

Choosing a Healthcare Facility: A Survey of Women's  
Views in a Local Healthcare Setting

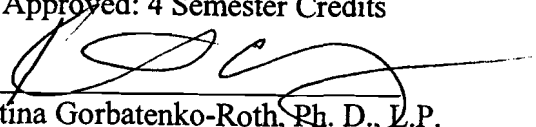
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ABSTRACT

A desire to increase the number of births occurring at a local healthcare facility (Luther Midelfort) was the basis for conducting this study with the following purposes: determining how healthcare facilities and providers are chosen, determining how a healthcare facility in which to give birth is chosen, and determining how to market to the target population. A 54-item survey was designed and distributed to female participants between the ages of 18 and 35 living in Eau Claire County, Wisconsin. This paper focuses on key findings from participants not currently utilizing Luther Midelfort. Results indicated that insurance coverage is the most important factor for potential patients when choosing a healthcare facility in general, choosing a healthcare provider, and choosing a facility for the purpose of giving birth. When examining the services offered by a particular healthcare facility, premature/sick baby care is the most important service offered when a potential patient is choosing a facility for the purpose of giving birth. The

most common method of obtaining information about healthcare facilities is by word of mouth. The information most wanted by potential patients about local healthcare facilities are the services provided by that facility.

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## Chapter I: Introduction

Luther Hospital is a healthcare facility located in Eau Claire, WI that traces its history back to 1905 when the hospital first opened its doors (Luther Midelfort, 2004). In 1927, Dr. Hans Christian Midelfart founded Midelfart Clinic in downtown Eau Claire (Luther Midelfort, 2004). In 1969, the clinic moved to a new building in Eau Claire and Dr. Midelfart changed the spelling of its name to Midelfort Clinic (Luther Midelfort, 2004).

In 1992, the hospital (Luther Hospital) and clinic (Midelfort Clinic) merged with the Mayo Foundation in Rochester, MN (Luther Midelfort, 2004). Through this partnership with Mayo Clinic, Luther Midelfort offers a range of medical services through a network of providers in several locations throughout west-central Wisconsin (Luther Midelfort, n.d.). Luther Midelfort's locations in Wisconsin include Barron, Bloomer, Cameron, Chetek, Chippewa Falls, Colfax, Eau Claire, Menomonie, Mondovi, Osseo and Prairie Farm (Luther Midelfort, n.d.).

The Women and Family Health Center is one of the many departments that are part of Luther Midelfort Clinic in Eau Claire. This department focuses on providing high quality healthcare for women of all ages (Luther Midelfort, n.d.). The staff includes doctors, nurse practitioners and nurse midwives who specialize in family medicine, obstetrics and gynecology (Luther Midelfort, n.d.).

Luther Midelfort competes with other healthcare facilities for patients within the Eau Claire area. Luther Midelfort's main competitors are Sacred Heart Hospital and Marshfield Clinic. Sacred Heart Hospital advertises itself as western Wisconsin's Christian regional health center that has been meeting patients' needs since 1889. Sacred Heart Hospital is an affiliate of the Hospital Sisters Health System (Sacred Heart Hospital, n.d.). The Hospital Sisters Health System is a multi-institutional healthcare system that owns and operates five hospitals in

Wisconsin with locations including Eau Claire, Chippewa Falls, Sheboygan and two in Green Bay. (Hospital Sisters Health System, n.d.). The Touch of Love Maternity department is one of many departments within Sacred Heart Hospital (Sacred Heart Hospital, n.d.). This department focuses on maternity services and its staff includes obstetrician-gynecologists, family practice physicians and certified nurse midwives (Sacred Heart Hospital, n.d.).

Marshfield Clinic is another local competitor for Luther Midfort. This clinic began in 1916 when six physicians from Marshfield, WI pooled their expertise to form Marshfield Clinic (Marshfield Clinic, n.d.). These physicians built the foundation for what has become one of the largest private, multi-specialty group practices in the United States. Marshfield Clinic operates over 40 centers throughout Wisconsin. The Obstetrics and Gynecology department is one of many departments within the Marshfield Clinic Eau Claire Center. This department offers a full spectrum of women's health treatment options and includes a staff of obstetricians, gynecologists, certified nurse midwives, nurse practitioners, and physician assistants (Marshfield Clinic, n.d.).

#### *Statement of the Problem*

The Women and Family Health Department in Eau Claire has noticed a decline in the number of births occurring at Luther Midelfort. The Increasing Newborn Births (INB) group was created for the purpose of addressing this problem. The INB group consisted of a member from Corporate Communications, a registered nurse, the Registered Nurse Department Director, a medical doctor from the Pediatric and Adolescent Medicine department, the Registered Nurse Department Vice-President Chief Nursing Officer, and two medical doctors from the Women and Family Health Department. The INB group determined that they needed to obtain information from their target population, 18-35 year old women, in order to provide insight as to



what they should do to increase the number of births occurring at Luther Midelfort.

#### *Purpose of the Study*

The Increasing Newborn Births group felt that conducting a survey would be an appropriate method of obtaining the information they desired. The purposes of the survey included describing the 18-35 year old female population of potential patients living in Eau Claire County, determining when and how these females choose their healthcare providers as well as their healthcare facilities and determining how to communicate with and market to this target population in the future.

The goals of conducting this survey are to utilize the data acquired from it to inform changes at Luther Midelfort and to market to the target population, with the end result an increase in the number of 18-35 year old females living in Eau Claire County preferring to be Luther Midelfort patients. The ultimate goal of this study is to increase the number of births occurring at Luther Midelfort by increasing the number of females of childbearing age who select Luther Midelfort as their healthcare facility.

#### *Assumptions of the Study*

One assumption of this study is that Luther Midelfort is capable of making changes that will appeal to their target population. By conducting this survey, Luther Midelfort is attempting to determine what considerations and services are important to their target population when choosing a healthcare facility or provider. While the results of this survey may inform Luther Midelfort as to what the target population deems important, Luther Midelfort may or may not be able to make changes that relate to those important issues.

A second assumption is that, by making certain changes, Luther Midelfort's target population will choose Luther Midelfort over another healthcare facility in the area such as

Marshfield Clinic or Sacred Heart Hospital. Information acquired from the survey may inform Luther Midelfort what considerations and services are important to potential patients; however, making changes that relate to those important considerations and services may or may not result in patients actually changing their behavior by selecting Luther Midelfort over another healthcare facility.

A third assumption of this study is that the target population perceives that they have a choice in deciding where they access their healthcare services. If the majority of patients perceive that they do not have a choice in where they access healthcare services, the results of this survey will have no impact because no matter what changes Luther Midelfort makes, the patients will still feel that they have to remain with the healthcare facility that they currently use. While certain considerations and services may be important to them, they will not choose Luther Midelfort based on these if they do not feel they have a choice.

A final assumption of this study is that potential patients have a desire to learn about the healthcare providers in their area. Information acquired from this survey will be utilized to market to Luther Midelfort's target population. Just by marketing to a population, it cannot be assumed that the population will be interested in the information being marketed to them.

#### *Definition of Terms*

*Healthcare provider.* The individual healthcare provider that the patient sees (i.e. physician, physician assistant, midwife, nurse practitioner, etc.).

*Regular healthcare provider.* A healthcare provider that a patient sees consistently or on a regular basis.

*Services.* An action or work produced by the healthcare facility that is then consumed by the patient.

### *Limitations of the Study*

The main limitation of this study is the ability of the results to be generalized to other healthcare facilities and other areas. The information acquired from this survey will only generalize to other organizations to the extent that they are similar to the one in this study. The limited ability to generalize may limit the usefulness of the results for healthcare facilities in other areas; however, the methodology of this study can be generalized since the method used to acquire data from the respondents could be used to provide useful data for healthcare facilities in other areas that are not similar to the organization in this study.

### *Methodology*

The Increasing Newborn Births group decided that a survey would be an appropriate instrument with which to gather the data they desired. There was not a survey already in use by Luther Midelfort for gathering local healthcare opinions from potential customers in Eau Claire County. As a result, a survey was created specifically for this study. Participants were given the option of completing the survey by hand or completing the survey online. The online survey was offered to participants by providing a link printed on the paper survey.

A list of names and addresses was purchased from a local mailing company located in Eau Claire, WI. This list consisted of females aged 18-35 who were living in Eau Claire County. A list of individuals in this population was created, and then a sample of 2,000 names was randomly chosen to receive the survey by mail. This sample was sent two separate mailings. The first mailing consisted of a cover letter, survey instrument and postage-paid return envelope. The second mailing consisted of a reminder letter. Participants were given approximately one week from the initial mailing in which to complete and return the survey. After participants were given this initial week to complete the survey, all participants were sent a reminder letter indicating

that they had one more week in which to complete and return the survey, if they had not already done so.

Data from returned paper surveys were hand entered into Microsoft Excel. Data from the completed online surveys were exported into Excel. These two Excel files were combined and exported into SPSS for data analysis. Data analysis included calculation of means, frequencies, and percentages for quantitative data and text analysis for qualitative data.

As an incentive to complete the survey, participants who completed the survey and provided their telephone number were entered into a drawing to win one of four \$50 Oakwood Mall gift certificates. Using Excel random numbers generation, four participants were selected as gift certificate winners. The researcher telephoned these participants informing them that they had won a gift certificate.

## Chapter II: Literature Review

### *Introduction*

Marketing comprises a large part of the healthcare industry's budget. In 2001, the average hospital's marketing budget was \$1.2 million across all bed-size categories (Hospital marketing, 2002). This amount can vary; however, since what hospitals spend on marketing and advertising appears to be directly related to the size of the hospital (Bellandi, 1998; Hospital marketing, 2002). Luther Midelfort is currently a 304-bed hospital (Luther Midelfort, n.d.). According to Bellandi (1998), hospitals typically end up spending approximately \$1,000 per licensed bed on advertising. Using this estimation, Luther Midelfort spends approximately \$304,000 per year on advertising. For all but the biggest hospitals and health systems, the budget for marketing and public relations has increased over the past several years (Romano, 2005a).

Recently, marketing and public relations departments have evolved into vital components in a hospital's organizational structure (Romano, 2005a). Marketing is an effective business practice that gives healthcare systems the opportunity to communicate their high quality and effective services to those who need them (Holt, 2005). Hospitals have relied on publicity campaigns for decades, using a mix of ads in newspapers, radio and television to help increase business and differentiate themselves from their competitors (Romano, 2005b).

According to Surowiecki (2005), the market for medical care is not generally a national one. People will travel to be treated for unusual or rare conditions, but generally, when an individual needs a doctor or hospital, they look for one nearby (Surowiecki, 2005). Therefore, in regards to doctors competing for patients, they are doing so only against their local competition.

Money is being utilized toward smart marketing (Romano, 2005a). While marketing and communications budgets do appear to be increasing for many hospitals, hospital administrators

want to be sure they are getting real value for their money. Spending their marketing dollars in the right places is one such way (Romano, 2005a). Since a hospital's competition is generally local, it would seem logical for hospitals to conduct regionally located market research in order to ascertain where their marketing money is best spent.

Consumer involvement in the planning and evaluation of health-service delivery is not a new concept; health services have engaged in seeking consumer involvement in the evaluation and planning of health services for many years. (Pearson, 2002). Having a competitive market in primary care means that general practitioners must consider the way in which their patients evaluate the services they receive (Gabbott & Hogg, 1994). Poillon's (2005) advice is to get the most credible data, define its purpose and audience, and use the channels that best communicate the information to the market segments you want to reach. If it's clear that someone is listening, people will be more interested in what the healthcare industry has to offer (Poillon, 2005).

#### *Women and Healthcare Marketing*

It is only recently that in the United States women, as a group, have been recognized as a powerful voice and the one most frequently heard in the consumer healthcare market (Kyriakos, 2001). Women are the largest consumers of healthcare services since women tend to make healthcare decisions for others and are the primary purchasers of healthcare for their families (Kyriakos, 2001; Nussbaum, 2000; O'Connor et al., 2003; Ping, 1992; Tufts Health Plan, 2002). This is the reason the majority of healthcare advertising is aimed at women (Tufts Health Plan, 2002).

