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Review



*Health care research
special emphasis
issue*

June/July, 1987

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If it's a communications problem, we probably pioneered the solution.

Comparative data retrieved with on-line system

Competitive is a big word today in the health care industry. Health care has become a competitive business. It doesn't come as a surprise, then, that the word comparative is equally popular. Health care planners, marketers and administrators want to know how they compare with their competition.

One way they do this is through BaseLine, an on-line interactive and comparative data product from the Commission on Professional & Hospital Activities (CPHA). The system is designed to provide users with on-line access to their own data and to normative data from CPHA's large national base of hospital discharge data (over 300 discharges). Using the Michigan Terminal System, the mainframe at the University of Michigan, hospitals can quickly and inexpensively compare their own performance with CPHA's norms, look for overall trends and patterns and analyze individual patient records and physician activities.

Analyses can be performed on BaseLine in the ad hoc mode (using a relational database manager), on a micro-computer after down-loading from BaseLine, or via a flexible menu system. The system consists of three components: Databases, software packages and reports.

BaseLine's menus include a series of severity of illness reports (offering

four different measures of severity), length of stay reports (including pre- and post-operative length of stay), total charges reports and reports that compare hospital performance to norms derived from CPHA's research database.

Fatality rates

CPHA has developed a sample report with BaseLine to show how the system works.

Let's say you wanted to compare a hospital's mortality rates for open-heart surgery with those of similar facilities and to investigate the quality issues that those numbers bring up. By employing BaseLine's ad hoc reporting capabilities, you can access the diagnosis related groups (DRGs) for open-heart surgery. Via BaseLine, you can enter CPHA's comparative files for fatality rates for urban hospitals in the north central region to pull up the comparative data you need to prepare a report. By selecting the appropriate DRG, you can create a report. Then to compare your own facility rates with those of peer hospitals, you can access your own data through BaseLine and compare it to statistics for urban hospitals in the same region.

If the system shows that your fatality rates are even lower than those of peer hospitals performing large numbers of operations, you may want to make the

community more aware of your high quality service and possibly expand the operation. If, however, the percentages indicate that you were performing below peer fatality rates, an investigation of the service and physicians might be necessary in order to see where the problems lie. Or, by accessing your resource need units (RNUs) for these DRGs, and comparing them with other hospitals, you can see if your patients were sicker than most, or if there is a problem stemming from admissions - if other hospitals are "dumping" their tougher, more resource intensive cases.

BaseLine user

One BaseLine user is Scott Matthews, director of planning for Swedish Medical Center, Denver.

The Colorado Hospital Assn. has agreed to participate in the BaseLine system, making additional state-specific data bases available to Colorado hospitals. Any Colorado hospital with access to this system can then get comparative data and be able to create a variety of reports covering any time period within a matter of minutes.

