

Patient Advocate Survey Report:
National Survey of 1,000 American Adults
Conducted October 1-2, 2018
By
Rasmussen Reports
For
Communication and Technology Sciences
and James A. Danowski, Ph.D.
On behalf of
Greater National Advocates, Inc.

FOR RELEASE: January 2, 2020

Introduction

One of the key premises in Greater National Advocates' (GNA) mission is that the national population needs patient advocates to help patients receive the best guidance for healthcare. Nevertheless, GNA expects that most people are unaware of what a patient advocate is and how their guidance can improve their healthcare. This study was commissioned to test the hypothesis that low levels of knowledge exist. If low levels are found, this is key evidence in support of GNA's mission, which includes educating the public about patient advocates. Not only would low knowledge levels justify their goals, it would provide a baseline against which to judge the effectiveness of GNA's public awareness activities over time.

GNA requested that Communication and Technology Sciences (CATSCI) help design a research method and protocol to test the hypothesis. CATSCI recommended a telephone survey using interactive voice response (IVR) automated administration of the survey questionnaire. This method was proven most accurate in polling during the presidential election campaign of 2016, conducted by Rasmussen Reports. CATSCI arranged for Rasmussen's survey operations organization, Pulse Opinion Research, to conduct the survey for GNA. Details on the methodology appear in the Appendix. The survey was administered on October 1 and 2, 2018 to a national representative sample of 1,000 adults. Respondents were asked to select which of four descriptions best matched what a Patient Advocate is.

RESULTS

1* I'd now like to determine if you know what a Patient Advocate is. Is a patient advocate a healthcare industry activist who promotes patient rights and medical ethics, someone hired by patients and families to provide healthcare guidance, a healthcare official working for a hospital to improve patient safety, or is a patient advocate a benefits specialist responsible for patient reimbursement?

36% A patient advocate is a healthcare industry activist who promotes patient rights and medical ethics
22% A patient advocate is someone hired by patients and families to provide healthcare guidance
19% A patient advocate is a healthcare official working for a hospital to improve patient safety
4% A patient advocate is a benefits specialist responsible for patient reimbursement
20% Not sure

NOTE: Margin of Sampling Error, +/- 3 percentage points with a 95% level of confidence

The results show that **78% *did not select the correct option*** that a patient advocate is someone hired by patients and families to provide healthcare guidance. Given the margin of error of plus or minus 3 percentage points, and considering measurement error due to respondent guessing, the evidence supports a conclusion such as: More than 80% of the adult population does not know what a patient advocate is. Without considering the measurement error, a statement such as the following is justified: ***Nearly 80% of the population does not know what a patient advocate is.***

An accompanying Excel file shows the breakouts of these responses by gender, age, race, marital status, and employment. A summary of key findings is:

- There are no substantial differences by gender, race, income, marital status, or political party.
- The younger the age, the more correct the answer.
- In the 65+ category there are only 14% who got the correct answer.
- Except for 'retired' having fewer correct responses, there are no differences by type of employment.

Recommendations

The current largest population group in need of patient advocates is probably retired seniors. Yet, survey results show that seniors know the least about what patient advocacy is. Any widely targeted campaign should therefore consider what three generations think about patient advocates, and what likely messages would be exchanged intergenerationally among seniors, their children, and their grandchildren. These intergenerational influences come together in senior medical care in advancing years.

FUTURE RESEARCH

CATSCI is unaware of the next steps GNA envisions for its campaign targeting the national population, and therefore offers only general guidance. We recommend that as GNA plans, it considers the framework that has emerged from decades of research. This offers a model of behavior change that includes a chained cycle of awareness, knowledge, attitudes, and behaviors. When introducing a campaign, the first goal is to build awareness through increasing knowledge, then fostering positive attitudes and recommended behaviors with attention to the social networks of target populations. This process of building awareness, knowledge, and favorable attitudes to support desired behaviors is one of semantic engineering. Current conceptions need to be measured, then optimal messages designed to change these conceptions in the desired direction.

In the current case, awareness needs to be increased by building the desired semantic networks for what a patient advocate does and how this can benefit patients. The survey results suggest that at least 78% of the population has misinformation that needs conversion to information. The education process may best proceed by not only by offering good examples of what patient advocates do, but also negative examples of what they do not do. This can correct for misconceptions. Nevertheless, we recommend primarily positive socio-emotional content.