According to Merrill and Elixhauser (2002), nearly 60% of all individuals hospitalized are women. For patients aged 18 to 44, three out of four patients are women. The most common reason for women to be hospitalized is childbirth (Liu, 1992; Merrill & Elixhauser, 2002; U.S.

Department of Health and Human Services, 2005). In 2002, newborn birth accounted for 11% of all hospital discharges (Merrill & Elixhauser, 2002). For patients ages 18-44, nine of the top ten reasons for hospitalization relate to pregnancy and delivery (Merrill & Elixhauser, 2002). In 2002, 934 females aged 18 to 34 in Eau Claire County were hospitalized for child delivery (Wisconsin Bureau of Health Information, 2001-2002). This may be why, according to Liu (1992), hospitals today start their maternity-services marketing as early as two years before prospective mothers would use such services.

Emslie et al. (1999) feel that in order for the needs of the local female population to best be met regarding maternity services, a close assessment of the views of local women is needed. By examining the factors that influence the way women make choices and decisions about their maternity care, local healthcare facilities can develop services that will enhance the ability of women to make informed decisions and can develop services that will more closely meet the needs of the local women.

### *Choosing a Healthcare Facility*

One of the main choices an individual must address when encountering the healthcare system is choosing a local healthcare facility to utilize. There are many different factors that may affect an individual's choice. Some of these are discussed in the following sections.

#### *Recommendations*

One of the factors that may affect the choice of a healthcare facility is the recommendations provided by family and friends. The Kaiser Family Foundation and Agency for Health Care Research and Quality (2000) conducted a telephone survey between July 31 and October 9, 2000, with a sample of 2,014 adults. According to this study, if the participants had to choose a new hospital, they would be more likely to rely on the recommendations of the people

they know than on standard quality indicators. Results of this study indicated that 63% of participants would rely “a lot” on friends and family members to choose a new hospital (The Kaiser Family Foundation & Agency for Health Care Research and Quality, 2000).

A study by Joffe, Manocchia, Weeks, and Cleary (2003) also addressed the recommendation of a hospital by a friend or family member. In this study, 12,680 surveys were completed by a random sample of adults that had been discharged from medical, surgical, or maternity hospitalization. Results showed that being treated with respect and dignity and having confidence and trust in the providers was strongly associated with a willingness to recommend the hospital to family and friends (Joffe et al., 2003). The two studies noted above may indicate that people are willing to act on their friends’ and families’ recommendations of healthcare facilities because those recommendations are based upon positive experiences with a particular healthcare facility.

### *Physician Choice*

According to other research, however, hospital choice may not be an option. This is because a physician is chosen initially and consequently, the hospital at which the doctor practices is by the default the healthcare facility utilized. This results in hospital choice being limited (Morrison, 2003), as individuals enter the healthcare system through their physician. Since few physicians have rights at several hospitals, once a person has chosen a physician, that individual has more often than not chosen a hospital (Morrison, 2003). Palmeri and Ewing (1993) seem to agree as they note that in an estimated 70% of hospital admissions, the patients’ doctor, and not the patients themselves, chooses the hospital.

The practice of choosing a physician before choosing a hospital can be seen on a local level in the Eau Claire area. According to a hospital choice telephone survey conducted in



September of 2003, 66% Sacred Heart female maternity patients chose their provider first, and then delivered their baby where that physician practiced or recommended (Hospital Choice, 2003).

### *Insurance*

Another way to research healthcare facility choice is to look at the reasons why an individual would change to another facility. A local Eau Claire study indicates that insurance may be a deciding factor. Results of the hospital choice telephone survey conducted in September of 2003 noted above showed that, when asked what circumstances might cause the participants to change hospitals, 67% of the Sacred Heart female maternity patients responded that changes in insurance coverage would make them change hospitals. (Hospital Choice, 2003).

### *Choosing a Healthcare Provider*

There are many factors that influence the choice of a healthcare provider. Bornstein, Marcus and Cassidy (2000) conducted a study in which individuals from three different locations were asked to complete a survey in which they rated the importance of 23 items they might consider if they had to choose a primary care doctor today. These items were rated on a scale of one to ten (with one being of least importance, five of moderate importance, and ten being of greatest importance). Approximately 82% of respondents were female. Results indicated that items loading onto the 'professional skill' factor were given the highest ratings. A few of these items included the physical appearance of the doctor's office (M=8.15), recommendations from friends/family (M=7.92), and which hospital the doctor uses (M=7.88). Insurance coverage (which HMO's or insurance plans the doctor is in) was considered moderately important with a mean of 6.93 (Bornstein et al., 2000).

A telephone survey was conducted in 2001 and 2002 with the goal of developing a comprehensive set of ideal physician behaviors. Results of this study indicated the following seven ideal physician behaviors: confident (doctor's assured nature engenders trust), empathetic (doctor tries to understand what patient is feeling and experiencing), humane (doctor is caring, compassionate, and kind), personal (doctor is interested in me more than just as a patient), forthright (doctor tells me what I need to know in plain language and in a forthright manner), respectful (doctor takes my input seriously and works with me), and thorough (doctor is conscientious and persistent) (Bendapudi, Berry, Frey, Paris, & Rayburn, 2006).

When choosing a healthcare provider to utilize, patients can choose to utilize the same provider over an extended period of time, or utilize a different provider each time healthcare is sought. According to Ettner (1996), most adult women have a regular healthcare provider. In a study conducted with 23,488 adult (18 or older) female participants, results indicated that 84% of those females did have a regular healthcare provider (Ettner, 1996). In another study conducted via telephone with 2,000 women, 73% indicated a strong preference for seeing the same doctor during each visit (Nussbaum, 2000). These results indicate that most women have or prefer a regular provider that they see on a regular basis.

Results of Ettner's (1996) study also indicated a strong association between the existence of a regular healthcare provider and earlier receipt of preventative services. Results showed that women who have a usual source of medical care are over four times as likely to have had a Pap smear, twice as likely to have had a breast examination, and three times as likely to have had a mammogram during the past year as women who do not have a regular healthcare provider (Ettner, 1996).

### *Choosing a Location to Give Birth*

Many important considerations are reviewed by women when choosing a healthcare facility for the purpose of giving birth. Insurance coverage is just one of those important considerations. This may be because four of the top ten conditions billed to private insurers are related to infancy and childbirth (Merrill & Elixhauser, 2002). According to Morgan, Turner, and Savitz (1999), one factor that may inhibit women from giving birth at the hospital of their choice is insurance coverage. For example, women without any form of insurance coverage may have no choice but to find a hospital that will accept indigent cases. Others might find that their insurance will not cover expenses at certain hospitals (Morgan et al., 1999).

Not surprisingly given national findings, insurance coverage has been found to be an important factor when choosing where to give birth in the Eau Claire area. According to a hospital choice telephone survey conducted in September of 2003, 51% of Sacred Heart female maternity patients felt that they did not have a choice of where they wanted to deliver their baby (Hospital Choice, 2003). When given four options to explain why they felt they had no choice, the most common answer, chosen by 72% of these respondents, was that their insurance coverage encourages them to deliver at a certain hospital. In this same study, when asked to rate six items according to how important each was in their decision where to deliver their baby (on a scale of one to five where one equals not important and five equals very important), the third highest rated item was 'your insurance coverage is best there' with a mean rating of 4.21. This rating suggests that insurance coverage is an important consideration that may affect the choice of where to give birth. The following paragraphs discuss the first and second most important factors as identified in the study.

In the telephone survey mentioned above, the Sacred Heart patients' second highest rated factor when deciding where to give birth was the reputation of the hospital, with a mean rating of 4.47 (Hospital Choice, 2003). This suggests that what individuals hear about a certain healthcare facility can greatly influence a potential patient's decision whether or not to give birth there. In a study conducted by Emslie et al. (1999), results showed that women who had given birth before were more likely to base their decision on their own past experience while women who had not given birth before were more likely to make their decision based upon the experiences of their friends.

Another factor shown to be important when deciding where to give birth is the patient's desire to be involved in the decision-making process. When patients were given a list of elements before their visit and asked which of those elements they felt it was necessary for the doctor to accomplish today, one of the most desired elements was to 'discuss my own ideas about how to manage my condition' (Kravitz, 2001). Another study showed that having their partner there (89%), availability of specialist facilities (65%), being kept informed (58%), and being involved in decisions (53%) were seen as the most important factors when preparing for childbirth (Emslie et al., 1999).

In the local hospital choice telephone survey (2003) mentioned above, the Sacred Heart patients' highest rated factor when deciding where to give birth was the services offered by that facility. A study conducted by Emslie et al. (1999) showed that the availability of specialist facilities is an important factor when choosing a location at which to give birth. Morgan et al. (1999) also found that a patient's obstetrical selection can be influenced by factors such as the level of services and amenities offered by a facility. Although medical advances have improved the outcomes of pregnant women, many choose to deliver in a hospital that is well equipped for

obstetrics care. (Morgan et al., 1999). According to Morgan et al. (1999), hospitals are perceived as “better” places to deliver babies if they have specialized equipment available for emergency situations.

Another important factor when choosing where to give birth is the appearance and comfort of the healthcare facility. According to Alvarez (2004), there are a number of architects and designers working to humanize the designs of healthcare facilities. The idea is to build inviting, soothing hospitals so that patients will heal quicker and doctors will perform better. Research has shown that patients who can see trees instead of cars from their windows recover more quickly and that single rooms help to decrease infections and bring more visits from family and friends (Alvarez, 2004). The hospital at the University of Oslo is an example of embracing this approach. At this hospital, there is a separate entrance for the pediatrics and maternity wing. This entrance overlooks a playground, a stream, and a ski run (Alvarez, 2004).

### *Marketing*

In a study conducted by O’Connor et al. (2003), results showed that Canadian participants, 65% of which were females, used several strategies when contemplating complex healthcare choices. Complex health decisions were defined as decisions in which a person has to consider the pros and cons of multiple options and for which there is no right or wrong answer. The strategies participants utilized included information gathering, clarifying their values, and seeking support and information from others. Participants indicated that personal counseling and printed informational material were commonly preferred methods of learning about their healthcare options (O’Connor et al., 2003). Morrison (2003) also found that when consumers were asked about how they choose their hospital, several different answers were given. Morrison (2003) did find however, that even though information about different hospitals is widely

available, consumers will still rely on word of mouth and their doctor's recommendations. Consumers like objective quality-based information, but would go to a hospital that family or friends recommend regardless of that information (Morrison, 2003).

Another study indicating that word of mouth information is extremely important when gathering information about local healthcare facilities is a telephone survey conducted by The Kaiser Family Foundation (2000). This study found that individuals seeking healthcare facility information were more likely to ask for recommendations from people they know instead of contacting official groups or looking at printed material. In this study, the majority of participants indicated that if they wanted to find information comparing the quality of different hospitals, they would be very likely to ask for recommendations from friends, family, or co-workers (70%) or from a doctor, nurse, or other healthcare professional they know (65%).

Another method of gathering healthcare-related information is by searching the Internet. According to Krane (2005), 72% of United States adults have looked for health or medical information online at some point in time, while 25% of those adults have looked for health or medical information online often. Of those adults that have ever searched for health information online, 30% felt that the information was very reliable while 48% felt that the information was somewhat reliable. This study indicates that many adults will search online for health or medical information and that once they find this information, most will feel that it is at least somewhat reliable.

In a study conducted by The Kaiser Family Foundation (2000), 79% of participants felt they received enough information to make the right choice the last time they chose a doctor. Seventy-three percent of participants felt they received enough information to make the right choice the last time they chose a hospital. These results indicate that, while most feel that they

had access to enough information, there are some who did not feel they had enough information the last time they made a healthcare decision.

