



A quantifiable difference

| By Michael Carlon

snapshot

A moving personal experience further convinced the author of the impact that qualitative research can have.

Even though I have been in the working world for almost 20 years, my parents have a very hard time understanding what I do for a living. My twin brother is a lawyer, my older brother owns two wine stores and my sister is the managing partner of a dental practice. While discussing what their children do for a living with their friends, my parents have an easy time talking about my siblings. Then they come to me and say, "This is Michael, he ... Michael, what is it that you do again?"

I used to just give a simple reply, "I run focus groups for a living."

"Oh, like Frank Luntz?" someone would invariably ask.

"Yes," I would say but then think to myself, "Without the money, television cameras or ego."

Over the years, though, I have found that a simpler explanation is that I listen to people for a living and then translate those conversations into stories that my clients can use to make better business decisions.

I like this explanation because it is quite accurate and I think it helps to set apart qualitative research from quantitative research. As a moderator I listen to people and make sense of the observations I see while my quantitative colleagues cannot rely on that sense for input. Rather, they rely on numbers, models, data tables, etc.

I would argue that there are differences between qualitative and quantitative research beyond how information is collected. I have come to believe that the impact our research can have on our personal worldviews is an-

other key differentiator between qualitative and quantitative methods.

While it can be eye-opening to see how many people hold a certain attitude, rarely can quantitative research change the way we as researchers think about an issue. However, I have found that listening to consumers tell their own stories can actually change how I feel about certain topics. I would like to share a personal story that illustrates this point.

Recently I was traveling between Philadelphia, Dallas and Chicago on business, interviewing people about health care. During this particular trip, changes were being made to my schedule at the last minute and this led to a few calls between myself and the airline I was using to move me from points A, B and C.

During one of these calls I was placed on hold by the airline for almost half an hour while a representative looked into helping me change my ticket. As the minutes dragged on, I became increasingly irate over the wait time. At long last, the issue was solved. It turned out the representative was trying to find a way to change my ticket without my incurring a fee. I felt ashamed at the anger I was feeling toward her and the airline.

Before I go any further into this story I will admit to all of you readers that I never gave much thought to the issue of health care or health insurance. Frankly, I take it for granted that my former employers offered me coverage in turn for my agreeing to pay part of the monthly premium. I now take it for granted that I can afford my individual health care premium through my own business. When President Obama was pushing his health care



quirks.com/articles

ID 20121205

overhaul bill I did not join in the debate of whether it was a good thing or a bad thing, other than to suggest to a few friends that the government probably would not make such a great insurer, citing as evidence my recent experiences at the DMV trying to get a car purchased out of state registered in Connecticut.

After my phone call with the airline, I visited the homes of my final two interviews of the project. Both of these people – let's call them John and Evelyn – were uninsured due to their economic circumstances.

John lives in one of the worst parts of Chicago. I'll admit to being a bit scared as my videographer Joe Indusi and I parked our rental car. My comfort level did not increase as I climbed the dark stairway to John's small apartment above a deli. As I began the interview, I learned that he was a former gang member who did five years in prison for dealing drugs. He is also the victim of double gunshot wounds and the father of two children.

He left his life of crime behind him and is now in school working toward a degree that will give him a better life. While his children are covered under Medicaid, he is not eligible. When I asked if he ever considered purchasing his own policy his reply was, "I could either have health insurance for myself or put food on the table for my children. It's not even a question. I will always choose to feed my kids."

John is in a significant amount of debt, as he had to pay his hospital bills

on a credit card and now cannot afford to pay them back in a timely manner. John has a clinic available to him but says that the medical treatment he received in prison was as good as the treatment he experiences at the clinic.

Evelyn lives in public-assistance housing in Chicago. Like John, she is also uninsured and lives in fear every day that something bad will happen to her. She cannot afford her own policy and does not qualify for Medicaid.

Evelyn recently went to visit her sister and found her dead on the couch. I came to understand that that her sister was suffering from lung cancer that went undiagnosed for years. Like Evelyn, her sister did not have health insurance and did not seek treatment for the discomfort she was feeling until it was too late and the cancer had progressed. She decided not to tell her family about it as she did not want them to worry.

Evelyn has the same clinic available to her that John does. She described for me the experience of seeking treatment there: "You may wait in the clinic for six hours before a doctor can see you and when the doctor finally does see you, they can't spend enough time with you to really understand what is going on. You are treated like pigs and cattle. I am not an animal; I am a person and I want to be treated like a person."

While I was interviewing both of these people, I started to think about my own views on what the government's role in health care should be. I cannot honestly say that I would

have given it much thought if I were simply looking at crosstab output from a survey but the fact that I had to hand Evelyn a tissue after she started to cry made me think twice about what other people are going through. It also made me feel quite silly about getting upset at an airline that kept me on hold for what I felt was an excessive amount of time when people like John and Evelyn might spend the better part of an entire day just to see a doctor at their neighborhood clinic.

In order to bring these findings to life for my client, I worked with Joe Indusi to edit footage to tell the story. The video we put together continues to leave viewers speechless and feel as if they have to do something to help people like John and Evelyn.

I do not intend for this to be an argument for the superiority of qualitative over quantitative. All I am suggesting is that one has the ability to transform opinions through emotion whereas the other is less able to do so. This leads me to a suggestion for all my quantitative colleagues: When conducting a study on some sensitive topics, consider filming some depth interviews with representative consumers to build some emotion into your presentations. You just might find that showing clips of these interviews, along with your data, can lead your clients to greater action. 📌

Michael Carlon is the founder of Stamford, Conn., research firm Vertigo Partners LLC. He can be reached at 203-716-1170 or at mcarlon@vertigopartners.com.