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Palliative Care Advertising Creatives Quality Validation and Understanding the Views of Caregivers/Family

Executive Summary

Prepared for Health Canada

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Ce rapport est aussi disponible en français.

Canada 

Palliative Care Advertising Creatives Quality Validation and Understanding the Views of Caregivers/Family

Research report

Prepared for Health Canada

Supplier name: Earncliffe Strategy Group
November 2023

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 October 2023.

Cette publication est aussi disponible en français sous le titre : Validation qualitative des créatifs publicitaires pour les soins palliatifs et la compréhension des points de vue des aidants non rémunérés et de la famille

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Validation qualitative des créatifs publicitaires pour les soins palliatifs et la compréhension des points de vue des aidants non rémunérés et de la famille

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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 to gauge reactions to creative materials and views of caregivers/family for the Palliative Care Public Education Campaign.

Palliative care can help improve the quality of life for people of all ages living with serious illness by relieving symptoms, helping people continue to be actively engaged in doing the things they love most, and when the time comes, providing support to the individual and their family throughout the dying and bereavement process. Unfortunately, people in Canada do not consistently have access to the palliative care services they require in their preferred setting. Barriers to accessing palliative care are multifactorial and complex and have been exacerbated by the COVID-19 pandemic.

The Government of Canada has committed to improving access to quality palliative care by advancing Health Canada's Action Plan on Palliative Care. A key priority of the Action Plan is to raise awareness and understanding of the importance of palliative care, including public education on grief. Initiatives under this priority area include the development and implementation of a public awareness campaign targeting:

- i. Health and social service providers who are not palliative care specialists, to build capacity and educate them on the benefits of a palliative approach to care including grief supports.
- ii. Persons living with serious illness (including underserved populations), their family (or chosen family), friends, and caregivers to support the gradual normalization of death and dying, increase grief literacy and increase awareness of benefits of early palliative care.

For the purposes of this report, the term caregivers is used throughout to refer to family (or chosen family), friends and caregivers of people living with serious illness (who are unpaid caregivers).

As part of this commitment, Health Canada is developing creative marketing concepts as part of their public awareness campaign. The aim of this research was to test advertising creatives and messages targeting persons living with serious illness, and their family (or chosen family), friends and caregivers and to obtain baseline information from caregivers on their views on palliative care and grief. It aimed to gather key insights that will be used to promote comprehension and retention of the campaign messages.

Earnscliffe was retained to conduct a comprehensive wave of qualitative research to test a variety of creative materials for the Palliative Care Public Education Campaign. The objective of

the research was to collect feedback on the different concepts and creative materials including video stories, social media posts, a list of key messages, audio ads, and a quiz, to ensure they resonated with their intended audiences. The research also explored communications preferences of the target audiences; and, with caregivers, specifically, the research aimed to understand perspectives of palliative care and grief, more generally. These insights will be used to inform final creative development by determining the potential for effectiveness and the resonance of messages, concepts and key insights on palliative care and grief literacy with the target audiences.

To meet the research objectives, Earncliffe conducted twelve (12) qualitative focus groups. The target audiences included: people in Canada living with serious illness including those with physical disabilities; and family (or chosen family), friends and caregivers of people living with serious illness (referred to as caregivers throughout). The groups were conducted with members of the general population and those from Black, Indigenous and Other People of Colour (BIPOC) communities.

The groups were conducted with residents of three regions of the country: Eastern Canada (NL, PE, NS, NB, QC, ON) in English; Eastern Canada (NB, QC, ON) in French; and Western and Northern Canada (MB, SK, AB, BC, YT, NT, NU). Grouping the regions in this way ensured that participants from official language minority communities were accommodated in their preferred language. The focus groups were approximately 90 minutes in length.

The total contract value of the research was \$76,415.12 including HST.

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.

The key findings of this research are presented below.

- The vast majority of participants claimed to have learned something new and come away with a broader understanding of palliative care and a palliative approach to care as a result of being exposed to this campaign.
 - The notion of asking for help or support to care for a loved one, unless it was an emergency or the end of life, is considered taboo in some cultures.
- The palliative approach to care described initially and conveyed in the campaign materials did not coincide with the experience of most caregivers.