*Maternity Care in the Eau Claire Area*

While many individuals may feel that they received enough information about healthcare facilities to make a good choice, one study suggests that, in the Eau Claire area, there may be a large segment of individuals who do not have enough information about their local healthcare facilities where maternity care is concerned. Results of this study indicated that, when asked which one (local) medical facility they would recommend to a friend or relative for maternity care, 30% of female participants responded that they didn't know (Marshall Marketing & Communications, Inc., 2005). It is unclear, however, as to why this segment responded that they didn't know which healthcare facility to recommend. Results of this study indicate that perhaps more marketing of maternity services would be beneficial so that these individuals would feel more informed about making a recommendation.

### Chapter III: Methodology

The Increasing Newborn Birth (INB) group at Luther Midelfort wanted to survey their target population of potential female customers in order to determine what is important to this population when making decisions about their healthcare and to determine how to market to that population in the future. The INB group plans to use the information acquired from this survey as a guide to help them determine how to meet their goal of increasing the number of births occurring at Luther Midelfort. This chapter will look at the methodology of this study. Sections addressed in this chapter include subject selection and description, instrumentation, data collection procedures, data analysis, and limitations.

#### *Subject Selection and Description*

The Increasing Newborn Births group wanted to gather information from a specific population. That population included 18-35 year old females living in Eau Claire County who are not currently Luther Midelfort patients. The researcher contacted a local company that sells mailing lists. According to this mailing company, at the time this survey was conducted the population of females 18-35 living in Eau Claire County consisted of approximately 8,968 individuals (Everhart, 2006). This count included only one female per address (Everhart, 2006).

With Luther Midelfort (clinic and hospital) and Marshfield Clinic/Sacred Heart Hospital being the two main healthcare competitors in the Eau Claire area, it was assumed that a representative sample from the population would be comprised of approximately half Luther patients and half non-Luther patients. The researcher determined that approximately 1,700 surveys should be mailed out in order to receive approximately total of 400 useable surveys from both Luther and non-Luther patients. In order to have a sampling error of no more than  $\pm 5$  percent, a minimum total of 370 useable surveys were needed, assuming that the respondents



would be evenly split between being Luther patients and non-Luther patients (Salant & Dillman, 1994). By assuming that 90 percent of the names and addresses provided by the local mailing company would be usable, 90 percent of the returned surveys would be legible and complete and a 30 percent response rate, it was determined that a starting sample of approximately 1,700 was needed in order to receive a final sample of approximately 400 surveys ( $400 \div 0.9 \div 0.9 \div 0.3 = 1646$ ) (Salant & Dillman, 1994). It was decided that a list of 2,000 names and addresses would be purchased in order to compensate for the possibility of a lower response rate than expected.

The final total sample size consisted of 534 females after six surveys were removed due to the participant not currently living in Eau Claire County and sixteen surveys were excluded as they were received after the two week cut-off date and time. This sample size resulted in a 26.7% response rate. Participants were divided into two categories based upon their usage of Luther Midelfort as a healthcare facility. Approximately half (51.1%) of participants utilize Luther Midelfort and were therefore categorized as Luther Midelfort patients while the other half (48.9%) were categorized as potential patients who do not currently utilize Luther Midelfort for healthcare services. Since the researcher received more than the 400 useable surveys needed, the researcher could be 95 percent confident that the non-Luther Midelfort population is within 5% of the estimate, in either direction. This indicates that non-Luther Midelfort female patients aged 18-35 living in Eau Claire County make up between 53.9% and 43.9% of the population; therefore, the population of interest (non-Luther Midelfort patients) is composed of at least approximately 4,000 individuals ( $8,968 \times 43.9\% = 3,937$ ).

If the population of interest is composed of approximately 4,000 individuals, and it is assumed that most respondents have the characteristic of being Marshfield Clinic/Sacred Heart Hospital patients, then approximately 234 useable surveys would be needed for a sampling error

of  $\pm 5$  percent (Salant & Dillman, 1994). Since 261 useable surveys were obtained from non-Luther Midelfort patients, the researcher can be 95% confident that the percentages indicated for the various responses of non-Luther Midelfort patients to survey items are within 5 percent of the estimate, in either direction, for the entire population.

### *Instrumentation*

A survey was created for the purposes of this study (see Appendix C). The researcher met with the INB group in order to ascertain the scope of data they wished to acquire through the use of the survey instrument. A literature review provided insight into some questions and responses included in the survey. The INB group also suggested some items and responses in the survey.

After meeting with the INB group and conducting a literature review, a rough draft of a survey was created. This rough draft was given to the INB group for review. Various members of the INB group suggested some revisions to the survey. After the survey was reviewed and the suggested changes were made, the survey was piloted on several individuals in order to determine how long the survey would take to complete as well as determining any wording changes that would provide clarification. The INB group then gave final approval for use of the survey.

The survey consisted of a total of 54 items including multiple choice responses, single choice responses, open-ended questions, and a four-point importance rating scale where 1=not important and 4=very important. Respondents also had the option of choosing 'Not Applicable' on the four-point importance rating scale. An online version of the same survey was created. The online version of the survey was created using SelectSurveyASP Advanced software version 8.1.1 which is provided to students attending University of Wisconsin-Stout for use in their projects.

The survey consisted of three sections: healthcare, hobbies/interests and demographics. The purpose of the healthcare section was to determine when and how the target population chooses their healthcare providers and healthcare facilities. This section consisted of questions regarding the clinic and/or hospital the participant utilizes, the healthcare provider the participant utilizes, and important considerations when deciding where to give birth.

The purpose of the hobbies/interests section was to determine how to communicate with and market to the target population in the future. This section consisted of questions regarding the participant's use of various mediums that could be used to market to the target population (i.e. radio, TV, Internet, etc.) as well as determining what the target population likes to do in their spare time.

The purpose of the demographics section was to describe the 18-35 year old female population currently living in Eau Claire County. This section consisted of questions regarding the participant's age, level of education, annual household income, employment status, etc. There was also a space for the participants to provide their telephone number in order to be entered into a drawing to win one of four \$50 Oakwood Mall gift certificates. Only participants who had won gift certificates were called.

#### *Data Collection Procedures*

A 54-item paper survey was administered through the U.S. mail and made available in an online format to a purchased list of 2,000 names and addresses of females aged 18 to 35 currently living in Eau Claire County. All materials included in the mailing (cover letter, survey, postage-paid return envelope and reminder letter) were taken to a local mailing company to be distributed to the purchased list of names.

Participants were given the option of completing the survey online. This was done by providing participants with a website address with which they could link to the survey instrument.

Data collected through paper surveys were hand entered into an Excel document. Data collected through the online survey were exported to a separate Excel document. These two Excel documents were then combined and then exported to the Statistical Package for Social Sciences version 14.0 (SPSS, 2006) for data analysis.

#### *Data Analysis*

Statistical analyses used in this study included frequencies utilizing the split file function to separate current Luther Midelfort patient responses from the responses of potential patients who do not currently utilize Luther Midelfort services. SPSS, version 14.0, was used to analyze the data. Frequencies were conducted as a method of checking and cleaning the data. Once the data had been cleaned, frequencies were used to construct graphs and indicate percentages of responses for items on the survey. Means were also calculated for survey items where participants were asked to rate the importance of various responses. Text analysis was also utilized to categorize qualitative data.

#### *Limitations*

One procedural limitation of this study pertained to the sampling procedure. According to the local mailing company, the population of interest consisted of approximately 8,968 individuals (Everhart, 2006). This count, however, only included one female per address so any additional females who were members of the population of interest and living at the same address were not included in the count (Everhart, 2006). This limited the researcher's access to

the total population of interest, but was determined not to be such a hindrance as to deny access to useful data.

Another procedural weakness was the possibility of a respondent filling out the online survey multiple times. Access to the online survey did not require a password. By allowing unlimited access to the online survey, there was the possibility that a person may have filled out the survey more than once. Since the only identifying information that was collected on the survey was the respondent's telephone number, this was used in an attempt to identify possible multiple surveys completed by a single respondent.

## Chapter IV: Results

The following results are based upon the responses of the non-Luther Midelfort segment of participants (N=261) which included approximately 48.9% of the total number of participants. Approximately 84.1% of the surveys were completed by hand with the remaining 15.9% being completed online. The following results focus on the highlights of the study and do not address all 54 items in the survey.

### *Demographics*

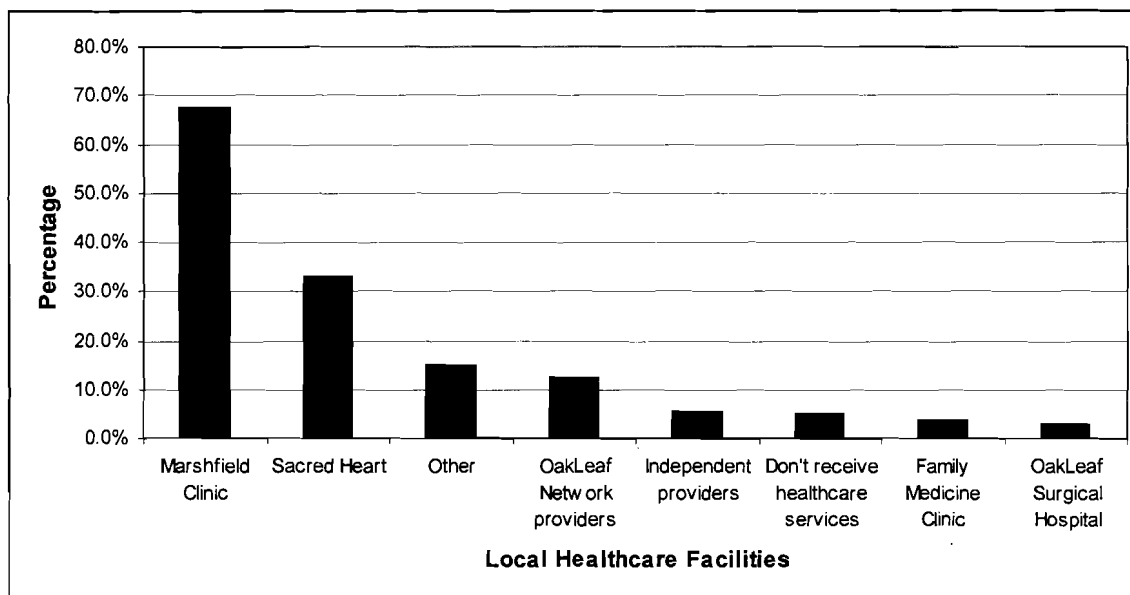
Of the 261 potential patients that took part in this survey, 37.2% were between the ages of 18 and 26 and 62.8% were between the ages of 27 and 35. Of the potential patients, 33% had received a four-year degree while the second largest group (28.4%) had taken some college courses, but had not yet obtained their degree. The majority of potential patients were not currently students (80.5%) while approximately 11.1% indicated that they were full-time students. Almost 40% of the participants (39.8%) had an annual income of \$50,000 or more. Most participants indicated they were either married (57.3%) or single (39.6%). When asked to indicate their employment status, most indicated that they work full-time (53.5%) while 24.2% indicated that they work part-time, 11.9% indicated that they work at home and 10.4% indicated that they are unemployed. When asked if they currently have health insurance coverage, 86.9% indicated that they did. Approximately 57.9% (N=151) of potential patients have children; 38.3% did not.

### *Choosing a Healthcare Facility*

Participants were asked to indicate which local healthcare facility or facilities they currently utilize for their healthcare needs. Participants could indicate more than one response.

