

ETHNOGRAPHY

Building Evidence for Strategic Communications

Evidence-based marketing does for sales what evidence-based medicine does for clinical practice — **IT DELIVERS RESULTS.**

For decades, consumer corporations such as Maytag, Microsoft, and automotive manufacturers have relied on a type of qualitative research known as ethnography to make sure their products and instruction manuals meet the needs of their end users.

“Ethnography is a field of research often used in cultural anthropology,” says Ann-Marie Conrado, industrial designer, cultural anthropologist ethnographer, and one of the partners of Communication Science Inc. “Ethnographers go into people’s homes and work environments to study how they behave in their natural settings. They don’t ask for people’s opinions, they observe their actual behaviors. By paying extremely close attention, highly trained ethnographers are able to determine where products and materials go wrong and how they can be improved.”

According to Ms. Conrado, the approach that managed care organizations (MCOs), health plans, home-care companies, employee groups, and pharma companies take for their healthcare messaging and tactics can be improved by applying this scientific, reality-based, specialized approach to compliance, which also holds promise for great advances in clinical-trial settings as well.

“Ethnography is proving to be invaluable in uncovering hidden barriers to patient compliance,” she says.

APPLYING COMMUNICATION SCIENCE TO PATIENT MATERIALS

Most marketers can’t even count the number of focus groups they’ve observed.

“Focus groups certainly can be enlightening, but the results are often misleading,” says Sylvia Aruffo, Ph.D., ethnographic researcher and linguist and founder of Communication Science. “The problem is, people come to focus groups on their best behavior. Their responses are completely dependent on what they remember and what they are willing to say in front of a group. They may be afraid to admit to their behaviors, or to say if they don’t

SYLVIA ARUFFO, PH.D., ETHNOGRAPHIC RESEARCHER AND LINGUIST AND FOUNDER, AND ANN-MARIE CONRADO, A CULTURAL ANTHROPOLOGIST ETHNOGRAPHER, AND ONE OF THE PARTNERS OF COMMUNICATION SCIENCE INC., DISCUSS HOW TO INCREASE COMPLIANCE, NEW PRESCRIPTIONS, AND TOTAL PRESCRIPTIONS OVER TIME THROUGH THE USE OF ETHNOGRAPHIC TECHNIQUES.

understand the materials. That’s another reason why ethnographic research is more authentic. It’s like the difference between *in vitro* and clinical research.”

TOOLS OF THE TRADE

After completing an ethnographic research study, there are some very specific tools that can be applied to analyze and design patient communication materials, including semiotics, linguistic pragmatics, mnemonics, and cognitive mapping.

Semiotics, which is the study of symbols and how people interpret visuals, allows for the selection of the most impactful graphic design, illustration, photography, and layout.

Linguistic pragmatics examine the gap between what a writer means to say and what a patient interprets, as a way to avoid misunderstandings.

“Linguistic pragmatics allows for the study of language in context,” Dr. Aruffo says. “The computer industry learned the power of context when it told people to complete a sequence and then ‘press any key.’ People failed to comply because they were anxious and were looking for a specific key marked ‘any.’”

In terms of a health-

care example, Ms. Conrado poses the following: consider this set of instructions for changing a bandage. The first three steps are: (1) remove the dressing, (2) check for redness around the wound, and (3) call your doctor if you have a temperature of 101 or higher.

By using linguistic analysis, the problems with this communication are uncovered.

“Patients wondered if the communication meant stop right now, find a thermometer, which wasn’t listed in the supplies to gather, take their temperature, and call the doctor — all with the dressing off,” she says.

Another tool is to use mnemonics techniques like rhythm, alliteration, musicality, humor, and surprise to make materials memorable.

By using cognitive



Fewer than one-third of patients adhere to their healthcare regimens.

This not only translates into poorer health, but opportunities are lost and prescriptions go unfilled.

Where is the gap, the disconnect?

We need to find out — and to do that, we need to get ethnographic.

ANN-MARIE CONRADO



The CSI team, which includes biostatisticians, linguists, cultural anthropologists, medical personnel, industrial designers, and creatives, is uncovering hidden barriers to patient compliance by using techniques based in ethnography.



mapping, marketers can build links from what a person already knows to new information he or she must learn.

“The real challenge in developing patient materials is not to make them simple, but to make them familiar, so that they create less anxiety and are more easily remembered,” Dr. Arrufo says. “Influencing patient behavior is a complex business. Campaigns must not only be accurate, but actionable, and the quality of the work depends directly on the richness and reliability of the research.”

According to Dr. Arrufo and her team, for healthcare the strongest content comes from evidence-based medicine.

“By combining evidence-based strategic designs with ethnographic research, the result is a unique system that provides messaging

and tactics that work to increase compliance and adherence,” she says.

Communication Science Inc., Buffalo Grove, Ill., is a pioneer in changing patient behavior by applying communication science to medical marketing: ethnographers shadow patients at home and work with video and audiotape, photos and field notes, and confirm observations with interviews; linguistic researchers bullet-proof instructional copy and semiotic analysts add power to graphic design; and product designers complete the process by creating devices that eliminate barriers to adherence. For more information, visit communicationscience.com.

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoices.com.



TRADITIONAL ADVERTISING VS. STRATEGIC MESSAGING CAPITAL

IN CONDUCTING PATIENT RESEARCH, CERTAIN COMPLIANCE BARRIERS AND “PET PEEVES” SURFACE REPEATEDLY. UNDERSTANDING THESE CAN HELP STRENGTHEN PATIENT-EDUCATION MATERIALS.

NO PHONY FAQs

Patients hate “frequently asked question” sections that don’t really reflect their own questions and don’t offer real answers. Too often, FAQs remind patients of the questions advertisers want them to ask, not the ones they have. And too often, the only answers traditional advertisers offer are “ask your doctor ...” This alienates readers and undermines their confidence in us as a reliable source of information.

NEVER SAY SOMETHING IS SIMPLE WHEN IT’S NOT

When patients try to follow “simple” instructions and have difficulty, they get discouraged. Their self esteem is undermined. And when patients do succeed, they can’t feel good about it because, after all, you told them it was simple.

BEWARE OF OVERCOMPLICATED DIAGRAMS

If you have ever looked at a complex electronic diagram — perhaps for a TV or stereo — labeled “easy-to-use instructions,” they probably made your head swim. But as marketers we do the same thing to patients when we present them with detailed diagrams and cut-away drawings of body parts. Changes are needed.

NEVER OVERESTIMATE LITERACY

According to the National Association for Adult Literacy, one out of three patients has basic or below-basic health literacy skills. These skills drop even lower — even among highly educated readers — when people are sick and anxious.