Besides focusing on the national population, GNA is more immediately concerned with raising funds to support its not-for-profit efforts and maximizing its return on time, effort, and creativity invested while reducing its risks. Optimal messages result from maximizing positive sentiment and avoiding negative sentiment. One area of potential negative sentiment is when donors interpret GNA's messages inaccurately, connecting them to meanings outside GNA's semantic focus. To minimize such risk, it is useful to map the semantic networks for patient advocate among the donor and associated publics. The relevant open source content to capture is semantic expression of concepts associated with patient

advocates. Network analysis of these semantic data enables GNA to have a clear picture of the semantic landscape, including areas to avoid. By examining the semantic details for concepts within its scope, GNA can optimize its effectiveness through use of optimal messages. These are the shortest paths linking semantic targets to seeds, producing message content most likely to succeed.

Before new research directly questioning respondents about their semantic associations for patient advocates, it is cost-effective to first gather the semantic networks around the concept of patient advocate from open sources such as news media and web documents, social media, and search term optimization data. The first of a series of studies would map the semantic networks for patient advocates found in news documents, first in print sources, and then in broadcast sources. The print sources were searched using Lexis-Nexis Academic. The search term was ‘patient advocate.’ The 1000 most relevant documents returned were distributed as follows:

- [-] **Sources by Category**
 - [+] [Newspapers](#) (773)
 - [+] [Industry Trade Press](#) (189)
 - [+] [Newswires & Press Releases](#) (99)
 - [+] [Web-based Publications](#) (84)
 - [+] [Company Directories & Profiles](#) (38)
 - [+] [Law Reviews & Journals](#) (9)
 - [+] [Magazines & Journals](#) (7)
 - [+] [Legal News](#) (5)
 - [+] [People Directories & Profiles](#) (4)
 - [+] [Patent Filings](#) (3)
 - [+] [Scientific Materials](#) (3)
 - [Unclassified Documents](#) (2)

These documents are relevant in mapping the semantic networks for ‘patient advocate’ among the donor communities’ likely information sources. We propose that GNA commission a semantic network analysis of the 3,000 most relevant documents. CATSCI is expert in such analysis and is skilled in extracting strategic and tactical information from the evidence. The results will give GNA the next level of guidance to follow its benchmark awareness study reported here. In addition to semantic network analysis of news print sources, we also recommend analyzing transcripts of television talk shows and news broadcasts.

Detailing semantic landscapes is also valuable for search term optimization. For this purpose, we recommend that in addition to news documents, text sources from Twitter, and Google search term n-gram analysis are used. CATSCI can supply these services to GNA. Our WORDij software includes state of the art network-based tools for keyword selection, plus goes beyond by extracting keywords based on shortest paths, OPTICOM. In addition, CATSCI has developed a synonym and antonym tool to take any keyword list as input and output additional related keywords. Moreover, we can link these data over time to data from other sources that further optimize keyword lists for GNA. It can not only do this kind of SEO, GNA can incorporate keyword strings into writing copy, where creativity enhances CATSCI’s artificial intelligence.

These are proposed areas for further research. Additional areas are welcome. Thank you for including CATSCI in your work.



To: Whom It May Concern

Fr: Pulse Opinion Research

RE: Results for Survey of Likely Voters – National

Date: October 3, 2018

From October 1-2, 2018 Pulse Opinion Research conducted a national survey of 1000 adults.

The margin of sampling error for the full sample is +/- 3.0% percentage points with a 95% level of confidence. This means that an identical survey conducted under the same circumstances would generate a result within the margin of sampling error 19 times out of 20.

There are other potential sources of error in any survey including question wording. Pulse Opinion Research did not develop the questions or subject matter for this survey but may have suggested edits.

The survey was conducted using an established automated polling methodology. For 75% of the sample calls were placed to randomly-selected phone numbers through a process that insures appropriate geographical representation. Twenty five percent (25%) of the sample was conducted via online surveys of individuals who use a cell-phone as their primary telephone. After the calls and on-line surveys were completed, the raw data is processed through a weighting program to insure that the sample reflects the overall population in terms of age, race, gender, political party, and other factors. The processing step is required because different segments of the population answer the phone in different ways. For example, women answer the phone more than men, older people are home more and answer more than younger people, and rural residents typically answer the phone more frequently than urban residents.

The population targets were based upon census bureau data, a series of screening questions to determine likely voters, and other factors. Pulse Opinion Research determines its partisan weighting targets through a dynamic weighting system that takes into account voting history, national trends, and recent polling.

When disclosing survey results you are free to release the survey under their own name. When releasing the survey under Pulse Opinion Research the following language must be used:

“The national survey of 1000 adults was conducted by Pulse Opinion Research on October 2-3, 2018. Pulse Opinion Research, LLC is an independent public opinion research firm using automated polling methodology and procedures licensed from Rasmussen Reports, LLC.”

Pulse Opinion Research does not comment on any survey work commissioned by clients. All media inquiries concerning the survey should be directed to James Danowski of Communication and Technology Sciences.

For additional information, see www.PulseOpinionResearch.com