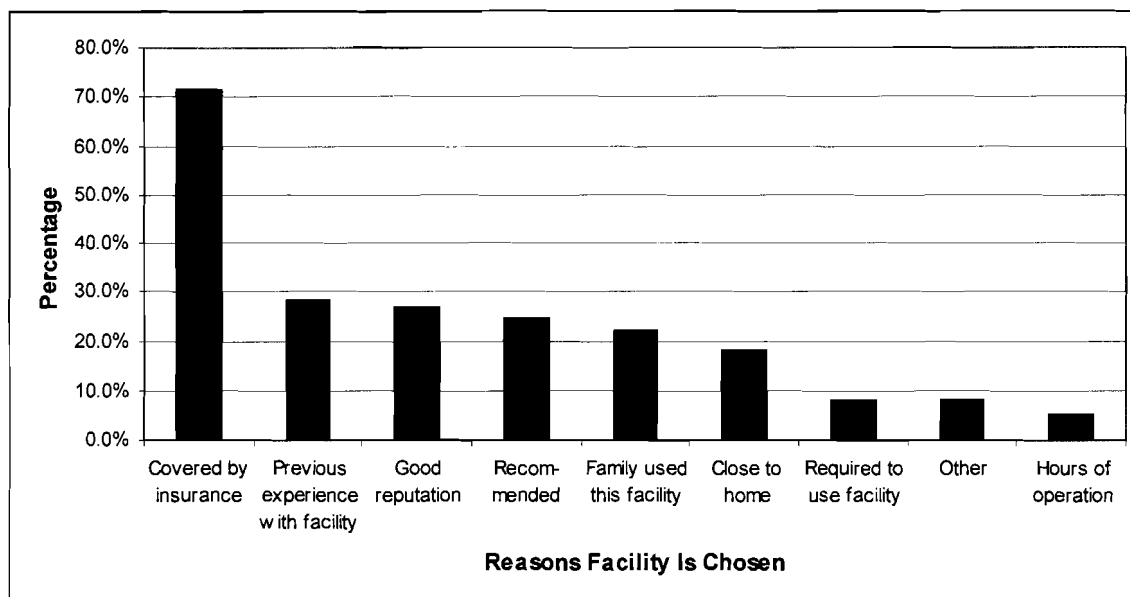
As can be seen in Figure 1 below, the majority of potential patients (67.4%) utilize Marshfield Clinic and 33.0% utilize Sacred Heart Hospital for their healthcare needs.

Figure 1. Healthcare facilities utilized.



Participants were also asked to indicate why they had chosen the healthcare facility or facilities they currently utilize. Participants could indicate more than one response. As can be seen in Figure 2 below, health insurance coverage was the most commonly noted consideration when potential patients chose their current healthcare facility, as indicated by 71.6%.

Figure 2. Reasons healthcare facilities are chosen.

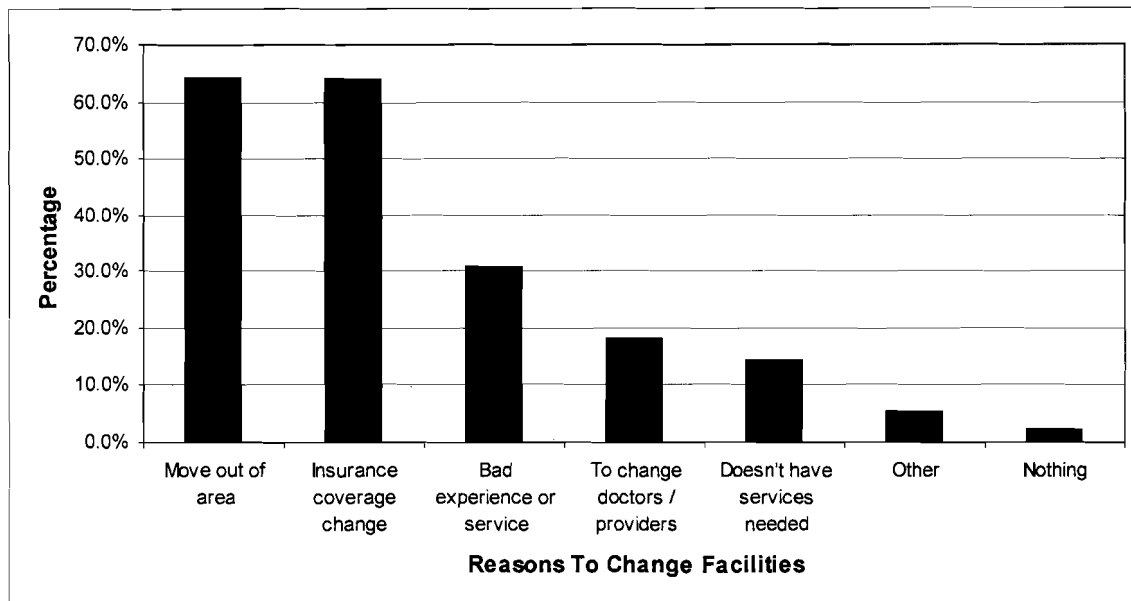


Participants were also asked what their reasons have been in the past when deciding to change healthcare facilities and/or what may cause them to change facilities in the future.

Participants could indicate more than one response. As can be seen in Figure 3 below, the top two reasons for potential patients changing healthcare facilities were a 'move out of the area' (64.4%) and a 'change in insurance coverage' (64.0%).

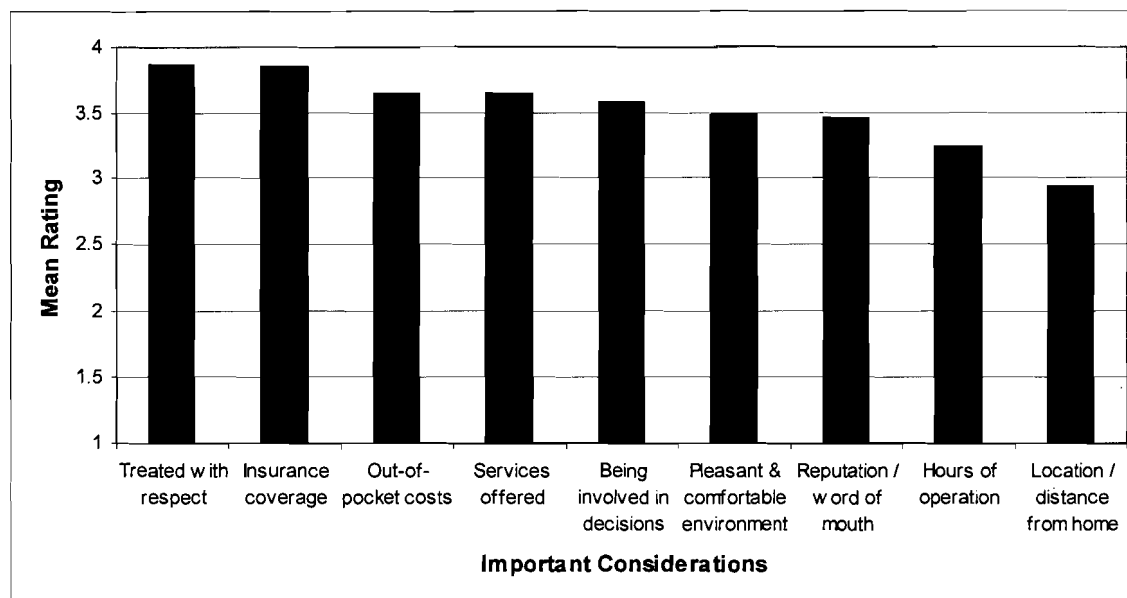


Figure 3. Reasons to change healthcare facilities.



Finally, when completing the survey section addressing healthcare facility choice, participants were asked to rate the importance of various items they considered when choosing their healthcare facility(ies). Ratings were based on a one to five scale where 1=not important, 2=somewhat important, 3=important, 4=very important and 5=not applicable. All participants who skipped this question or gave a rating of a '5' were treated as missing cases when determining the mean for each item. As can be seen in Figure 4 below, the two considerations receiving the highest ratings by potential patients when choosing a healthcare facility are being 'treated with respect' ( $M=3.86$ ) and 'insurance coverage' ( $M=3.85$ ). As can also be seen in Figure 8, all considerations are either important or very important to potential patients as indicated by their means being near or above 3.00.

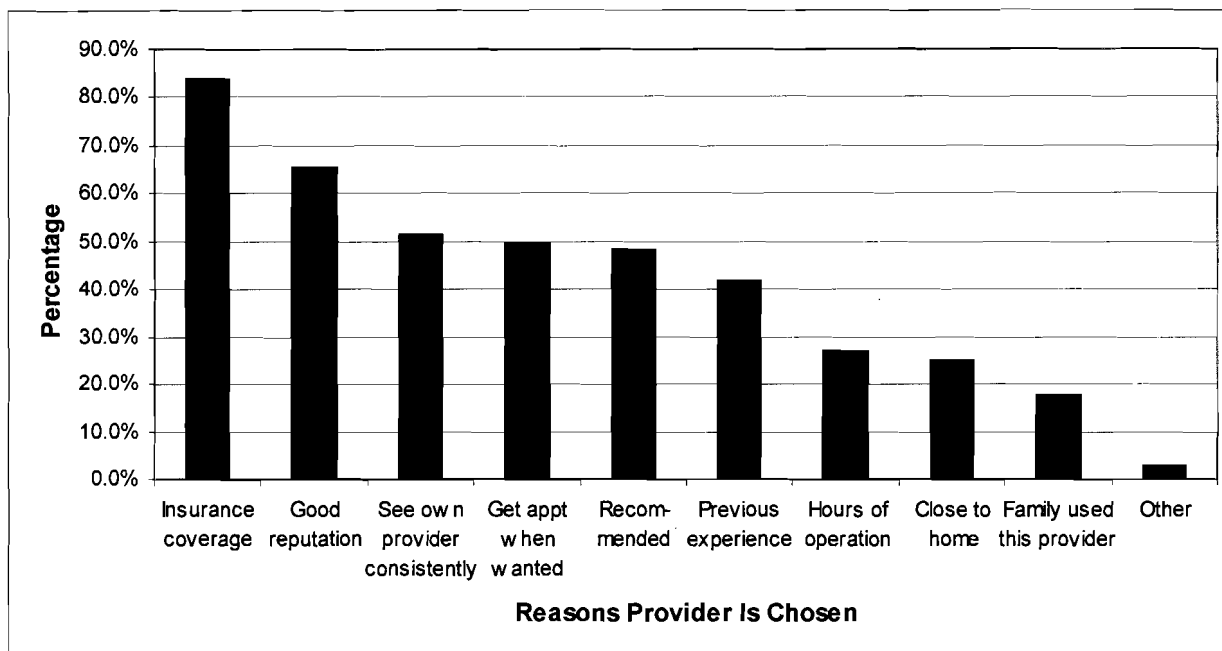
Figure 4. Importance ratings of items when choosing a healthcare facility.