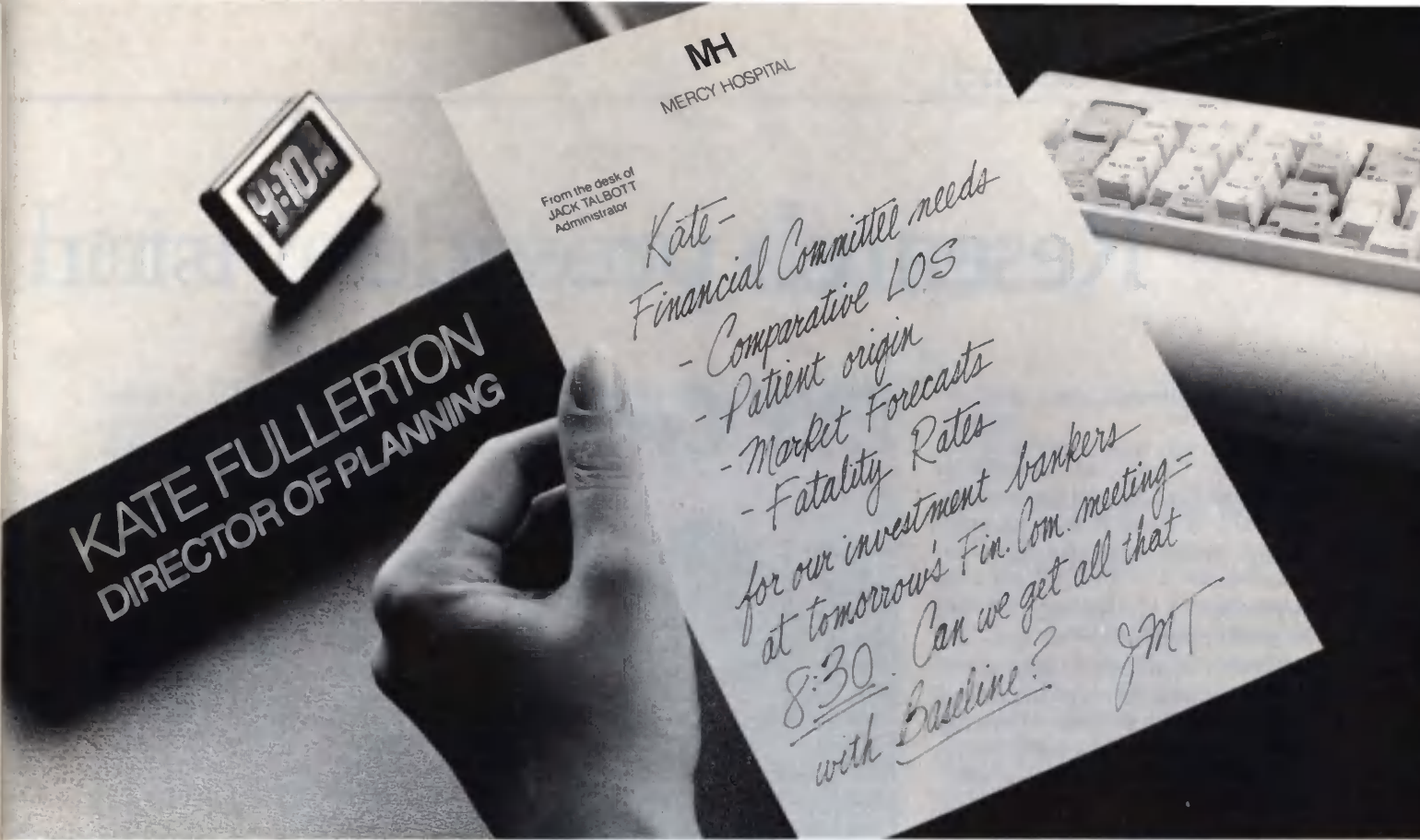
According to Matthews, the SMC has access to three types of databases with the BaseLine system:

(1) The hospital's historical patient care data beginning with two previous

continued on p. 54



Swedish Medical Center
In sickness and in health.



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BaseLine gives you clinical, financial, and marketing data in one place. There's no more wrestling with multiple sources of data or compiling analyses by hand. Merge your own hospital's data with Donnelley population projections. Make on-line comparisons with CPHA's national and regional fatality norms, LOS measures, a 2-million patient sample base, and more.

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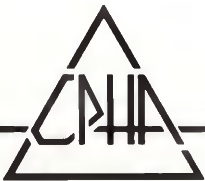
with marketing information and norms can be on your desk in minutes, not man-weeks.

More Data to More Hospitals

BaseLine has over a hundred users already. They've chosen it because they need the data and analyses it offers and because they like paying for what they use, not what a vendor says they should have. And BaseLine is cost-effective: you can usually use it on the equipment you already have.

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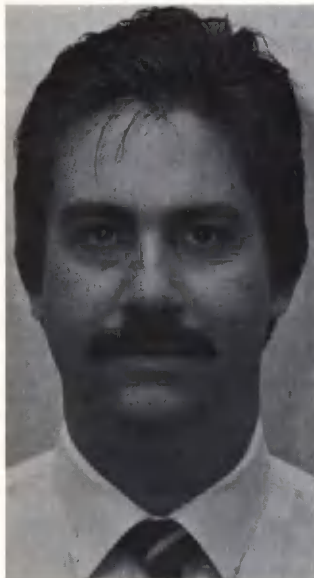
Research provides vision

By Beth E. Hoffman
managing editor

Rudy Gomez, administrator at the Eye Care and Surgery Center in Baton Rouge, La., purchased market research before embarking on a \$100,000 plus ad campaign only to "appease" the center's marketing consultant.

