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# Testing Marketing Concepts for Palliative Care Public Education Campaign

## Executive Summary

Prepared for Health Canada

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This public opinion research report presents the results of focus groups conducted by Earncliffe Strategy Group on behalf of Health Canada. The qualitative research was conducted in November 2022.

Cette publication est aussi disponible en français sous le titre : Mise à l'essai de concepts de marketing pour une campagne d'information aux soins palliatifs

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## Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the qualitative research conducted to test marketing concepts for the 2022-2023 Palliative Care Public Education Campaign.

In late 2017, the Framework on Palliative Care in Canada Act was passed by Parliament with all-party support. In the spring and summer of 2018, Health Canada consulted with provincial and territorial governments, federal departments, palliative care providers, and other national stakeholders, as well as people living with serious illness, caregivers, and other people in Canada to develop the Framework on Palliative Care in Canada.

The Framework on Palliative Care in Canada was followed by the Action Plan on Palliative Care, which aims to improve quality of life for people living with serious illness, families, and caregivers, and enhance access, quality of care, and health care system performance. The Government of Canada invested funding in the implementation of the Action Plan on Palliative Care in Budget 2021.

As part of the Action Plan, Health Canada has prioritized raising awareness and understanding of palliative care. One of the key elements identified was the launch of an education campaign targeting the public and health care providers who are not palliative care specialists. This campaign will have two phases:

- **Phase 1 (2023 and beyond):** Targeting health/social care providers who are not palliative care specialists to build capacity and promote awareness of the benefits of a palliative approach to care for patient outcomes and quality of end of life.
- **Phase 2 (2023-24 and beyond):** Targeting persons living with serious illness (including underserved populations), their family members, friends, and unpaid caregivers to support the gradual normalization of death and dying, increase grief literacy, and increase awareness of benefits of early palliative care.

As part of this commitment, Health Canada is developing creative marketing concepts that will be used as part of the campaign scheduled to launch in winter of 2022-23. This campaign will first aim to increase awareness and understanding of the benefits of introducing palliative care early – and in conjunction with – the treatment process, as well as the non-medical aspects of palliative care. It will then aim to raise awareness of the benefits of palliative care, increase understanding of how palliative care can improve quality of life until the end of life, and increase grief literacy and awareness of how to access support among people in Canada.

To inform the campaign strategy, Health Canada engaged Earnscliffe to conduct a comprehensive wave of qualitative research to test draft campaign elements. The main objectives of the research were to collect feedback on creative concepts to inform final creative development and to ensure the advertising campaign resonates with its intended target audiences and meets its objectives. The research will inform final creative development by determining the potential for effectiveness and the resonance of messages and concepts with target audiences. The total contract value of the research was \$124,836.75 including HST.

To meet these objectives, Earnscliffe conducted a series of eighteen (18) online discussion groups. The target audiences included members of the general population living with serious

illness, including those with a physical disability; Black and other people of colour; Indigenous people living off reserve; family, friends and/or unpaid caregivers of someone living with serious illness; and health/social care providers. One discussion group among each target audience was conducted with residents of Eastern Canada (Atlantic Canada, Quebec, and Ontario) in English, Eastern Canada (Atlantic Canada, Quebec, and Ontario) in French, and Western Canada (Manitoba, Saskatchewan, Alberta, British Columbia, and the Territories). This approach ensured we were able to include those living in official language minority communities (OLMCs). The focus groups were approximately 90 minutes in length.

It is important to note that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number. As such, results are directional only.

The key findings can be summarized as follows:

## Context and understanding

- While neither of the creative concepts were deemed to be unacceptable or inappropriate for the Government of Canada to use, several participants – including both health/social care providers and those living with serious illness – questioned the timing of such a campaign given the current state of the health care system and a sense that for a variety of reasons it is not currently able to meet the ideal standard of care.
- Participants viewed the concepts from the assumption that palliative care was exclusively “end of life” care and often only the very final stages of that. Despite being shown and read a more comprehensive definition of palliative care that included far more than just end of life, many still maintained a default understanding of palliative care that was at odds with some messages introduced in the creative concepts.