#### *Choosing a Healthcare Provider*

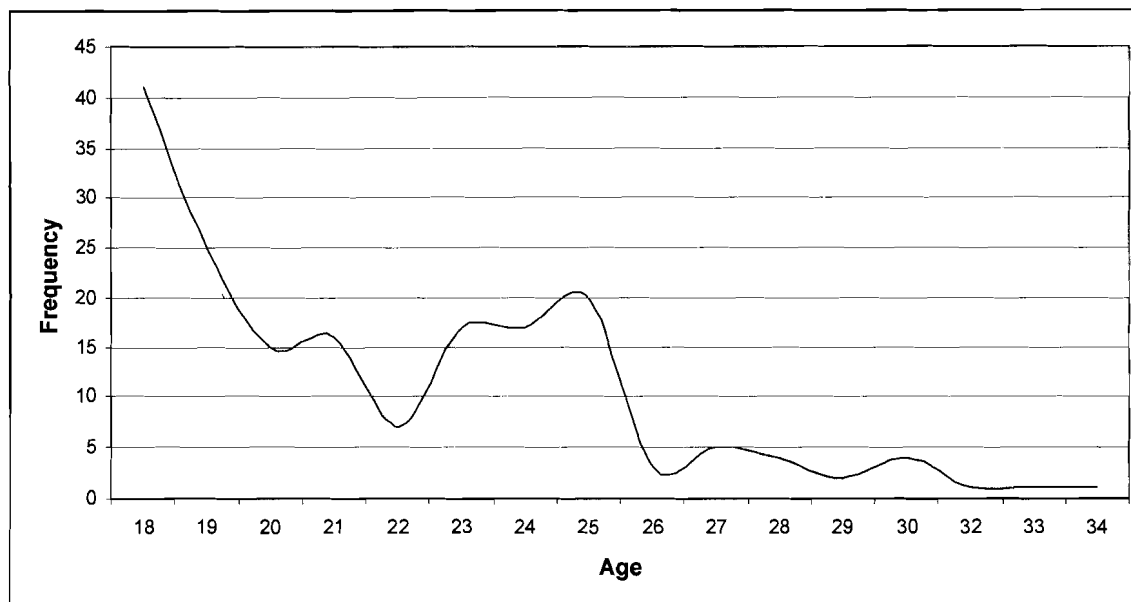
The second section of the survey instrument included questions pertaining to the selection of a healthcare provider. Participants were asked to indicate what items they consider when choosing a healthcare provider. Participants could indicate more than one response. As can be seen in Figure 5 below, the most common consideration when choosing a provider is ‘insurance coverage’, as indicated by 83.9% of potential patients. The second most common consideration was whether or not the provider has a ‘good reputation’ as indicated by 65.5% of potential patients.

Figure 5. Reasons health care providers are chosen.



Participants were also asked questions pertaining to their use of a regular healthcare provider. In this section, participants were asked to indicate whether or not they have a regular healthcare provider that they usually see. Approximately 72.2% of potential patients indicated that they do have a regular healthcare provider. Next, participants were asked to write-in the age at which they chose their first regular healthcare provider (after the age of 18). As can be seen in Figure 6 below, most of potential patients who indicated that they have a regular provider chose their first regular provider at the age of 18 (22.9%). The mean age potential patients chose a regular provider was 21.81 years of age.

Figure 6. Age at which first health care provider is chosen.



Note. None of the potential patients chose their first regular healthcare provider at the age of 31.

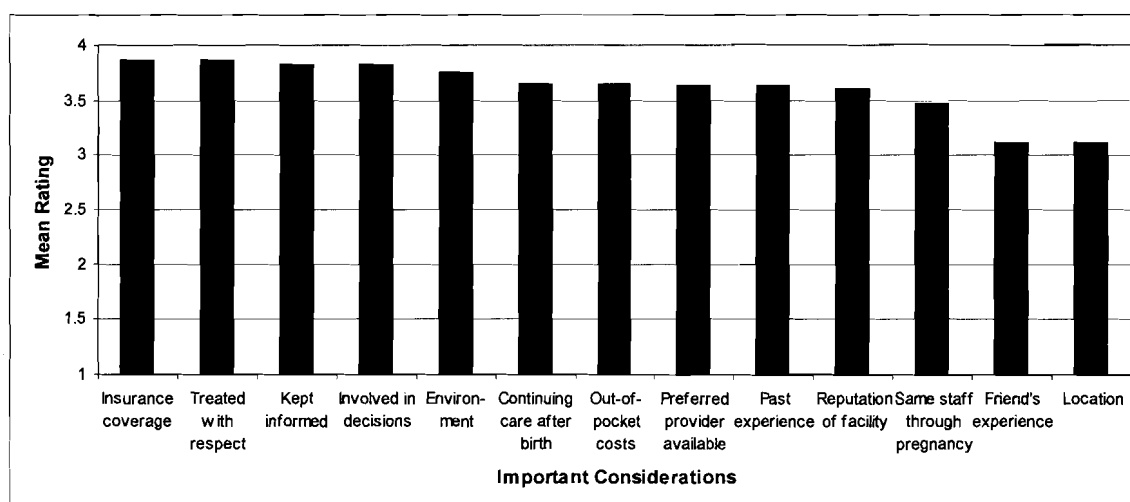
Potential patients who have a regular healthcare provider were then asked to write-in why they decided they needed to have a regular provider. Some individuals' responses were categorized into multiple categories since some participants listed various reasons. Of the 187 potential patients indicating that they do have a regular healthcare provider, 169 noted at least one reason for choosing to have a regular provider. As can be seen in Appendix A, the top two reasons for obtaining a regular healthcare provider are for annual exams ( $n=48$ ) and to ensure consistency with a provider that knows the patient's history ( $n=47$ ).

#### *Choosing a Location to Give Birth*

The third section of the survey instrument included questions pertaining to the selection of a healthcare facility in which to give birth. Participants were asked to rate the importance of various considerations when choosing where to give birth. Ratings were based on a one to five scale where 1=not important, 2=somewhat important, 3=important, 4=very important and 5=not

applicable. All participants who skipped this question or gave a rating of a '5' were treated as missing cases when determining the mean for each item. As can be seen in Figure 7 below, the four most highly rated considerations by potential patients are 'insurance coverage' ( $M=3.87$ ), being 'treated with respect' ( $M=3.86$ ), being 'kept informed' ( $M=3.82$ ) and being 'involved in decisions' ( $M=3.82$ ). As can also be seen in Figure 7, all considerations are either important or very important to potential patients as indicated by their means being near or above 3.00.

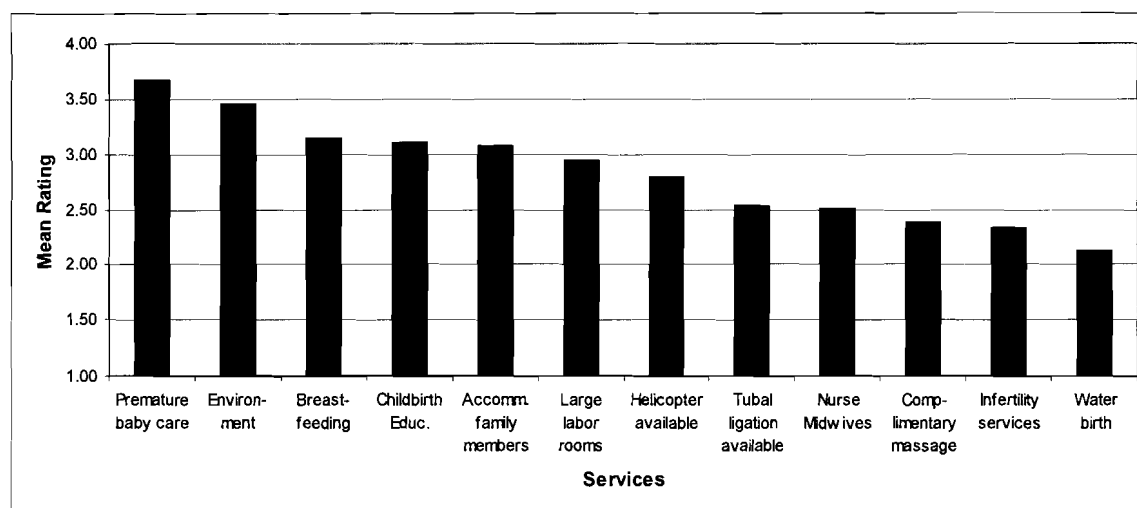
Figure 7. Importance ratings of items when choosing where to give birth.



Participants were also asked to rate the importance of various mother and child related services provided by the faculty when choosing where to give birth. Ratings were based on a one to five scale where 1=not important, 2=somewhat important, 3=important, 4=very important and 5=not applicable. All participants who skipped this question or gave a rating of a '5' were treated as missing cases when determining the mean for each item. As can be seen in Figure 8 below, the highest rated service among potential patients was premature baby care with a mean rating of

3.67. The second highest rated item was the appearance and comfort of the healthcare facility's environment ( $M=3.46$ ).

*Figure 8.* Importance ratings of services offered when choosing where to give birth.



### *Marketing*

Finally, the fourth section of the survey instrument included questions pertaining to the potential patients' use of various marketing mediums. Participants were asked to indicate how they obtain information about the different healthcare facilities in their area. Participants could indicate more than one response. As can be seen in Figure 9 below, obtaining information by 'word of mouth' was the method most often used (75.5%).

Figure 9. Mediums with which information about local health care facilities is obtained.

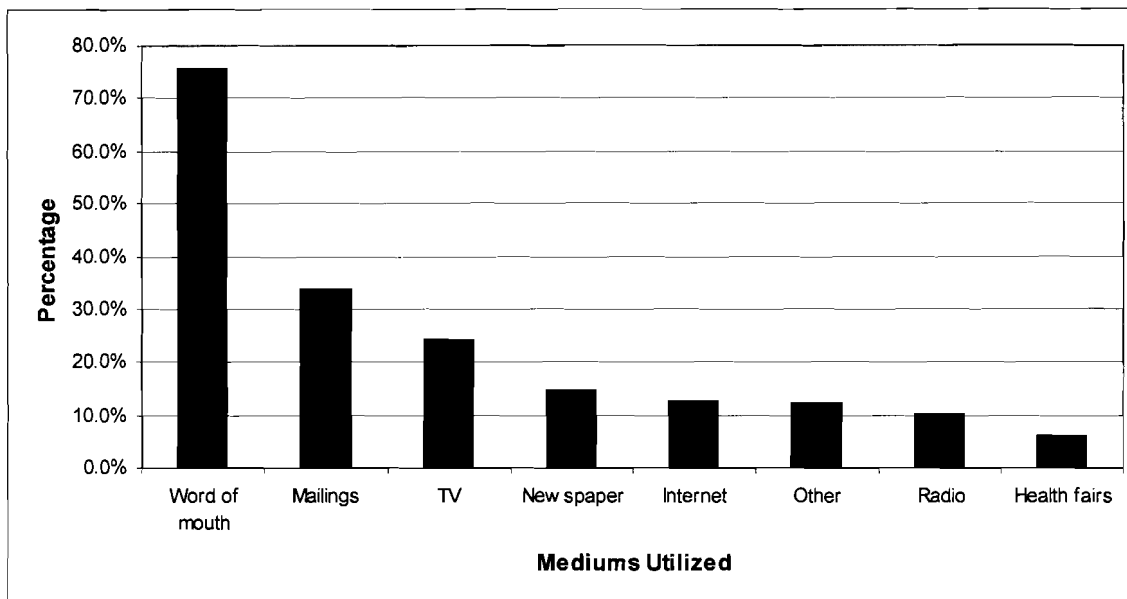


Figure 9 also shows that obtaining information through mailings was the second most often used resource (33.7%). Participants were asked if they read all of the U.S. mail pieces addressed to them. Results showed that the majority (65.5%) ‘read everything but the “junk” mail’ while 27.6% indicated that they read ‘all of their mail most of the time’.

The third most often used resource shown in Figure 9 is the TV (24.1%). Participants were asked to indicate how many days in the past week they had watched the news on WEAU-TV13 and on WQOW-TV18. Results indicated that 41.0% participants had watched TV13 news one to three days in the past week. Approximately 35.3% had watched TV13 news four to seven days in the past week while 23.7% had not watched TV13 news at all in the past week. TV18 news was watched much less often than TV13. The majority of participants (50.5%) had not watched TV18 news at all in the past week while 33.5% indicated that they had watched TV18 news one to three days in the last week and only 16.0% had watched TV18 news four to seven days in the last week.

The fourth most often used resource is the newspaper (14.6%). Participants were asked to indicate how many days in the past week they had read the Leader-Telegram. Results indicated that 46.2% had read the Leader-Telegram one to three days in the past week while 42.7% had not read the Leader-Telegram at all. Only 11.2% indicated that they had read the Leader-Telegram four to seven days in the past week.

The fifth most often used resource shown in Figure 9 was the Internet (12.6%). Participants were asked if they use the Internet to search for health information. Approximately 73.3% indicated that they do use the Internet to search for health-related information. Participants were then asked if they would like having health information sent to them via e-mail. Only 27.0% indicated that they would like having this information sent to them through their e-mail. Participants were asked if they would like having healthcare appointment reminders sent to them via e-mail and approximately half (53.1%) indicated that they would like to have this service. Participants were then asked if they would like the option of scheduling appointments with their provider on-line if it was available to them and the majority of participants (71.5%) indicated that they would like to have this option provided.