It was a smart move, reflects Gomez. Had it not, the center might have gone ahead with its own advertising ideas which would have been "just as good as setting that \$100,000 on fire."

"We would have built an ad campaign around speed and pain," explains Gomez, who admits, "we thought we knew exactly what to do. We thought pain was a big fear with people because we're an out-patient center. But we found that the public had already accepted the ability to



"The whole experience was a lesson to us that you do not know what your patients are thinking until you ask them." Rudy Gomez.

EYE CARE



SURGERY CENTER

control pain in outpatient settings. It wasn't a factor at all."

What the center did learn was not all new to it but there were several surprises, says Gomez. Fortunately, the combination of what it already knew and what it found out were important ingredients in developing effective advertising specifically targeted to its patients, primarily older adults. The center took on the market research and advertising project after a series of events compelled them into the advertising arena.

Reimbursement program

That series of events began in 1984 when ophthalmologist William Williamson and his associates in group practice, his brother, Dr. Charles Williamson, and Dr. Louis Perez opened the center, the first such center in Baton Rouge.

The feasibility to build the center presented itself when the government-funded Medicare program changed its method of reimbursement to allow for coverage of cataract surgery in ambulatory surgery centers (as opposed to hospitals, where eye surgeries are typ-

ically performed). The move encouraged physicians to build these centers because they generated considerable savings and convenience for patients.

Cataract surgery at ECSC, for example, costs about \$1,000-1,500 less than it would in a hospital. The lower cost was also benefiting the government which saved money by keeping patients out of the hospital.

The move, however, alarmed area hospitals which, two weeks after the center opened and in the face of losing business, began running ads in the local newspapers offering "free eye surgery," says Gomez.

Although business at the center was increasing, Gomez says "we felt we had to jump in and advertise too." The impulse drew a quick "no" from the marketing consultant who convinced the center that the hospitals' ads lacked adequate research and therefore the advertising messages wouldn't last. The consultant's advice was simple: If you're going to spend thousands and thousands of dollars on an ad campaign, make sure you invest a few thousand on research to find out

"Market research prevented us from focusing on issues like pain that are understood by our patients. The whole experience was a lesson to us that you do not know what your patients are thinking until you ask them." Rudy Gomez.

what's important to your patients, what would attract them to the center and what fears or misunderstandings they have about the center that would keep them away. It's that information, advised the consultant, which should then be pointed out in the advertising.

for eye surgery center



Research objectives

In December, 1984, the center decided to spend the \$7,000 on research to "learn" about itself and potential patients. The objective was to learn primarily three things:

1. Did the public understand what the center was and what services it was capable of providing?
2. What were the attributes of this center that would appeal to patients requiring eye surgery?
3. What were some of the perceived fears people had about receiving eye surgery at the center?

Information was gathered through a telephone survey using a random sample of area residents. These respondents were from Baton Rouge and Gonzales, a town approximately 35 miles southeast of Baton Rouge where a smaller satellite facility has since been built.

There were two groups involved in the study. The first was comprised primarily of the center's patient base, males and females over 55 years of age. The second group was only women aged 18-54, the primary deci-

sion-makers for their families in regard to health care.

Research findings

Eight weeks later, in February, 1985, the results from the study had been collected, tabulated and analyzed. There were four main findings, one negative and three positive, says Gomez.

The negative finding was that people wanted to have reassurance that office-based care was as good as hospital-based where they felt the process was slower and more thorough.

"Prior to the research, we thought out-patient care would be perceived as good because it was convenient and fast," says Gomez. "We found that the respondents think this but they were also concerned about the quality of care. They had the impression that since we were an out-patient center, there was a waiting line, treatment was fast and therefore, perhaps depersonalized."

The positive findings, which were all confirmed by the center prior to the

research, found that the respondents thought:

1. Out-patient care was less expensive.
2. Out-patient technology was state-of-the-art.
3. Out-patient service was convenient.

