Are you missing out on potential patients?

Results of the Patient and Public Survey 2012 showed people from lower social grades and non-white people are less engaged with dentistry. Amanda Atkin considers why

Recently a report of the findings of the Annual Patient and Public Survey 2012 was published. It is based on research commissioned by the GDC and carried out by Ipsos MORI. This study followed one done a year earlier and was designed to find out patient and public awareness of the GDC. As in the previous study, a sample of around 1,600 people in Great Britain and Northern Ireland were interviewed face-to-face. This time there were also ten qualitative (qualitative information is typically descriptive rather than numerically based) telephone interviews.

The survey produced some interesting findings, one of which I shall explore here. The Executive Summary included this paragraph: The third theme running through the findings is the correlation between social grade and ethnicity, engagement with dentistry, and expectations. The results suggest that people from lower social grades and non-white people are less engaged with dentistry in a number of ways. For example, they are less likely to have visited the dentist recently, are likely to visit less often or have never visited a dentist, feel less fully informed about their treatment, and are less aware of the GDC. This may in turn negatively affect their expectations of the complaints process and giving feedback.

(\* a footnote makes the point that the weighted base size of non-white respondents here is under 100.)

Later in the report it states: Therefore the GDC may wish to consider communicating more effectively with less-engaged people on one hand, and making the service and its structures more universally accessible on the other. This could involve reviewing the style and language of communications, for example.

What impression does your website give? I looked at a random selection of nine websites of private and NHS practices in parts of the Midlands, in London, in the south-west and in Leeds. The overwhelming number of images showed white people as patients. In fact, I only came across two photos of black people – one in each of two practices. Where images of a team were shown, two practices included brown people.

Now I fully appreciate that few (probably none) of these images were of actual patients. To include photographs of patients is difficult and potentially expensive as you need their written consent and a professional photographer. Very likely, the images are from stock photography and may well have been chosen by the website design company.

Does this mean there are not many stock photographs of smiling, happy-looking black and brown people available? I looked at a popular stock photography website www.shutterstock.com and searched for stock images. Before you reach for the stock photo website to change your images, hear my arguments against using stock photography! Royalty-free stock photography is always easy to identify because the people are invariably smiling (in a sort of gritted teeth way) and have adopted unnatural poses. The same images appear on many websites – more than 1,000 in some cases – so your website loses its unique appeal.

Let’s consider your team. Assuming you have good recruitment policies, you will have engaged people from the local community regardless of gender, race, ethnicity, religion and age. They should therefore represent a small cross-section of your local community and the potential patients within it. In which case, what could be better than showing images of your team? Doing so has additional bonuses – patients meet people with whom they are already familiar visually and such images show pride in your staff and their pleasure in working for your practice.

Do images on websites matter? How much does showing patients of a mix of ethnicity really affect attitudes to a dental practice? This is clearly going to be difficult to answer. I’ll start by quoting a recent article by Bim Adewunmi in the New Statesman online. Under the headline ‘Melanin without tokenism: black people are slowly being allowed to be normal on TV’ she pointed out that: ‘Sainsbury’s has a black family with the little boy doing the dishes to the surprise of his parents, and Tesco’s campaign also makes use of another, sipping on champagne in the kitchen on...’
Christmas Day. Baileys’ Blondie-soundtracked ad features several hues and shades. As a lifelong telly addict, I can’t lie: it’s all kind of thrilling.’

Unsurprisingly, I can find no specific research that points to the effectiveness of including black and brown people on your website (and, indeed, in your marketing generally). However, The African-American Consumers: Still Vital, Still Growing 2012 Report, by market research company Nielsen Holdings N.V. does provide a comprehensive appraisal of the situation in the USA. It quotes: ‘Marketers underestimate the opportunities missed by overlooking Black consumers’ frustration of not having products that meet their needs in their neighborhoods. This frustration is potentially further compounded by the low level of inclusion of Blacks in television programs, advertising messaging and point-of-purchase communication. Companies that don’t advertise using Black media risk having African-Americans perceive them as being dismissive of issues that matter to Black consumers.’

What’s the reading level of your website?
If you wish to attract as wide a group of patients as possible, it’s no good if your website text demands a high level of education to be readable. According to the News International website, The Sun newspaper reaches 7.5 million readers of which 2.6 million are in the demographic classification ABC1 – so 4.7 million must be C2 (skilled working class), D (working class) and E (eg state pensioners or widows, casual or lowest grade workers). It therefore seems reasonable to suggest that The Sun is accessible to a wide range of people from lower social classes.

You can check the readability of text easily and at no cost – there are several websites that do so. I chose www.readability-score.com because it is one of the ones that gives scores for a number of different readability formulae (I won’t explain their differences here).

For a passage from a headline article in The Sun online the readability scores were:
- Flesch-Kincaid Reading Ease – 68.7 (the range is 0 to 100 where 100 indicates easiest readability)
- Flesch-Kincaid Grade Level – 8.5 (this and the scores below represent the number of years in education in the USA education system. Scores over 22 would mean graduate level text)
- Gunning-Fog Score – 10.5
- Coleman-Liau Index – 9.6
- SMOG Index – 7.1
- Automated Readability Index – 8.6
- Average Grade Level – 8.9

I then took some text from the homepages of dental practice website selected at random. The Flesch-Kincaid Reading Ease scores ranged from 69.5 to 43.9 and the Average Grade Level results range from 8.0 to 15.9. By way of comparison, the scores for this article are Flesch-Kincaid Reading Ease 56.9 and Average Grade Level 10.2 – suggesting some dental practice websites require a higher reading ability than what I’ve written here. I suggest you check your own website text for readability and, if necessary, make changes to make it accessible to the widest group of the population.

About the author
Amanda Atkin runs Atkinspire Ltd and offers practices support, training and consultancy on information governance, CQC compliance, National Minimum Standards and HTM 01-05. Her bespoke service supports practices as they embed the required standards within their daily routines – to ensure a high quality service and patient safety at all times.

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