The sixth most often used resource to obtain information about the various healthcare facilities in their area was 'Other' (12.2%). As can be seen in Table 1 below, the most common 'other' method of obtaining information about the various healthcare facilities in the area is through insurance ( $n=13$ ).



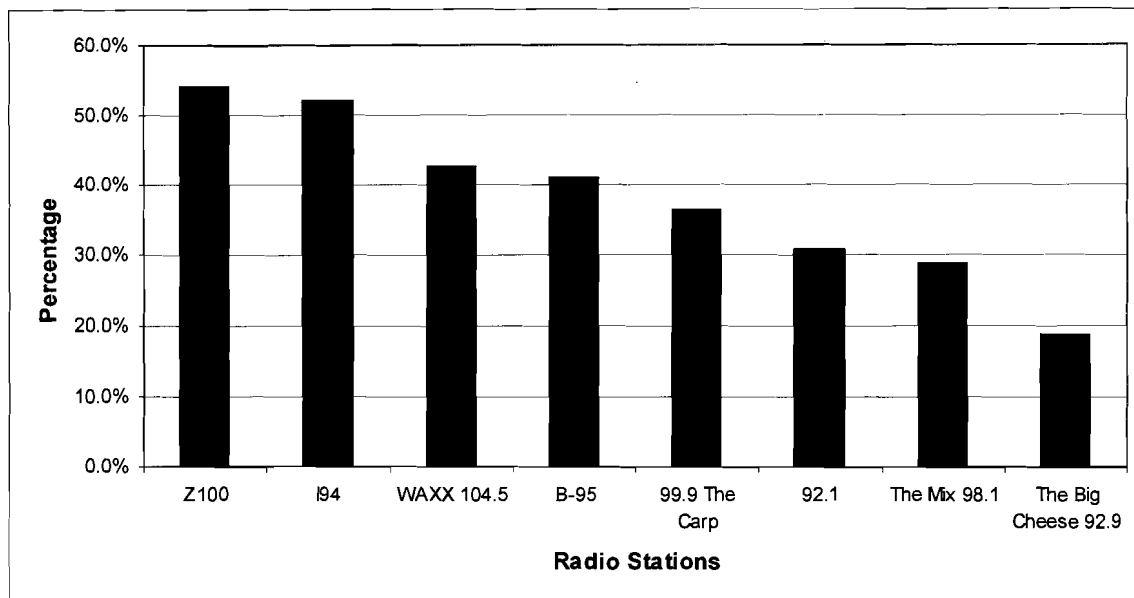
Table 1

*'Other' ways of obtaining information about local healthcare facilities*

Category	Frequency	Examples of comments
Insurance	13	<ul style="list-style-type: none"> <li>➤ Insurance provider network</li> <li>➤ Insurance papers</li> <li>➤ Network directory</li> <li>➤ Whatever insurance covers</li> </ul>
Phone book	8	<ul style="list-style-type: none"> <li>➤ Phone book</li> <li>➤ Yellow Pages</li> <li>➤ Phone book (listings of doctors)</li> </ul>
Employer	6	<ul style="list-style-type: none"> <li>➤ Notices at work</li> <li>➤ I work in the health field</li> <li>➤ Through employers</li> </ul>
Personal experience / Self	4	<ul style="list-style-type: none"> <li>➤ Have been there</li> <li>➤ Visiting sick friends</li> <li>➤ Experience</li> </ul>
Don't receive any	2	<ul style="list-style-type: none"> <li>➤ Haven't</li> <li>➤ Haven't really needed information on any others</li> </ul>
School	1	<ul style="list-style-type: none"> <li>➤ School</li> </ul>

The seventh most often used resource was the radio (10.3%). Participants were asked how many days they had listened to the radio in the past week. The majority (76.5%) had listened to the radio four to seven days. Only 18.1% had listen one to three days and 5.4% had not listened at all. Participants were then asked what radio stations they listened to. As can be seen in Figure 10 below, Z100 was the radio station most often indicated (54.0%) with I94 being the second most common radio station (52.1%).

Figure 10. Local radio stations listened to by potential patients.



Note. Only the top eight local radio stations are shown here. The remaining local radio stations were listened to by less than 10.0% of potential patients.

Finally, participants were asked to write-in what type of information about the different healthcare facilities in their area is helpful to them (see Appendix B). Some individuals' responses were categorized into more than one category since they listed more than one kind of information. A total of 172 potential patients gave a response to this item. As can be seen in the table in Appendix B, the most common response given related to the services and/or specialties that a healthcare facility provides ( $n=76$ ).

## Chapter V: Discussion

The Increasing Newborn Births (INB) group at Luther Midelfort wanted to gather information from their target population of 18-35 year old females living in Eau Claire County who are not current Luther Midelfort patients. The information gathered included how and why potential patients choose a particular healthcare facility, how and why they choose a healthcare provider, how they choose a location in which to give birth, and how to market to this target population.

A survey was created and mailed to 2,000 individuals determined to be within the target population. Of the surveys completed, 261 were completed by individuals who were not currently Luther Midelfort patients (potential patients). The previous chapter presented highlights of the non-Luther Midelfort responses. This chapter will discuss the conclusions and implications of these findings. First, a review of study limitations will be presented.

### *Limitations*

As noted above, the researcher did not have full access to the population of interest since only one female of the target population per address would be included in the purchased mailing list. However, this lack of access was determined to not be such a hindrance as to limit the researcher's access to useful data. Also, another possible limitation of the study was that individuals completing the survey online could have potentially completed the survey more than once. The researcher addressed this issue by searching for multiple entries of the same telephone number since that was the only identifying information collected. It was determined that no telephone number was listed more than once.

## *Conclusions*

### *Choosing a Facility*

Results of this study indicated that insurance coverage is a major factor when choosing which local healthcare facility to utilize. For most potential patients, insurance coverage was a major consideration when they chose their current healthcare facility and would continue to be a consideration if they were to change healthcare facilities. This indicates that a change in insurance coverage could cause a change in healthcare facility utilization. These results are consistent with a previous local study which indicated that a majority of Sacred Heart maternity patients felt that a change in their health insurance coverage would make them change hospitals (Hospital Choice, 2003). The results from this study and the previous local study send a clear message that healthcare insurance is a major factor when deciding which healthcare facility to utilize and can be the deciding factor when choosing to utilize a different healthcare facility if new insurance coverage is obtained.

### *Choosing a Provider*

Results of this study indicated that insurance coverage is an important consideration for a majority of potential patients when choosing which healthcare provider to utilize. This finding differs somewhat from a previous study which found that insurance coverage was considered only moderately important when participants rated the importance of items they might consider if they had to choose a primary care doctor today (Bornstein, Marcus, & Cassidy, 2000).

The majority of the potential patients in this study does currently have a regular healthcare provider and have obtained this provider for the purposes of annual exams and to ensure consistency with a provider that knows the patient's history. This finding is consistent with a previous study which also found that a majority of adult women do have a regular

provider (Ettner, 1996). The previous study found that approximately 84% of adult women have regular providers, while the results of this study indicated that approximately 72% of adult women have a regular provider.

### *Choosing a Location to Give Birth*

*Health insurance considerations.* Results of this study indicate that insurance coverage is the most important consideration when choosing where to give birth, while being treated with respect, kept informed, and involved in decisions are also important considerations. This finding is consistent with a previous local study which indicated that nearly three-fourths of Sacred Heart maternity patients who felt that they did not have a choice of where they wanted to deliver their baby indicated that they felt this way because their insurance coverage encouraged them to deliver at a certain hospital (Hospital Choice, 2003). Whether or not insurance coverage encourages an individual to deliver at a certain hospital may be such an important consideration since hospital delivery charges are often submitted for insurance payment (Merrill & Elixhauser, 2002). Since child delivery charges are often submitted to insurance for payment and insurance coverage may only cover childbirth expenses at certain hospitals, it is easy to see why insurance coverage would be a major consideration when choosing a healthcare facility in which to give birth. Being involved in the decision-making process and being kept informed have also been shown to be important considerations in other studies (Emslie et al., 1999; Kravitz, 2001), which is consistent with the finding of this study that being kept informed and being involved in the decision-making process are important factors when choosing a healthcare facility in which to give birth.

*Service considerations.* Results of this study indicated that premature/sick baby care is the most important service a healthcare facility can offer when potential patients are choosing a

location in which to give birth. This finding appears to be in agreement with a similar study conducted by Emslie et al. (1999) which indicated that the availability of specialist facilities was an important factor when preparing for childbirth. Similarly, Morgan et al. (1999) also found that factors such as the level of services and amenities offered by a healthcare facility can influence a patient's choice of where to give birth. These findings may be a reflection of Morgan et al.'s (1999) finding that a hospital is perceived as being a better place to give birth if that hospital has specialized equipment available for emergency situations.

Results of this study indicated that many potential patients also feel that the appearance and comfort of the healthcare environment is an important service that a facility can offer to expecting mothers. This finding is consistent with Alvarez's (2004) idea of building inviting, soothing hospitals so that both patients and doctors will benefit from being in a pleasant environment. Patients who have single rooms benefit by having fewer infections and receiving more visits from family and friends. They also heal quicker if they have a pleasant view from their window.

### *Marketing*

Results of this study indicated that word-of-mouth is the most common method of obtaining information about the local healthcare facilities. This finding is consistent with other sources indicating that word of mouth advertising is an important marketing medium (Goodman, 2005; Morrison, 2003; The Kaiser Family Foundation, 2000). Even when other sources of information about local healthcare facilities are available to the community, recommendations from friends and family members appear to greatly influence individuals when choosing a facility.

The most helpful information a healthcare facility can provide to potential patients is to advertise their services and/or specialties. Potential patients want to know what specialties each facility covers as well as the services offered for each specialty area. This finding appears to show the potential patient's desire to learn whether or not a facility has the type of department and/or doctor that specializes in the area of interest to the potential patient.

#### *Recommendations*

One recommendation by this author is for further research. After conducting a literature review and administering this survey, it is clear that word of mouth advertising is very important when consumers gather information about their local healthcare facilities. This author feels that Luther Midelfort, as well as other healthcare facilities, would benefit from conducting a word of mouth survey as described by Goodman (2005). According to Goodman (2005), there are four elements of word of mouth that can be measured with a high degree of accuracy: number of persons told, impact on opinion of the company, number of those told who take action, and the percentage of new customers who come to the organization based on personal referral. Goodman (2005) lists six questions that a researcher could ask in order to measure a facility's word of mouth impact. This additional study would provide Luther Midelfort with a better understanding as to how word-of-mouth is affecting their organization.

While word of mouth advertising was shown to be extremely important for healthcare marketing, there are other mediums through which to market to potential patients. Some of these mediums include mailings, television, and newspapers. One study that examined hospital marketing budgets indicated that the largest portion of hospital advertising is spent on newspapers and magazines (37%), followed by television with 16% (Hospital marketing, 2002). This author recommends that Luther Midelfort examine where its marketing money is being

spent in order to ensure that the facility is utilizing mediums that will reach the target audience. Results of this study indicated that 15-33% of potential patients could be reached through mailings, television, and the newspaper.

A third recommendation relates to insurance. The results of this study clearly indicate that insurance is a major factor for women when making healthcare decisions. This author recommends that Luther Midelfort evaluate their current insurance contracts to determine whether or not they are favorable for women choosing to utilize Luther Midelfort. An increase in the number of insurance contracts may be beneficial in increasing the number of potential patients that choose to utilize Luther Midelfort since whether or not an individual's insurance covers a particular healthcare facility is a major deciding factor for many women when choosing a facility.