One other finding which ranked high with the respondents (which the center had never thought about but pleased it) was that they perceived out-patient clinics as being newer and cleaner than hospitals. Yet another favorable finding was that ECSC had the highest name recognition for all eye care facilities in the city.

Probably the most important finding was that almost all of the respondents were not knowledgeable about what or who was available for eye surgery treatment and they did not have a

"The respondents had the impression that since the center was an out-patient center, there was a waiting line, treatment was fast and therefore, perhaps depersonalized." Rudy Gomez

strong commitment to any one physician or group of physicians.

"This finding gave us an opportunity to start attracting these people. We were starting ahead of the pack because our center had the highest name recognition among local eye care providers," Gomez points out.

Commercials

Research results helped develop the center's television commercials. The script for the commercials was written by the marketing consultant with Gomez assisting in the "grammar" or more technical terminology. The commercials, which aired for a year begin-

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Changes in health care to use market

By Beth E. Hoffman
managing editor

The "good old days" were when: Physicians of almost all types of specialties were in great demand; physicians could "go anywhere" in the country that they wanted to practice medicine; patients "followed" physicians to their place of business and an open door was virtually the only thing physicians needed to have to attract them.

Those good old days, though not long ago, are dying fast.

They're dying fast because the rapidly changing and competitive nature of the health care industry are making this so.

Today, the U.S. has 553,000 licensed physicians, a third more than just a decade ago, according to a report in the Jan. 26, 1987 issue of *Newsweek* magazine. There are 22 physicians per 10,000 people compared with 17 in 1976 and 14 after World War II. If this trend continues, the end of the century will bring 26 physicians for over 10,000 people. Most of the surplus, the report reveals, is concentrated in big cities and the specialties, both places where the majority of physicians want to be.

Bill payer

And in the old "follow the leader" relationship between physicians and patients, the tables have turned. Today, the leader is in most cases, not the physician but the party footing the bill.

"Whoever controls the limited resources, controls the health care economy," says Thomas Erickson, director of marketing and consulting services of the Minnesota Medical Assn. "Today that limited resource is money and the purchasers of health care are the ones in control.

"When the physical resources to de-

liver medical care were in short supply, the physician pretty much controlled health care—they were the resource allocators. As care has become more expensive and access problems have diminished, insurers and HMOs have taken a more visible role in resource allocation. Today the purchasers—employers and government—are taking control. They no longer accept health care as a pass-through benefit; they want to take an active role in managing the delivery of care and allocating resources."

Obviously, it's a scene which is having a great affect on physicians (particularly younger ones and those just starting out), and the way some of them are handling their profession. Like health care purchasers, physi-

cians, too, are becoming proactive—proactive in terms of marketing and marketing research.

Medical marketing

Although marketing is a term traditionally found in business and entrepreneurial circles, it's not uncommon to the medical profession and has held more weight in recent years.

"Four or five years ago as physicians started to get involved in marketing, they took a 'soft approach.' They tended to make their marketing decisions based on personal experience and relied on their gut feel," says Erickson. Today, because health care is becoming more competitive and the risks are greater, physicians are taking a more deliberative approach. The competition requires them to be more business-like in their approach."

That competition—in the number of physicians, the number of hospital beds, improved consumer knowledge about health care and the expenses of advanced medical technology—is forcing physicians to compete among themselves and to better understand the marketplace, says Alan Dakay, vice president of marketing at Park Nicollet Medical Center in Minneapolis.

Know the marketplace

The need to better understand the marketplace was exactly what the physicians at Park Nicollet wanted to know about three years ago. They noticed that the community, especially hospitals and HMOs, were moving toward marketing and advertising and they, too, wanted to become more aggressive in marketing.

First, the clinic needed to know something about its market and its consumers, says Dakay, who came to the clinic last fall after serving seven years in marketing research at General Mills. Unfortunately, the clinic began its investigation on little substantial information about its patient base.



prompt clinic research

"The only information we had was off of our medical records data but nothing on who we were, what we were and how we were perceived," says Dakay.

