



Summer 2010

KN Chronic Conditions Panel: Solutions for Health Care Research

Researchers understand that starting with a sound, probability-based sample frame is important for achieving accurate results. This is especially true in health care research, where some chronically ill persons (older, sicker, not-Internet enabled) are often excluded due to incomplete sample sources. KnowledgePanel[®] – KN's probability-based panel that is designed to be representative of the U.S. population – offers its **Chronic Conditions Panel**, a distinct alternative for conducting high-quality health care research.

According to recent research¹, U.S. adults living with chronic disease are significantly less likely than healthy adults to have access to the Internet (62% vs. 81%) – yet this non-Internet cohort goes unrepresented in most surveys fielded via online panels. Knowledge Networks has the only online sample that represents **non-Internet** users. If a person does not have computer and Internet access, we provide it and thereby create a sample frame representative of the entire population, including the chronically ill. And because KN now uses address-based sampling for recruitment through the mail, the panel includes adults who live in cell phone only households—unobtainable through traditional random-digit dial frames that include only landlines.

This panel helps researchers achieve the precision required to publish results and offers the anonymity of the Internet for exploring sensitive health questions. Government and academic as well as business-savvy researchers can inform public policy and business decisions through statistically representative research among low-prevalence populations such as patients with diabetes, cancer, depression, and many other conditions.



¹ Source: Pew Internet & American Life Project; N=2,253 adults; survey conducted Nov. 19 to Dec. 20, 2008 by Princeton Survey Research Associates.

Chronic Conditions Panel
Potential Study Volume of Pre-identified Conditions

KN has the ability to conduct research with many pre-identified health conditions (see list below) as well as screen our panel of over 50,000 respondents to identify other conditions and health experiences.

	Estimated Sample Sizes Supported by KnowledgePanel® Alone ²
Selected Health Conditions	
Acid reflux disease	3300 – 4600
Allergies	3800 – 5300
Anxiety disorder	1600 – 2200
Asthma, chronic bronchitis, or COPD	2100 – 2900
Cancer	1400 – 1900
Chronic pain (including low back pain, neck pain, or fibromyalgia)	2500 – 3500
Depression	2800 – 3900
Diabetes	2000 – 2800
Erectile dysfunction	600 – 900
Heart Attack	500 – 700
Heart Disease	1100 – 1500
High Blood Pressure	5800 – 8100
High Cholesterol	5400 – 7600
Migraine	1700 – 2300
Osteoarthritis, joint pain or inflammation	2300 – 3200
Osteoporosis or osteopenia	1200 – 1600
Rheumatoid arthritis	700 – 900
Sleep Disorders (such as sleep apnea or insomnia)	1900 – 2700
Other Health-Related Characteristics	
Caregivers (of family members with various conditions, adult and child)	1600 – 2300
Current smokers	3100 – 4400
Fair or poor health	2600 – 3700
Frequent health care users	3900 – 5500
People who do not have a regular doctor	2900 – 4000
People without health insurance	3300 – 4600
Recent ER visitors (last 2 years)	4800 – 6700

Note: Estimated study sample size ranges are based on the range of respondents, with each condition, for a specific survey using KnowledgePanel® and assuming a high and a low with survey cooperation rate (i.e., dependent on survey topic, length, time in field, and other factors). Much larger study samples can be created using our [*KnowledgePanel CalibrationSM*](#) approach blending KN sample with non-probability Web panel sample.

An affordable and trusted resource
for health care researchers

Compared to more expensive sampling methodologies, KN's probability-based online sample provides accuracy at an affordable price. In April 2010, Knowledge Networks performed a CPI cost comparison, that showed that the data collection costs for a survey of diabetics would be up to **four times LESS** with KN than doing the same study by telephone, using RDD sample.

Principal investigators across the country are already fielding their research using this specialty panel, and a few published projects are cited here:

Hauber, A.B., F.R. Johnson, F.R. Johnson, H. Fillit, A.F. Mohamed, C. Leibman, H.M. Arrighi, M. Grundman, and R.J. Townsend. 2009. Older Americans' risk-benefit preferences for modifying the course of Alzheimer disease. **Alzheimer Disease & Associated Disorders** 23(1): 23-32.

Rothman E.F., E.M. Edwards, T. Heeren, and R.W. Hingson. 2008. Adverse childhood experiences predict earlier age of drinking onset: Results from a U.S. representative sample of current or former drinkers. **Pediatrics** 122 (2): e298-e304.

Johanson, J. F., and J. Kralstein. 2007. Chronic constipation: A survey of the patient perspective. **Alimentary Pharmacology & Therapeutics** 25(5): 599-608.

Comis, R. L., D. Colaizzi, and J. D. Miller. 2006. Cancer Clinical Trials (CCT) Awareness and attitudes in cancer survivors (Ca surv). **Journal of Clinical Oncology** 24(18S).

Piette, John D., Michele Heisler, and Todd H. Wagner. 2006. Medication characteristics beyond cost alone influence decisions to underuse pharmacotherapy in response to financial pressures. **Journal of Clinical Epidemiology** 59 (7): 739-756.

O'Hegarty, M., L. Pederson, D. Nelson, P. Mowery, J. Gable, and P. Wortley. 2006.

Reactions of young adult smokers to warning labels on cigarette packages. **American Journal of Preventive Medicine** 30(6): 467-473.

To find out if our **Chronic Condition Panel** is the right fit for your next research project, contact one of our representatives in your business area:

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