



FACT FINDERS

NATIONAL SURVEY OF PARENT ATTITUDES  
TOWARDS RE-FLAVORING

Key Findings

Report Date: January 24, 2013



## **Key Findings from the National Survey of Parents**

### **National Survey Sample**

A random sampling of 261 parents from across the United States, who met the screening criteria of having one or more children ages 9 and under living in their household, comprise this sample. The survey was conducted January 25-28, 2013, and all 261 interviews were completed via our on line survey system. The questionnaire is appended to this report for review of the actual questions employed in this survey.

### **Characteristics of Parents Interviewed**

The average age of a parent interviewed in this survey was 35 years old, with 55% being women (mothers) and 45% being men (fathers). Four in ten parents in this survey have total annual household incomes of 50K and less (39.5%), and 50K to 100K (38.3%). Just over one in five (22.1%) have household incomes of 100K and above. Equal proportions of households have only 1 child (38.8%) or two children (43.1%) 9 years of age and under, and one in five parents (18.1%) have 3 or more younger children living in their household.

### **Use of Prescribed Liquid Medicines**

Almost all (95%) parents reported that in the last year they have given their child/children a liquid medicine prescribed by their doctor. The average (mean) number of liquid scripts used per household in the last year was 4.7 and the median (mid-point of the distribution) number of liquid scripts was 3.0.

### **Child Refuses or Has Difficulty Taking Liquid Medicine Due to Bad Taste**

Three out of four (73.6%) parents report that in the last year their child has refused or had difficulty in taking their liquid medicine because it tasted bad. The average age of a child experiencing difficulty in taking a bad tasting liquid medicine is 5 years of age. Looking at the specific age (1–9) for a child experiencing difficulty or refusing to take a bad tasting medicine, we find that

equal proportions of children from 2 and under, up till 9 years of age, have experienced difficulty or refused to take a bad tasting liquid medicine.

### **Parental Struggle to Get Their Child to Take a Bad Tasting Medicine**

Parents were asked to rate the relative degree of struggle, if any, they experience in getting their child to take their prescribed liquid medicine that tastes bad. Six out of ten parents interviewed report a struggle (*Great Struggle =17.4%, Moderate Struggle =42.6%*) in getting their child to take a bad tasting liquid medicine. One in four (26.0%) parents have had a 'slight struggle' and one in seven parents (14.0%) say they '*have not had a struggle at all*' with their child.

### **Re-scripting of Liquid Medicines Due to Bad Taste**

Just over half (51.7%) of the parents said they have had to get a different script from their child's doctor, because the original liquid medicine tasted bad, and their child would not take it.

### **Awareness and Use of Flavoring to Improve Taste of Liquid Medicines**

A majority of parents (55.6%) are not aware that a pharmacist can change the taste of a bad tasting liquid medicine to a flavor their child would prefer. Four in ten parents (40.2%) have previously used flavoring by a pharmacist to improve the taste of a liquid medicine prescribed for their child. A majority of these parents who have used flavoring, report on average, having used flavoring 3 times (3.56 times) , with the number of times they have flavored their child's/children's medicine ranging between 1 - 20 times.

### **Parental Attitudes towards Re-flavoring Service**

Parents were presented with the following description of a re-flavoring service.

We would like ask your opinion about a new service being considered by pharmacies. If you brought your child's liquid medicine home from the pharmacy and after trying the medicine your child was struggling or refusing to take their medicine due to the bad taste,

In assessing the relative perceived value of this new pharmacy service that would change the bad taste of a child's liquid medicine after they had tried it, we find three out of four parents (72.4%) rate the re-flavoring service concept as being 'very valuable' to them, with almost every other parent saying the service would be 'somewhat valuable'

As might be expected the re-flavoring service is rated as more valuable among the 60% of parents who have experienced a 'great or moderate' struggle with their child taking a liquid medicine that tasted bad. Among the parents who have struggled with a bad tasting liquid medicine, over eight in ten rate the re-flavoring service as 'very valuable' (*Great Struggle= 88.9% very valuable , Moderate Struggle = 80.0% very valuable*).