Luther Midelfort may also want to consider increasing the number of physicians that have privileges at their hospital. As discussed earlier in this study, once a physician is chosen, hospital choice becomes limited to the facilities at which the physician has privileges (Morrison, 2003; Palmeri & Ewing, 1993). By increasing the number of physicians that utilize their facility, Luther Midelfort would also be increasing the number of female patients as the patients follow the physician to the facility at which they have privileges.

Additional recommendations of this author include revisions that should be made to the survey instrument before utilizing it again (see Appendix C) as these revisions to the instrument would enhance the usefulness of the data. One weakness of the survey instrument was that the survey did not consider those parents who gain children through adoption. Two participants wrote on the instrument that they had adopted their children. Those who adopt could have been



included in the survey better by providing a 'planning to adopt' response option when asked if they were planning on having a child/children in the future in item 17.

A second weakness of the survey instrument pertained to item 26 in which participants were asked how many days in the past week they had watched the news on WQOW-TV18. This item appears to have been poorly placed in the instrument since approximately 18.8% of all potential patients did not answer this item. It is possible that participants thought this item consisted of additional responses to choose from when answering item 25 (how many days in the past week the participant has watched WEAU TV-13 news) since item 26 was placed next to item 25 instead of being beneath it like the preceding items on the instrument. Placing all questions in a consistent manner (with each consecutive question being located below the previous one) would provide more clarification for participants and would enhance the ease of completing the survey.

A third weakness of the survey instrument pertained to item 37 in which participants were asked if they would like having health information sent to them via e-mail. Seventy-three percent of potential patients indicated that they would not like having this information sent to them via e-mail. The purpose of this item was to determine if participants would like to have general health information sent to them via email, however, the wording of the question was vague since participants could have understood the question to be asking about receiving their *personal* health information via email. The wording of this question could be clarified in the future by asking the question in the following way: 'Would you like having *general* health information sent to you via e-mail?'

A fourth weakness of the survey instrument pertained to item 51, which inquired about employment status. A 'work at home' option was provided for those individuals who

telecommute as well as stay-at-home moms. Some respondents, however, did not believe the 'work at home' response option included stay-at-home moms and therefore selected 'unemployed,' but then wrote on the instrument that they were stay-at-home moms. One respondent mentioned in the comments section that we should have included a 'stay-at-home mom' response option because selecting 'unemployed' made her "sound like a lazy person." In the future, adding a 'stay-at-home mom' option would provide more clarification for participants when answering this question.

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Appendix A: *Reasons for choosing to obtain a regular healthcare provider.*

Category	Frequency	Examples of comments
Annual exams / Check-ups	48	<ul style="list-style-type: none"> <li>➤ Annual exams</li> <li>➤ To receive regular check-ups</li> <li>➤ Yearly physicals</li> <li>➤ Importance of yearly physical to ensure good health</li> <li>➤ OB – routine care</li> <li>➤ Women’s routine check-ups</li> </ul>
Consistency / Knows history	47	<ul style="list-style-type: none"> <li>➤ Consistent care – person knows me</li> <li>➤ I like someone who knows me and my medical history</li> <li>➤ Convenience of working with the same person on certain healthcare problems</li> <li>➤ To eliminate repeat questions, tests, etc.</li> <li>➤ Consistency – they know <u>you</u></li> <li>➤ Tired of re-establishing medical history</li> </ul>
Comfort / Build relationship	34	<ul style="list-style-type: none"> <li>➤ More comfortable seeing the same person</li> <li>➤ Familiar, comfortable</li> <li>➤ Becoming familiar and comfortable makes everything easier rather than going from person to person</li> <li>➤ A sense of trust – someone who is very kind, open and generous with her knowledge of health</li> <li>➤ Able to talk to somebody I trust about my health</li> </ul>
Pregnancy / Family planning	22	<ul style="list-style-type: none"> <li>➤ Pregnancy care</li> <li>➤ I was pregnant and needed healthcare</li> <li>➤ Needed prenatal care</li> <li>➤ For the birth of my child</li> </ul>
Medical conditions	18	<ul style="list-style-type: none"> <li>➤ Because I have medical conditions that require constant care</li> <li>➤ Medical concerns</li> <li>➤ Medical issues on a regular basis, regular treatments and labs</li> <li>➤ Have migraines very frequently</li> </ul>

Category	Frequency	Examples of comments
Preventative healthcare / General health	11	<ul style="list-style-type: none"> <li>➤ To keep up on my health and to try to prevent problems before they occur</li> <li>➤ Proactive healthcare</li> <li>➤ Just in case something goes wrong</li> <li>➤ To stay healthy</li> </ul>
Prescription maintenance	8	<ul style="list-style-type: none"> <li>➤ Medication refills</li> <li>➤ Yearly check-up for birth control pills</li> <li>➤ I am on various medications</li> <li>➤ Birth control pills</li> </ul>
Good practice to have one	4	<ul style="list-style-type: none"> <li>➤ Everyone should have a regular doctor</li> <li>➤ Recommended</li> <li>➤ Because I need one so if I have to go to the doctor, I have someone to see</li> <li>➤ Doctor told me</li> </ul>
Age	3	<ul style="list-style-type: none"> <li>➤ Getting older and should have a primary physician</li> <li>➤ Getting older</li> <li>➤ Age</li> </ul>
Easy to get appointment	3	<ul style="list-style-type: none"> <li>➤ Easier to make appointments</li> <li>➤ Be able to get an appointment easily</li> <li>➤ Easier to get an appointment</li> </ul>
Likes the provider	3	<ul style="list-style-type: none"> <li>➤ Like my doctor</li> <li>➤ I see the same OB/GYN because I like her</li> <li>➤ Before I made my own appointments my mom always scheduled me with her and I liked her, so I still see her</li> </ul>
Insurance	2	<ul style="list-style-type: none"> <li>➤ Used to be required for referrals for insurance</li> <li>➤ Insurance</li> </ul>
Miscellaneous	2	<ul style="list-style-type: none"> <li>➤ No reason</li> <li>➤ Traditional medicine wasn't helping so I sought a holistic doctor</li> </ul>



Appendix B: *Helpful information about local healthcare facilities.*

Category	Frequency	Examples of comments
Services provided / Specialties	76	<ul style="list-style-type: none"> <li>➤ Services offered</li> <li>➤ Specialty areas</li> <li>➤ Pediatric services, OB/GYN services, breastfeeding services</li> <li>➤ Doctors that cover a variety of areas</li> <li>➤ If they can handle different kinds of health needs</li> <li>➤ Areas of excellence</li> </ul>
Information on staff	35	<ul style="list-style-type: none"> <li>➤ Information about physicians' backgrounds, specialties and interests</li> <li>➤ Doctor names and what they specialize in</li> <li>➤ Credentials of those employed there</li> <li>➤ New doctors</li> <li>➤ If there are female service providers</li> <li>➤ The groups that the doctors are in</li> </ul>
Insurance coverage	32	<ul style="list-style-type: none"> <li>➤ Most importantly, they need to accept our insurance coverage</li> <li>➤ Getting to know where we can go with our insurance</li> <li>➤ Insurance plans they accept</li> <li>➤ Information about insurance coverage for young adults</li> </ul>
Reputation / Word of mouth	32	<ul style="list-style-type: none"> <li>➤ Reputation</li> <li>➤ Others' experiences with staff</li> <li>➤ Reputations of doctors</li> <li>➤ If other people like the doctors and customer service</li> <li>➤ Friend's recommendation</li> </ul>
Hours	18	<ul style="list-style-type: none"> <li>➤ Convenient Urgent Care hours</li> <li>➤ Hours of operation</li> <li>➤ Walk-in hours</li> <li>➤ Hours they are open and if they have after-hours clinic</li> </ul>

Category	Frequency	Examples of comments
Treatment of customers	15	<ul style="list-style-type: none"> <li>➤ Friendly people who listen to the patient and believe what they tell you is wrong and check it out</li> <li>➤ Staff relationships with me – i.e. friendliness and impressions</li> <li>➤ Whether they're willing to work with the patient or if they dictate what treatment should be</li> <li>➤ I like to be treated with respect</li> </ul>
Cost / Payment	11	<ul style="list-style-type: none"> <li>➤ Cost, price increases each year</li> <li>➤ Payment plans</li> <li>➤ Prices of emergency care</li> <li>➤ It would be nice to know the rates for services <u>before</u> you have the service, not after</li> </ul>
Accessibility of facility and services	8	<ul style="list-style-type: none"> <li>➤ Availability, convenience</li> <li>➤ Length of time to schedule an appointment</li> <li>➤ How to make an appointment</li> <li>➤ The ability to find the information about resources the clinic/hospital provides easily</li> </ul>
Don't need or want any / Don't know	8	<ul style="list-style-type: none"> <li>➤ Don't need any</li> <li>➤ Don't know</li> <li>➤ Doesn't matter to me</li> <li>➤ I'm not sure, I don't really pay that much attention</li> </ul>
Medical and technical advancements	8	<ul style="list-style-type: none"> <li>➤ New technology</li> <li>➤ Up to date technology/treatment</li> <li>➤ Medical advancements</li> </ul>
Location	7	<ul style="list-style-type: none"> <li>➤ Where they are located</li> <li>➤ The distance</li> </ul>
Advertisements	5	<ul style="list-style-type: none"> <li>➤ Brochures</li> <li>➤ Pamphlet mailed saying events that are being held and new research</li> <li>➤ Ads on TV, radio, or campus newsletters</li> </ul>

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Comments	Frequency	Examples of comments
Healthcare philosophy	3	<ul style="list-style-type: none"><li data-bbox="704 283 1360 389">➤ How hospitals operate. For example, Sacred Heart will not turn anyone out because they don't have insurance</li><li data-bbox="704 395 1360 502">➤ Ability to treat/diagnose without medications or expensive and unnecessary tests, willingness to acknowledge alternative therapies</li><li data-bbox="704 508 1360 576">➤ Treatment to patient's needs not based on insurance coverage</li></ul>

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## Appendix C: Survey Instrument

**Women's Health Survey**

You can win one of four \$50 Oakwood Mall gift certificates by completing this paper survey or by completing this survey online at the web address below by **Friday, March 31, 2006**. Be sure to include your phone number so we can notify you if you are a winner of one of the gift certificates.