- All of the campaign materials were deemed appropriate and credible. Most felt that this public awareness campaign was important and warranted.
 - There was cause for concern among a few caregivers who worried the current state of the health care system is unprepared to handle this approach to care.
- The approach to feature the real-life stories of people in palliative care was very well received. However, featuring those in later stages of life (e.g., as noted with the English stories) reinforces the misconception that palliative care is only for end of life or older adults.
- With respect to the video ads, reactions to the individual storyteller video ads were often more positive (compared to the Hero ads which combined multiple stories). They were felt to be informative, and demonstrative of how a palliative approach to care can improve the quality of life for both patients and caregivers.
- Reaction to the Hero and Grief video ads were also generally positive. Participants appreciated and shared in the authenticity of the experiences featured in the ads, though, having multiple stories to follow in each was challenging for some and led to the feeling the ads were less informative or impactful.
- As for the social media ads, participants generally liked the overall look and feel of all four concepts, though there was a sense they would not be particularly noticeable mainly because of the muted colours.
 - Participants seemed to prefer ads that featured people looking at each other rather than the camera. The former was felt to be more intimate and authentic while the latter felt more staged.
- In terms of social media messaging, there was a preference for succinct messages.
- Where palliative care was concerned, messaging that care can start at diagnosis; extends to those providing care/support; includes emotional, psychological, social, and spiritual support; or includes grief and bereavement support after a death were the most resonant.
 - Messaging around holistic care was not broadly understood or appreciated.
- In terms of grief messaging, while the message that *everyone's experience of grief will be unique* was understood and valid, it was not new or attention-grabbing. Messaging that grief supports can support people before and after a loss; that it can connect patients and caregivers to local grief supports; or that it includes support for patients and caregivers was new, inclusive, and actionable.

- Reaction to the audio ads was mixed. Some were very well received, others less so. Reactions were a little more positive for ads that featured one person’s voice (such as Guneet or Biba).
- Audio ads that were concise and to the point, and that conveyed when palliative care begins, that support is available to the patient and caregiver, and that it can help improve quality of life, fared better.
- Arguably the element that received the most positive reactions was the interactive quiz. It seemed to be quick and easy to complete, but educational in a way that challenged their current perceptions/knowledge, and a great way to debunk myths and point them to “learn more”.
- When asked where they would like to receive information about health, palliative care, and/or grief, participants offered the view that the campaign needs to be broad-based, including a mix of traditional (television, radio, print, telephone, mail, and email) and modern (social media, podcasts, digital posters) communications approaches, to reach the most people possible.
- Social media seemed to be commonly used by most participants. The platforms most commonly referred to included: Facebook and Instagram, followed by Tik Tok, YouTube and Reddit.
- Listening to podcasts was not widely practiced and for those who do, they were rarely health related.
- In terms of credibility of health information, most would rely on their family doctor and/or other healthcare professionals. Many also mentioned having confidence in Government of Canada information or information provided by provincial/territorial governments. Other mentions included: hospitals, community health agencies, counselors, and people with lived experience (as featured in this campaign).
- When asked whether social media influencers are credible sources of health information, the instinctual reaction was no, though upon reflection, many reasoned that influencers speaking of their own lived experience with palliative care and/or grief could be credible.

Caregivers’ views on palliative care, grief and bereavement

- Like persons living with serious illness in [Understanding Canadians’ views on palliative care \(POR 81-21\)](#), caregivers tended to be surprised by certain dimensions of the description of palliative care and a palliative approach to care. And, for most, this description did not coincide with their experiences as caregivers.

- What surprised them most was that palliative care could begin as early as the time of diagnosis, that it could involve a variety of health care professionals, and that there was an array of supports available to both those with a serious illness and their caregivers.
- One of the biggest differences between general population caregivers and BIPOC caregivers was a sense that in some cultures, it is taboo to ask for help/support unless it is absolutely necessary (end of life).
 - There was a sense that, while welcome and likely very helpful, taking advantage of this approach to care may take time, socialization and some getting used to.
- When asked whether they had talked about palliative care with the person for whom they provide care, few had. There was certainly an appreciation that having these conversations is not easy.
- The descriptions of grief and bereavement very well encapsulated caregivers' understandings of both terms. Few, however, spoke of grief related to anything other than the loss of a loved one.
- The one dimension that many spoke about, particularly those for whom the person they cared for had passed away, and that they had not been prepared for, was the challenge of having to support other's while they grieved, and the impact it would have on their ability to deal with their own grief.
- They also spoke of a sense of guilt over the relief they felt not having the burden of care anymore.
- To deal with their grief, most spoke of the importance of coming together with family and friends.
- Others mentioned that they had found counseling/therapy, faith, and attending church helpful as well.

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Signed:

Date: November 2, 2023



Stephanie Constable
Principal, Earnscliffe