## Creative concepts

- Overall preference favoured Concept B, and it was the preferred concept for most of the campaign target audiences with only those living with serious illness and a physical disability preferring Concept A.
- Participants gravitated towards the overall design of Concept B. Through the colours, photos, and graphic elements, it conjured up feelings of warmth, serenity, softness as well as conveying comfort and support.
- The photos in Concept B were very well received by participants. They liked the depiction of human touch, as well as the diversity of individuals featured – this was especially true among Black or other people of colour. There was also a preference for seeing photos of at least two people rather than an individual on their own.

- Unlike Concept A, reaction to the graphic element was mostly positive. Participants across all audiences were able to draw connections, derive meaning, and find relevance with palliative care.
- When the headlines were reviewed separately from the concept, participants often selected messaging from Concept B as their preferred messaging noting that the headlines were both informative as well as encouraging.
- With respect to Concept A, the messaging and the empowering sentiment of the words were appreciated by most participants who interpreted them as an empowering message that conveyed one could make their own choices about their journey. Conversely, some were uncomfortable with the notion of palliative care patients being encouraged to take power or control given how debilitating some of their conditions can be and/or overwhelming these decisions are.
- Unlike the messaging, most participants did not appreciate the colours or graphic elements as much as they did for Concept B. Most participants did not like the turquoise or lime green colours, finding them reminiscent of hospitals, and were confused by the bar graphics.
- Participants really liked most of the photos in Concept A. Echoing Concept B, they especially liked those featuring human touch and featuring multiple people. As with Concept B, some photos depicting people smiling were perceived as inappropriate.

### Additional campaign elements

- There was almost unanimous preference for a Health Canada-branded campaign as opposed to a Government of Canada-branded campaign. Given the topic, palliative care and grief, participants felt Health Canada sponsorship was much more intuitive and relevant.
- The myths and facts approach employed in a couple of the creative examples for Concept B was tremendously popular. What participants most appreciated about this approach was the invitation to factual and/or more information. It was noted that this would be particularly useful for this campaign given the stigma around, and misinterpretation of, palliative care.
- With respect to the social media examples, there was unanimous preference across all target audiences for posts and/or stories that include a headline with the image, rather than exclusively an image.
- Most health/social care providers said they prefer the term “patients” and felt that it was most appropriate in the context of palliative care, while some who fell under the “other” health/social care professionals category explained that current thinking in the field of medicine preferred the term “clients” as it avoided stigma surrounding being unwell.

### Additional messaging preferences

- While the term palliative care was widely assumed to be understood, the actual meaning and especially the breadth of the definition was not commonly understood. Of the other messages offered, many had heard the term “comfort care” and associated it with pain management. A few were familiar with the term “compassionate care” and linked it with a sense of pity.

- When it came to living with a serious illness over an extended period, there seemed to be a split between preference for the term “journey” or “experience” with the former being seen as more personal and the latter being perceived as more reflective of a moment in time.
- There was no consensus on grief-related messaging, except in resistance to the terms “cope with grief,” which implied one has to get over their grief, and “understand your grief” which implied making an already difficult process even more challenging. The two most positively received were “move through your grief” and “work through your grief”.
- Regarding wording intended for the website, participants gravitated towards the message “Grief is a normal response, and your experience of grief will be unique. No one can tell you what the process will be or how long it will take. Grief takes as long as it takes.”

### Communication needs of family/friends/unpaid caregivers

- Few had looked for information about palliative care and/or grief. Among those who had, it was typically for services available in their communities. When asked what they would most like to know, participants indicated they would be interested in learning more about the accessibility of palliative services, how one qualifies, and what grief supports are available after a loved one passes.
- In terms of their communications behaviours and preferences, participants suggested that Health Canada should consider a broad-based campaign leveraging multiple communications channels and having information available in pharmacies, hospitals, and doctor’s offices.
- Where QR codes are concerned, most noted they use them when required, and agreed that it would be helpful to include on informational resources.

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Signed:

Date: November 25, 2022



Stephanie Constable  
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