That's when it was decided to conduct focus groups using the clinic's patients and non-patients to find out what issues were facing the clinic and the type of vocabulary the respondents were using for the clinic, says Dakay.

The next phase involved two telephone surveys conducted last fall among patients and non-patients in the western metropolitan area of Minne-

"Today employers and government no longer accept health care as a pass-through benefit; they want to take an active role in managing the delivery of care and allocating resources." Thomas Erickson.

apolis. The first was an awareness study involving 400 respondents and the second was a patient satisfaction study involving 330 respondents.

Incorrect impressions

The research discovered that potential patients were confused about what exactly the clinic was. Some thought Park Nicollet was a health maintenance organization and others thought it was a hospital. Both impressions were incorrect.

"Park Nicollet is the second largest clinic in the Minnesota, the fifth largest in the country. It also has over 270 physicians in 36 specialties and subspecialties," says Dakay.

The research findings formed the groundwork for the ad campaign. A series of TV and print ads began running in March, 1987. In one of the TV commercials, clinic physicians introduce themselves and their specialties, emphasizing the fact that the clinic is a collection of specialties. Yet another spot shows some of the clinic's physicians stating the highly respected medical schools they attended, adding further credence to Park Nicollet.

The next step, says Dakay, will be to measure the effectiveness of the clinic's advertising by doing another wave of research to see if knowledge of the clinic and its image have improved.

Already many people have called saying they have seen the advertising and request a particular physician.

In the interim, says Dakay, the clinic will be conducting a short, in-clinic survey asking people about the clinic's advertising.

Dakay says the clinic is also using the results of the fall survey and the in-

patient survey to develop an in-patient service training program called "Patients First."

"Patients First"

The survey involves asking the patients about a particular unit of the clinic where they had been treated to find out how the clinic performed, if they were satisfied with the level of service, if they were treated well and

Continued on p. 12

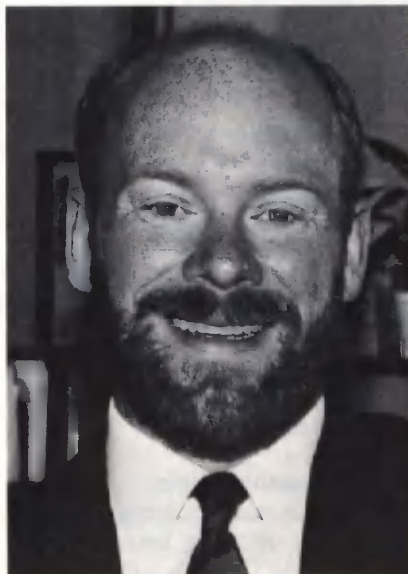
Strictly business

Just as marketing, market research, advertising and other traditionally "business-only" practices have entered the medical community, so, too, has business terminology.

According to a Jan. 26, 1987 article in *Newsweek* magazine:

- Hospitals refer to departments like orthopedics and radiology as "product lines;"
- Package concepts specifically linked to one hospital are "branded products;"
- Services arranged through the hospital but delivered elsewhere are "product-line extensions;"
- Services requiring physical contact with patients are known as "high-touch products;"
- New services such as weight control and sports injury clinics are "diversified profit centers."

Furthermore, the process of getting more business is "patient accrual." People who pay with private insurance are "retail customers" and patients in general are referred to as "consumers." MRR



Thomas Erickson

continued from p. 11

had all their questions answered. The staffers of those units rate themselves, too, on how well they think they're performing.

The survey results are fed back to the 1,700 employees at the clinic's 18 Minneapolis metro locations to let the staff know what its 400,000 patients think and where it can improve.

Because of Park Nicollet's size and budget, it is able to undertake such extensive research and media projects. Other clinics and hospitals, depending on their budgets, are following suit but on the whole, the health care industry has not seen a lot of this before, says Dakay.

It's a way of doing business which is bound to increase, however, in light of

the competition and other changes which face physicians practicing medicine.

"Anyone in business needs market research," says Sheila Jacobs, president of Healthcare Images in Baton Rouge, La. "Physicians are in the business of practicing medicine and must learn about business to practice it and develop it entrepreneurially if they want to compete in the marketplace."