In addition to the perceived value for the re-flavoring service, parents report that they would actually use the service that allows them to take a bad tasting liquid medicine back to the pharmacy to change the taste. Six out of ten parents (61.4%) said they would be 'very likely' to actually return to the pharmacy for re-flavoring if their child was struggling or refusing to take the prescribed liquid medicine. Almost all of the remaining parents (33.3%) said they would be 'somewhat likely' to use the re-flavoring service. Not surprisingly, among parents who have experienced a great or moderate struggle with their child taking a bad tasting medicine, over seven in ten would be 'very likely' to go back to the pharmacy for re-flavoring (*Great Struggle=71.1% very likely, Moderate Struggle = 69.1% very likely*).

A majority (54.7%) of the parents felt the re-flavoring service would influence their actual choice of a pharmacy a 'great deal', and four in ten (39.5%) saw the re-flavoring service influencing them 'somewhat' in their choice of a pharmacy. For parents having experienced a struggle with their child taking a bad tasting liquid medicine, seven out of ten said the re-flavoring service would influence their choice of which pharmacy they would go to. (*Great Struggle = 70.5% influenced a 'great deal', Moderate Struggle = 67.3% influenced a 'great deal'*).

Looking at the acceptability of a \$2.99 price point for the re-flavoring service, we find six in ten parents (58.6%) saying they ‘would pay’ this dollar amount for the service, and one in three (33.7%) feeling the \$2.99 price point is ‘higher’ than they expected. A majority of parents in each household income group said they would pay the \$2.99 for the re-flavoring service.

### **Positioning Statements for Re-flavoring Service**

Three statements were offered to parents to assess which one(s) may possess the greatest clarity in communicating the re-flavoring service concept.

- a) Medicine time doesn’t have to be a struggle! Bring your child’s prescription back to the pharmacy for re-flavoring.
- b) Do yourself a flavor! If your child doesn’t like the taste of this medicine, bring it back to the pharmacy for custom flavoring.
- c) If your child does not like the taste of this medicine, bring it back to the pharmacy. We can change the flavor of the medicine to his or her favorite.

Surprisingly, each of the three statements drew an equal proportion of preference among parents. Statement a- received 33.0%, statement b- garnered 31.4%, and statement C- yielded 33.0% of preference. We find that none of the parent’s characteristics, or attitudes measured in this survey were predictive of a parent’s preference of one statement over the other two.

## Key Findings from this Survey

Almost all parents with children 9 and under are experiencing giving their child/children a liquid medicine that is prescribed by their doctor. Three-quarters of these parents are reporting that in the last year, their child has refused or had difficulty in taking a liquid medicine due to bad taste, and six out of ten parents have experienced a 'great or moderate' struggle with their child to take and finish their liquid medicine. To remedy this struggle, over half of parents have at some time, had their doctor prescribe another liquid script due to their child being non-compliant.

Most parents are unaware that flavoring at the pharmacy is an option for ameliorating the bad taste in a child's liquid medicine. Among those who have used flavoring in the past, most have repeated flavoring at least 3 times, suggesting that it has been successful in helping their child/children be compliant in taking and finishing the medicine.

When parents are presented with the concept of re-flavoring (*bringing a script back to change the taste of a medicine to one a child likes*), a significant majority rate this new service positively. Most parents see value in re-flavoring, and state they would actually return to the pharmacy to have their child's medicine re-flavored. Resolving this struggle that a majority of parents are experiencing may translate into significant appreciation and loyalty from the parent towards the pharmacist and pharmacy that offers this service.

Adding to the positive evaluation of the re-flavoring service is that parents report they would be influenced in their choice of a pharmacy when having their child's liquid script. This research supports that re-flavoring of liquid scripts may become a significant feature for pharmacies in their battle for market preference and loyalty among this desirable segment of parents with younger children.

## Survey Questionnaire

### INTRODUCTION

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We appreciate your help in taking this brief survey on your experiences with liquid medicines that are prescribed by your doctor for your children. Your opinions will be very helpful to us. All responses are completely confidential and no names or identifying information will be requested.