**<http://studentweb.uwstout.edu/benderk/>**

**Healthcare**

***The following questions are regarding the clinic/hospital at which you receive your healthcare services:***

1. Where do you currently receive your healthcare services? *Check all that apply.*

<input type="checkbox"/> Family Medicine Clinic	<input type="checkbox"/> OakLeaf Network providers
<input type="checkbox"/> Independent providers	<input type="checkbox"/> OakLeaf Surgical Hospital
<input type="checkbox"/> Luther Midelfort (clinic)	<input type="checkbox"/> Sacred Heart Hospital
<input type="checkbox"/> Luther Midelfort (hospital)	<input type="checkbox"/> I don't receive healthcare services
<input type="checkbox"/> Marshfield Clinic	<input type="checkbox"/> Other _____
  
2. What did you consider when choosing the above clinic/hospital? *Check all that apply.*

<input type="checkbox"/> Family used this clinic/hospital	<input type="checkbox"/> Close to home
<input type="checkbox"/> Hours of operation	<input type="checkbox"/> Previous experience with clinic/hospital
<input type="checkbox"/> Recommended by family/friend	<input type="checkbox"/> Good reputation
<input type="checkbox"/> Covered by insurance	<input type="checkbox"/> I haven't received healthcare services
<input type="checkbox"/> Required to use this clinic/hospital	<input type="checkbox"/> Other _____
  
3. Have you changed clinics/hospitals since you were 18 years old?
  - Yes
  - No
  - I haven't received healthcare services
  
4. If yes to Question 3, approximately how many times have you changed clinics/hospitals?
 

<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10 or more
<input type="checkbox"/> 3	<input type="checkbox"/> 7	
<input type="checkbox"/> 4	<input type="checkbox"/> 8	
  
5. What did/would cause you to change clinics/hospitals? *Check all that apply.*

<input type="checkbox"/> Nothing	<input type="checkbox"/> Move out of area
<input type="checkbox"/> Insurance coverage change	<input type="checkbox"/> To change doctors/providers
<input type="checkbox"/> Doesn't have services needed	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bad experience or service	

6. How do you get information about the different clinics/hospitals in your area?

*Check all that apply.*

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Health fairs | <input type="checkbox"/> Radio         |
| <input type="checkbox"/> Internet     | <input type="checkbox"/> TV            |
| <input type="checkbox"/> Mailings     | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Other _____   |

7. What kind of information about the different clinics/hospitals in your area is helpful to you?

8. Please rate the importance of the following considerations when choosing a clinic/hospital:

	<i>Not Important</i>	<i>Somewhat Important</i>	<i>Important</i>	<i>Very Important</i>	
Being involved in decisions	1	2	3	4	NA
Hours of operation	1	2	3	4	NA
Insurance coverage	1	2	3	4	NA
Location/distance from home	1	2	3	4	NA
Out-of-pocket costs	1	2	3	4	NA
Pleasant and comfortable environment	1	2	3	4	NA
Reputation/word of mouth	1	2	3	4	NA
Services offered	1	2	3	4	NA
Treated with respect	1	2	3	4	NA

9. Other important considerations not mentioned above: \_\_\_\_\_

**The following questions are regarding the provider you see (i.e. physician, physician assistant, midwife, nurse practitioner, etc.).**

10. What do you consider when choosing a healthcare provider? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Family used this provider    | <input type="checkbox"/> Previous experience with provider     |
| <input type="checkbox"/> Recommended by family/friend | <input type="checkbox"/> Close to home                         |
| <input type="checkbox"/> Good reputation              | <input type="checkbox"/> Able to get appointment when I want   |
| <input type="checkbox"/> Covered by insurance         | <input type="checkbox"/> Able to see own provider consistently |
| <input type="checkbox"/> Hours of operation           | <input type="checkbox"/> I don't have a healthcare provider    |
|   | <input type="checkbox"/> Other _____                           |

11. Have you been to see a healthcare provider in the past year?

- Yes  
 No

12. Do you plan to see a healthcare provider this year?

- Yes  
 No

13. Do you have a regular healthcare provider that you usually see?

- Yes  
 No

14. If yes to Question 13, why did you decide you needed a regular healthcare provider?

15. If yes to Question 13, after the age of 18, at what age did you choose your first regular healthcare provider? \_\_\_\_\_

16. Do you have children? *Check all that apply.*

- Yes  
 No  
 Currently pregnant  
 Trying to have children

17. Do you plan on having a child/children in the future?

- Yes  
 No  
 Unsure

18. Please rate the importance of the following considerations if and/or when deciding where to give birth:

	<i>Not Important</i>	<i>Somewhat Important</i>	<i>Important</i>	<i>Very Important</i>	
Being involved in decisions about my care	1	2	3	4	NA
Being kept informed	1	2	3	4	NA
Continuing care after birth	1	2	3	4	NA
Experience of friends	1	2	3	4	NA
Insurance coverage	1	2	3	4	NA
Location/distance from home	1	2	3	4	NA
Out-of-pocket costs	1	2	3	4	NA
Past experience	1	2	3	4	NA
Pleasant and comfortable environment	1	2	3	4	NA
Preferred provider available	1	2	3	4	NA
Reputation of hospital	1	2	3	4	NA
Same staff throughout pregnancy	1	2	3	4	NA
Treated with respect	1	2	3	4	NA

19. Other important considerations not mentioned above: \_\_\_\_\_

20. Please rate the importance of the following services offered if and/or when deciding where to give birth:

	<i>Not Important</i>	<i>Somewhat Important</i>	<i>Important</i>	<i>Very Important</i>	
Accommodations for family members	1	2	3	4	NA
Appearance and comfort of environment	1	2	3	4	NA
Breastfeeding support	1	2	3	4	NA
Childbirth Education classes	1	2	3	4	NA
Complimentary massage	1	2	3	4	NA
Helicopter availability	1	2	3	4	NA
Infertility services	1	2	3	4	NA
Large labor/birthing rooms	1	2	3	4	NA
Nurse Midwives	1	2	3	4	NA
Premature/sick baby care	1	2	3	4	NA
Tubal ligation available	1	2	3	4	NA
Water birth	1	2	3	4	NA

### Hobbies/Interests

21. In the past week, how many days have you read the Leader-Telegram?

- 0  
 1-3  
 4-7

22. In the past week, how many days have you listened to the radio?

- 0  
 1-3  
 4-7

23. What radio stations do you listen to? *Check all that apply.*

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> I don't listen to the radio | <input type="checkbox"/> Moose 106.7            | <input type="checkbox"/> The Mix 98.1 |
| <input type="checkbox"/> 92.1                        | <input type="checkbox"/> News Talk 790 AM       | <input type="checkbox"/> WAXX 104.5   |
| <input type="checkbox"/> 99.9 The Carp               | <input type="checkbox"/> News Talk 880 AM       | <input type="checkbox"/> WCFW 105.7   |
| <input type="checkbox"/> B-95                        | <input type="checkbox"/> Public Radio WHWC 88.3 | <input type="checkbox"/> WOGO 680 AM  |
| <input type="checkbox"/> ESPN 1150 AM                | <input type="checkbox"/> Sports Radio 1400 AM   | <input type="checkbox"/> WWIB 103.7   |
| <input type="checkbox"/> 194                         | <input type="checkbox"/> The Big Cheese 92.9    | <input type="checkbox"/> Z100         |

24. When do you usually listen to the radio? *Check all that apply.*

- I don't listen to the radio
- 6 a.m. – 9 a.m.
- 9 a.m. – 12 p.m.
- 12 p.m. – 3 p.m.
- 3 p.m. – 6 p.m.
- 6 p.m. – 10 p.m.

In the past week, how many days have you watched the news on:

25. WEAU-TV13

- 0
- 1-3
- 4-7

26. WQOW-TV18

- 0
- 1-3
- 4-7

27. What are the times you are most likely to watch TV on a weekday? *Check all that apply.*

- 7 a.m. – 12 p.m.
- 12 p.m. – 4 p.m.
- 4 p.m. – 6 p.m.
- 6 p.m. – 10 p.m.
- I don't watch TV on weekdays

28. What are the times you are most likely to watch TV on a weekend? *Check all that apply.*

- 7 a.m. – 12 p.m.
- 12 p.m. – 4 p.m.
- 4 p.m. – 6 p.m.
- 6 p.m. – 10 p.m.
- I don't watch TV on weekends

29. Do you attend a health club or gym?

- Yes
- No

30. If yes to Question 29, which health club or gym do you attend?

- |  |   |
|--|---|
| <input type="checkbox"/> Athletic Club of Chippewa | <input type="checkbox"/> Highland Fitness   |
| <input type="checkbox"/> Curves                    | <input type="checkbox"/> Unity Health and Fitness (formerly Eau Claire Athletic Club) |
| <input type="checkbox"/> Fitness center at work    | <input type="checkbox"/> UW-Eau Claire Fitness Center                                 |
| <input type="checkbox"/> Fitness Quest             | <input type="checkbox"/> UW-Stout Fitness Center                                      |
| <input type="checkbox"/> Gold's Gym                |   |

31. In the past week, how many times have you eaten at a restaurant?

- 0
- 1-3
- 4-6
- 7-9
- 10 or more



32. When you eat at a restaurant, where do you eat most often?
- |   |  |
|---|--|
| <input type="checkbox"/> Bar/Tavern           | <input type="checkbox"/> Mall food court       |
| <input type="checkbox"/> Deli                 | <input type="checkbox"/> Sit-down restaurant   |
| <input type="checkbox"/> Fast food restaurant | <input type="checkbox"/> I don't go out to eat |
33. Do you have access to a computer at home?
- Yes  
 No
34. If yes to Question 33, do you have Internet access?
- Yes  
 No
35. On average, how many hours are you on the Internet at home each day?
- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> 0   | <input type="checkbox"/> 7-9        |
| <input type="checkbox"/> 1-3 | <input type="checkbox"/> 10-12      |
| <input type="checkbox"/> 4-6 | <input type="checkbox"/> 12 or more |
36. Do you use the Internet to search for health information?
- Yes  
 No
37. Would you like having health information sent to you via e-mail?
- Yes  
 No
38. Would you like having healthcare appointment reminders sent to you via e-mail?
- Yes  
 No
39. If available, would you like the option of scheduling appointments with your provider on-line?
- Yes  
 No
40. Have you ever visited the websites of the following clinics/hospitals? *Check all that apply.*
- |   |  |
|---|--|
| <input type="checkbox"/> Family Medicine Clinic | <input type="checkbox"/> OakLeaf Network providers |
| <input type="checkbox"/> Luther Midelfort       | <input type="checkbox"/> OakLeaf Surgical Hospital |
| <input type="checkbox"/> Mayo Clinic            | <input type="checkbox"/> Sacred Heart Hospital     |
| <input type="checkbox"/> Marshfield Clinic      |  |
41. In the past week, how many days have you gone to Oakwood Mall?
- 0  
 1-3  
 4-7

42. What do you like to do in your spare time? *Check all that apply.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Go to the movies             | <input type="checkbox"/> Work on hobbies/crafts   | <input type="checkbox"/> Go to local events |
| <input type="checkbox"/> Rent videos/DVDs             | <input type="checkbox"/> Attend concerts/plays    | <input type="checkbox"/> Shop               |
| <input type="checkbox"/> Read                         | <input type="checkbox"/> Attend University events | <input type="checkbox"/> Volunteer          |
| <input type="checkbox"/> Go to bars                   | <input type="checkbox"/> Go out to eat            | <input type="checkbox"/> Exercise           |
| <input type="checkbox"/> Watch TV                     | <input type="checkbox"/> Spend time on computer   | <input type="checkbox"/> No spare time      |
| <input type="checkbox"/> Attend local sporting events | <input type="checkbox"/> Other _____              |   |

43. If you go to the movies, how often do you go?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> 5-7 times a month        |
| <input type="checkbox"/> Once a month           | <input type="checkbox"/> 8 or more times a month  |
| <input type="checkbox"/> 2-3 times a month      | <input type="checkbox"/> I don't go to the movies |
| <input type="checkbox"/> 4 times a month        |   |

44. If you go to the movies, which theater(s) do you usually go to? *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> London Square Cinema          | <input type="checkbox"/> Gemini Drive-In (Eau Claire)   |
| <input type="checkbox"/> Carmike Cinema (Oakwood Mall) | <input type="checkbox"/> Cameo Budget Twin (Eau Claire) |
| <input type="checkbox"/> Micon Cinema (Chippewa Falls) | <input type="checkbox"/> State Cinema (Menomonie)       |
| <input type="checkbox"/> CineMagic Theatre (Menomonie) | <input type="checkbox"/> I don't go to the movies       |

45. Do you read all of the U.S. mail pieces addressed to you?

- Always
- Most of the time
- Not the "junk mail"
- I don't open the mail

## Demographics

46. Age category that best describes you:

- 18-26
- 27-35

47. Highest level of education you have completed:

- Some high school
- High school graduate
- Some college, no degree
- Two-year degree
- Four-year degree
- Graduate or professional degree

48. Are you currently a student?

- Yes, full time
- Yes, part time
- No

49. Which category best describes your annual household income?

- \$0 - \$14,999
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 or higher

50. Martial status:

- Single
- Married
- Divorced
- Widowed

51. Employment status:

- Full time
- Part time
- Work at home
- Unemployed

52. Do you have health insurance coverage?

- Yes
- No

53. Please provide any additional comments you may have:

54. Please provide your telephone number: \_\_\_\_\_

*This will be used to enter you in the drawing for a \$50 gift certificate. You will only be contacted if you are a winner.*

**Thank you for completing this survey!**