Pediatrician lauds surveys, with some reservations

Physicians are used extensively as respondents in health care market research, especially in research for pharmaceutical companies. Direct mail surveys and telephone interviews are probably the research methods most often used by these companies. Focus groups and one-on-one interviews are also used, but because of their cost and the limitations inherent with the sample size, these techniques are less appealing.

Dr. Sanford Anderson, a pediatrician at Park Nicollet Medical Center in Minneapolis for the past seven years, has been a participant in numerous focus groups, one-on-one interviews, telephone surveys and direct-mail surveys. The following article offers Dr. Anderson's insights and comments about being a research participant in the health care industry.

Dual purpose

Dr. Anderson, who has been interviewed by companies that manufacture infant formulas, vaccines and other drugs, has the impression that market research is conducted for two reasons:

"I think the supplier's intention is first, to get us to think about the product in question. Second, and indirectly, they're reinforcing our notions about how we're 'selling' their product and what patients are saying about that product so that they can find out how to market it better."

Knowing how patients feel about these products is something pharmaceutical companies need to find out on a regular basis, believes Dr. Anderson.

"The pharmaceutical manufacturer and the supplier have to be keenly aware of society's changing attitude about their product. It can vary from one year to the next. They have to keep up with the social changes that are occurring that affect the product and what the media is saying about it because it may require them to shift marketing gears."

Dr. Anderson cites the vaccine, "pertussis," as a good example.

Traditionally, this vaccine has been taken in combination with the tetanus and diphtheria vaccines. These vaccines are recommended for all children under six years of age. Dr. Anderson says the medical community and the vaccine companies advertising in the 1970s stressed that parents should have their children get the vaccines.

Within the last five years, however, the pertussis vaccine has been covered in the media as having adverse side effects. This media coverage has created concern by the public, says Anderson.

Researchers for a vaccine like DPT are understandably interested in knowing the concerns patients express to their physicians. Those concerns can then be addressed in print advertising. It's also an opportunity for researchers to point out to physicians the improvements and positive actions they've been taking with the vaccine so that the physicians can then pass this information on to their patients.

Research methodologies

Of all the research techniques, Dr. Anderson prefers the one-on-one interviews most.

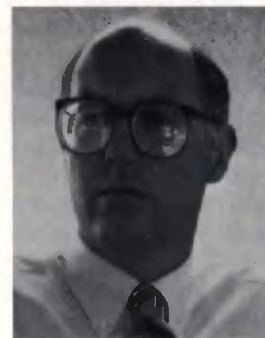
"You're interacting with a human being, not an anonymous person over the phone or in an impersonal mail survey. I feel as though they're genuinely interested in my knowledge. An honorarium or gratuity is usually given as a sign of recognition of the worth of my time and knowledge."

Having a good presentation, such as a slide show or similar type of visual aid, makes a one-on-one interview especially appealing and worthwhile, says Dr. Anderson.

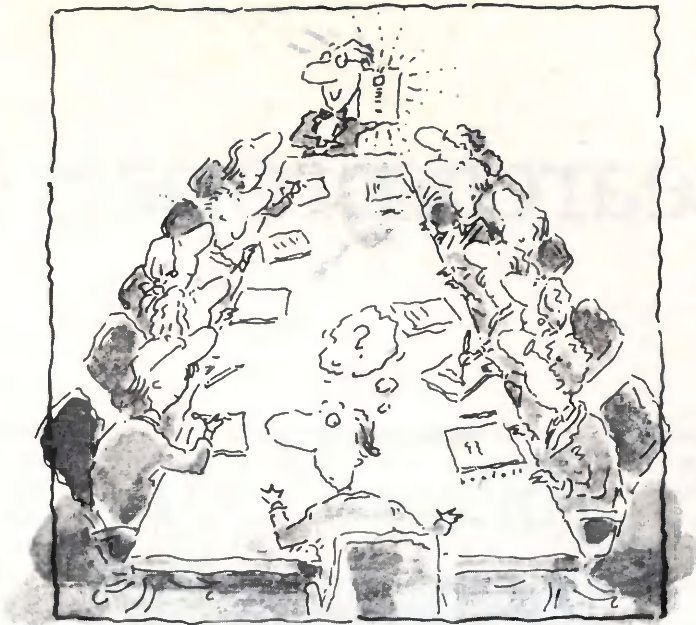
"It shows me that they took the time to prepare their presentation. Besides, if the product is good, marketing it should be good, too."

