fact finding initiative, it appears that individuals may be willing to accept certain forms of assistance in becoming more engaged with and responsible for their own health/ health care decision making. Such assistance however, must take the form of tangible tools (e.g. easily understood informational brochures, office appointment question sets, personal health records) made available through or supported by credible health professionals or health advocates. Consumer demographic characteristics have little, if any, impact upon this basic premise.

P2 appears to have its best chance at stimulating positive consumer motivation/consumer behavioral change by sticking to the basics; by focusing upon simple strategies that make it easier for an individual to accept and embrace change. The formulation of broad brush educational campaigns, the creation of support groups, and the establishment of community-wide participation strategies are not as likely to have behavioral impact as will be having knowledgeable individuals make available simple targeted support materials/tools on a one on one or small scale basis.