Learnings from Consumer Research in Risk Communication

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Universal findings from consumers

- Consumers want usable product information.
    - Responsible for and involved in health care decisions
    - Helps have the right conversation with physician
    - Participate in risk-benefit assessment

- Informed decision making occurs throughout life of product use.
    - Want use and safety information to maximize benefits and minimize risks.
    - Know how to respond appropriately to problems
    - Information influences attitude toward compliance

Comment about a patient label

"They (producers of materials) are realizing that people need to know these things….and people can't read the foldouts. Those are a waste. This gets to the important points."

Universal findings from consumers

☐ In spite of research and general recognition that *focused, easy-to-read* product information reduces barriers to reading and comprehension,

available written materials don't always deliver.

- don't have a clear communication goal
- don't highlight important information adequately
- still not inviting to read (format)
- still too hard to read (content)

The Medication Guide Program

cannot work

if consumers don't understand the message -

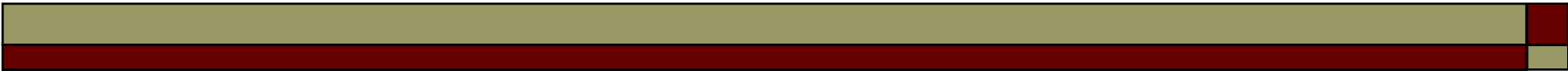regardless of how you deliver it.

When writing for consumers

- Don't assume everyone *can* read what you wrote (even those with relatively high literacy)

- Don't assume everyone *will* read what you wrote. (don't know importance of the information unless you tell them so)

- Don't assume they *understood* what they read. (comprehension and behavior)

Maximize communication

- Focus content
- Simplify language
- Format to enhance message delivery
- **Test comprehension – content and format – *before* deploying.**

"When they write it this way, it tells me they are not trying to hide anything behind all those big words."

What consumers tell us about product information

Keys to consumer communication

Qualitative consumer research

- Over 600 hours of qualitative comprehension research

- Respondent ages 13-70

- Range of ethnicities

- English and Spanish documents and interviews

- Our subjects estimated reading level
  - 3rd grade to high school (12th grade)

Low-literacy and elderly consumers

You cannot over-estimate their difficulty reading product information.

☐ Read each sentence word by word

☐ Easily discouraged by difficult-looking text

☐ Will skip long, complex sentences, *or*

☐ Won't read through to end

☐ Will skip large, dense blocks of text
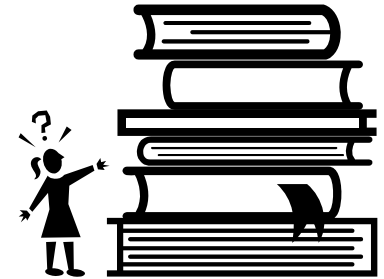
The opportunity for communication is lost.

Limit information to "need-to-know"

- ☐ Eases reading burden
- ☐ Focuses reader on most important information
  - ◾ Extraneous information distracts reader - erodes ability to remember key points

"There are too many words. It sidetracks you from the main meaning."

Clear and concise layman's terms

□ Understood across cultures and ethnicities

"These (AEs) are not in every day language. They need to break it down so we can read it."

□ Use the fewest words possible.

"Can't you make the point without 20 more words to say what you've already said?"

□ Medical terms confuse and discourage reading.

■ How to fix: Using too many words (logorrhea)

Clarify with format

Use white space, bullets, and headings to

- enhance and organize

- focus and emphasize

"It's easier to skim the list of bullets. I'm looking quickly at these things. I won't take time to read it if it's hard."

A Q/A format and some white space don't automatically make the reading easy.

Specific wording issues

- Health care provider = insurance company
  - "Doctor" understood as umbrella term
- Late pregnancy (NSAIDS) = pregnant older woman
  - The last part of pregnancy
- Sugar pill (placebo) = pill for diabetes

  "I don't know anything about sugar pills."
  "I think diabetic medicine is called sugar pill."

- "Health problems" better than "medical conditions"
- "Medicine" or "drug" better than "medication"

Why we test….

- Do:
  - Take with food.
  - Take in the morning.
  - Follow your doctor's orders.

- Don't:
  - Crush or break the tablet.
  - Lay down for 45 minutes after taking [Brand].
  - Take with coffee or tea.

"It says lay down for 45 minutes. I can't do that. I have kids to take care of."

- Don't:
  - **Do not** crush or break the tablet.
  - **Do not** lay down for 45 minutes after taking [Brand].
  - **Do not** take with coffee or tea.

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Applying the learnings

EXAMPLE
What should I avoid while using [Brand]?

- While using [Brand], avoid getting water in your ear canals. You must use effective ear protection to keep your ear canals dry. Effective forms of ear canal protection must be used at any time your head is submerged (such as swimming) or subjected to a stream of water (such as showering).

- [Brand] may not be as effective if water gets into your ear canal during treatment.

- **Avoid getting water in your ears. Keep the inside of your ears (ear canals) dry.**

- [Brand] may not work if your ear canals get wet.

- Use ear guards or plugs anytime your ears could get wet such as:
  - swimming
  - taking a shower

- Ask your doctor about the best way to keep your ear canals dry.

Defining a role for Med Guides

- ☐ Define over-arching communication goals.
- ☐ Product information (risk and benefits): focus message on what consumer needs to know about product.
- ☐ General health and public safety messages: dilute product safety information.
- ☐ Use language and formats consumers can understand.
- ☐ Target population: enforce literacy considerations and standards.

Getting *the* message across

- Determine more broadly how consumers access product information, eg, office visits, internet.

- Determine how different types of information used by different types of consumers.

- Set communication goals for different materials and venues of interaction. (Streamline and tailor communication goals)

- Develop evaluation and testing standards to ensure communication goals are met.

Medication Guides as class labeling
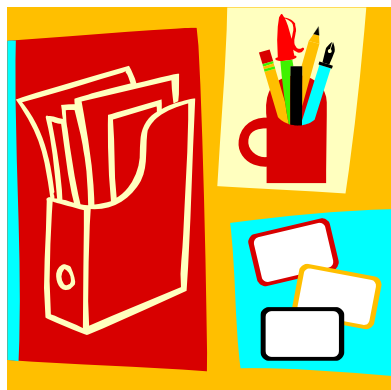
Class labeling as opportunity

- Simplify language, focus risk message across products.
- Significantly simplify text and format.
  - Use the fewest words and sentences possible.
  - Delete any and all extraneous information.
  - Focus on key messages.
  - Maximize white space.
  - Use bullets and headers.
  - At minimum, assess reading level (SMOG or FRY).
- Use health literacy experts as resources.

Improving information transfer

- TEST IN LOW-LITERACY CONSUMERS before deploying.
    - qualitatively or quantitatively
    - comprehension, readability, usability
- Validate content and format to ensure meeting communication goals.

Simplify.

Test in low-literacy consumers.

Simplify again.

By adding more, you communicate less.