Professionalism is equally important in the interviewer as well. If the individual is experienced and well-qualified in conducting interviews, whether it's a one-on-one situation or a focus group, it often determines whether or not Dr. Anderson agrees to participate

continued on p. 54



Dr. Sanford Anderson



A CASE OF CORPORATE MISIDENTIFICATION

*...or, How Corporate Advertising Almost Enhanced a
Competitor's Image...and Research Saved the Day.*

THE TIME: 10:00 AM
THE PLACE: AN ADVERTISING AGENCY IN THE
NORTHEAST.

"A truly original corporate approach," purrs the Account Executive as he unveils a new *soft sell* campaign. His comments are followed by much nodding of heads and congratulatory murmurs.

Then, from the back of the room, someone is heard to say, "Shouldn't we do a pre-test?"

Showing his annoyance, the V.P. shoots back: "A panel of corporate managers has overwhelmingly approved the idea. Customers and prospects are tired of being hit over the head with the same hard facts."

"But have they seen this particular ad?" queries the Sales Manager. Since we're spending a bundle shouldn't we make sure it's right?"

"Any ideas?" asks a product manager, looking hard at the *extensive media schedule*.

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Research propels *Midwest*

By Tom Quirk
publisher

The Meredith Corp., based in Des Moines, Iowa, has a number of well-known magazine titles including, *Better Homes & Gardens*, *Successful Farming*, *Country Home*, and *WOOD*.

Thus they were aware of what it would take to research and successfully introduce a new Midwestern regional magazine called *Midwest Living* which is patterned after *Sunset*, *Southern Living* and *Yankee*. Research sources included secondary research data from the Census Bureau, periodicals, and academic/literary writings concerning regionalism in the Midwest; syndicated research results from several leading market research organizations defining demographic characteristics of the region as well as specific product and service usage; focus groups; and mail surveys. From initial research on the concept to the first issue being delivered to the reader took about two years.

The idea for this publication came from Clem Sevede, circulation manager. He had noticed the surge in the number of city and regional magazines and believed there was a void in the Midwest. He passed the idea on to the management group at Meredith who approved researching the concept. Responsibility for this phase was given to the editorial research department of the company headed by Ray Deaton.

Defining the area

The first item researchers had to define was the geographic area the publication would serve. The population within this geographic boundary had to have a strong sense of regionalism to show potential reader interest, provide a suffi-



ciently large population base to support the magazine concept as well as attract the attention of specialized and regionally-focused advertisers.

Census data and regional literary sources were used to provide some of the pertinent information. For more than a century the Midwest has been understood as a distinctive territory with its geographic center moving slowly westward. Today, for all practical purposes it is comprised of 12 of the states of the North Central region ranging from Ohio and Michigan on the east to the Dakotas and Kansas on the west.

In many respects the Midwest regions matches or parallels the nation. It contains about 60 million people, and nearly 22 million households. Each of these figures is 25% of the U.S. total. The marriage rate is the same as the national figure and the percentage of residents living in larger cities is proportionate to the country as a whole. However, more

people tend to live outside metropolitan areas; married couples are more likely to have children; and a higher percentage of them own their homes.

Although this secondary research defined the theoretical boundaries of the region it was important that the people within the area itself identify with the region and have developed what anthropologists term a "consciousness of kind" about their identity.

The editorial research department at Meredith conducted two original studies in conjunction with developing this concept. The first step in the process was qualitative research using focus group interviews. The second, more quantitative step, was a mailed questionnaire, based on the results of the initial investigation. In addition to garnering information on regional identity, both phases of these processes were used to provide additional information for editorial and circulation purposes.

