California C-section Consumer Education: Audience Research Findings and Prototypes

Smart Care California
October 6, 2017
BACKGROUND

SCC requested help in developing public education materials to unify message and approach.

Materials would sync with CMQCC provider toolkit providers.

Materials would need to be suited for wide distribution — including SCC leadership, membership, and beyond.

Need both video and print content, for online and offline distribution.

SMART CARE CALIFORNIA

Workgroup Meeting Materials

Focus Area: Opioids

Focus Area: C-Sections

Focus Area: Low Back Pain
GOALS

To develop consumer education materials (video and print) about C-section for wide distribution that will:

• Educate women about C-sections

• Motivate consumer action to reduce the likelihood of unnecessary surgery

• Encourage informed, shared decision-making between pregnant women and their providers
PARTNERS

CMQCC
California Maternal Quality Care Collaborative

Consumer Reports

California Health Care Foundation
AUDIENCES

**Primary**

- First-time, low-risk pregnant women in CA
- Across income, racial, ethnic, and geographic segments (oversampled Black, Latina and Medi-Cal)

**Secondary**

- Providers (hospitals, physicians, L&D nurses, midwives) key to making consumer education work
RESEARCH TO DATE

24 individual provider interviews (OBs, family practitioners, labor nurses, nurse-midwives) *(Spring, 2017)*

9 focus groups, with total of 78 consumers, to develop messages and approach *(Early Summer, 2017)*

- Medi-Cal and private insurance
- English and Spanish
- Locations: Fresno, L.A., Oakland
- African-American, Latino, white

27 individual interviews with consumers (19 Medi-Cal, 8 commercial) to test video prototypes *(Late Summer, 2017)*
KEY INSIGHTS FROM RESEARCH & TESTING
INSIGHT #1: Self-care is a challenge

Women are often family caregivers.

Self-care is a luxury they don’t often get to practice.

Need to speak to them as caregivers while also giving self-care greater urgency
INSIGHT #2: C-sections are scary

Women are AFRAID to have to a C-section.

Fear is a strong motivator that can be used to connect with women, but don’t overdo it.

Top statement we tested in focus groups:

Because a C-section is a major surgery, it takes longer to heal and there is a possibility of more complications compared to a vaginal birth. The most common complications include infection, heavy blood loss, and a blood clot in the legs or lungs.
Target women are SURPRISED to learn about increase, hospital variation.

This motivates them to take action.

It also prompts them to ask WHY this is happening.
INSIGHT #4: Empowerment message is effective

Health care system is intimidating.

Medi-Cal woman often lack sense of agency or ability.

Our job is to build confidence!

Top empowerment statement we tested:

*Your voice matters — for you and your baby!*
INSIGHT #5: Behavior change should be meaningful and practical

Recommended behaviors to target based on literature, and our research (provider and consumer feedback):

1. Mindset to avoid C-section
2. Educate yourself about how to avoid C-section
3. Talk with your doctor (and nurse and family)
KEY MESSENGERS

labor and delivery nurse

new mom
FORMAT: Why use animation?

- Distinctive look and feel
- More practical and cost effective compared to live video
- Communicates complex ideas in less time
- Age and ethnicity can be more ambiguous, and that helps audiences generalize.
- Ability to create print products in same visual style
NEXT STEPS

Get input from SCC and other key stakeholders (early/mid October)

Develop rough cut of video and print versions (late October)

Test rough cut and print versions via 1:1 interviews with target moms (early November)

Conduct webinar with broader group of stakeholder groups (early November)

Secret shopper testing (December)

Finalize video and print products (December)

Dissemination (early 2018)
QUESTIONS/COMMENTS?