### Experience with Liquid Medicines

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1. First, how many children in each category are currently living in your household:

Category A            3 years old or younger \_\_\_\_

Category B.           4 to 9 years old \_\_\_\_\_

(must have 1 or more children in category A or B to continue)

I do not have any children under 10 years of age living in my household **TERMINATE INTERVIEW**

2. In the last year, approximately how many total times have you given your child/children a liquid medicine which was prescribed by a doctor?

Approximate number of times in last year \_\_\_\_

3. In the last year, when your doctor has prescribed a liquid medicine for your child, at any time has your child refused or had difficulty taking the medication because it tasted bad?      Yes\*(if yes, ask Q 4)      No (If no, skip to Q 5)\*

4. How old is your child that most recently refused or had difficulty with a liquid medicine tasting bad?

Age: \_\_\_\_\_

## Experience with Liquid Medicines

(continued)

5. As a parent, has it been a great struggle, moderate struggle, a slight struggle or not really a struggle at all, to get your child to take a liquid medicine that tasted bad?  
Great Struggle   Moderate Struggle   Slight Struggle   Not Really a Struggle  
No Opinion/Don't Know
6. Have you ever had to get a different prescription from your child's doctor because the original liquid medicine tasted bad?  
Yes   No
7. Are you aware or not aware that pharmacies can change the taste of a liquid medicine to your child's favorite flavor?  
Aware   Not Aware/Don't Know
- 8a. Have you ever had flavoring added by a pharmacist to a liquid medicine prescribed for your child?  
Yes (ask Q 8b), No (Skip to Q9)
- 8b. Approximately how many times have you ever had your child's liquid medicine flavored by a pharmacist? \_\_\_\_\_



## Attitudes Toward Custom-Flavoring of Liquid Scripts

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We would like ask your opinion about a new service being considered by pharmacies. If you brought your child's liquid medicine home from the pharmacy and after trying the medicine your child was struggling or refusing to take their medicine due to the bad taste,

9. How valuable would it be to you, if your pharmacy could change the bad taste of this liquid medicine to your child's favorite flavor, so that your child would take and finish this medicine? Would this service be very valuable, somewhat valuable, or not really valuable at all to you?

Very Valuable   Somewhat valuable   Not Really Valuable at all   No Opinion/Don't Know

10. How likely would you be to actually use this pharmacy service, where you would take your child's liquid script back to the pharmacist so the taste of the medicine could be changed to your child's favorite flavor? Would you be very likely, somewhat likely, or not likely at all?

Very likely   Somewhat Likely   Not Likely at all   No Opinion/Don't Know

11. Would the availability of this custom-flavoring service influence your choice of which pharmacy you would fill a prescription at for your child's liquid medicines? A great deal, somewhat, or not really at all?

A Great Deal   Somewhat   Not Really at all   No Opinion/Don't know

12. If your pharmacy charged \$2.99 to custom flavor any of your child's liquid medicines that tasted bad, do you think this price is higher than you expected, or you would you pay this amount?

Higher than expected   Would pay this amount   No Opinion/Don't Know

13. If your Pharmacy offered this custom flavoring service for your child's liquid medicines, which one of the following do you think best communicates this service? (Rotate order of statements a -c)

a) Medicine time doesn't have to be a struggle! Bring your child's prescription back to the pharmacy for re-flavoring.

b) Do yourself a flavor! If your child doesn't like the taste of this medicine, bring it back to the pharmacy for custom flavoring.

c) If your child does not like the taste of this medicine, bring it back to the pharmacy. We can change the flavor of the medicine to his or her favorite.

d) none of these statements

## Classification Characteristics

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14. Which category best describes your total annual household income for all persons living in your household?
1. Under \$25,000
  2. \$25,000 to \$50,000
  3. \$50,001 to \$100,000
  4. Over \$100,000
  5. Prefer Not to Answer
  6. Not Sure
15. What is your age? \_\_\_\_\_
16. Are you a ...
1. Woman,
  2. Man

Thank you for your time and cooperation. Your participation is greatly appreciated!