Focus groups

Meredith had four focus groups conducted in Midwestern communities of varying locale and size. The total sample of interviewees was only 41 people, but their opinions about the make-up of the region and their orientations toward it showed remarkable consistency.

At the beginning of the sessions participants were asked to mark on a small U.S. map as many states as they felt to be "part of the Midwest." Overall, 86% of their total choices were states in the North Central Census region. When people included states outside the Census region, they were virtually always adjacent to the state in which the participant lived. For example, some people in both Illinois and Ohio included Kentucky in the Midwest while some in Kansas included Oklahoma or Colorado.

Upon being shown a shaded map delineating the 12 North Central states as

Living to a fast start

being the "Midwest," the consensus was that most of the 12 states have important common characteristics. The discussion revealed that these people felt "closer to" residents of states within the Midwest than they did to people in other parts of the country. Although most participating in the study indicated that their primary identification was local or state-wide, there still was a remarkable consistency in their mention of characteristics which make the region distinct.

In response to open-ended questions about physical features of the Midwest, participants most often mentioned the quality of the soil, the crops, the terrain (lakes, rivers and woods) and especially the change of seasons. Open spaces, wide horizons, and uncrowded conditions were repeatedly stressed posi-

tively. Most participants described the Midwest as though factories did not exist. Pastoral and agrarian images were far more common than urban and industrial themes.

Participants also believed there were qualities of the people in the Midwest which were somewhat unique. They described themselves as hard-working, honest, cautious about but open to strangers, and extremely friendly and helpful. The pace of life was another regularly identified quality. Most of the participants were willing to admit that in some ways the Midwest lags behind the rest of society, but they shared this observation without apology, and with a sense of modesty and pride.

An important impression of the study is that people think of their way of life as

something of a "best kept secret." They believe themselves to be misunderstood by "easterners and Californians," but they are secure in believing their life is richer and more fulfilling. They see their values, i.e. work, family and closeness to the land, as enduring. They believe the quality of life they enjoy to be second to none, and maybe better than the rest. Their conservatism is evident, but has very little political cast; it is more nearly an emotional stability, a sense of tradition, that provides its own rewards.

Quantitative study

A mailed questionnaire was conducted across the 12-state region, sampling households by means of the best

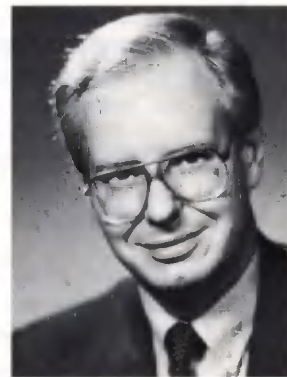
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Tom Benson is publisher for *Midwest Living*, Meredith Corp.'s newest subscription magazine in Des Moines, Iowa. Benson has been publisher of Meredith's custom publishing arm, Meredith Publishing Services, since 1983. Before joining Meredith, Benson spent 24 years as an executive with the Webb Co., St. Paul, Minn. Benson is a journalism graduate of Iowa State University and has completed the Program for Management Development from the Harvard Business School.



Ray Deaton is editorial research director for *Better Homes & Gardens* magazine, a position he has held since 1972. *Better Homes & Gardens* is published in Des Moines, Iowa, by Meredith Corp. Deaton is responsible for all research functions for the magazine's editorial content and circulation and participates actively in the research and backgrounding of major articles and series. Deaton also handles research for *Better Homes & Gardens* book marketing. Prior to his employment at Meredith, Deaton worked in Tokyo for four years as a military intelligence analyst. He is a 1951 graduate of Drake University, Des Moines, and holds a B.A. in business administration.



Dan Kaercher is editor of Meredith Corp.'s *Midwest Living* magazine. Kaercher has worked as head of the health and education department for *Better Homes & Gardens*. He has also been editor of *Better Homes & Gardens Remodeling Ideas*. Most recently, he has been managing editor of *WOOD* magazine. In addition to his job responsibilities, Kaercher has been working with Meredith's American family questionnaire for the past seven years, the new magazine development committee and spearheaded a series of editorial seminars. Kaercher graduated from the University of Nebraska at Omaha with a B.A. in journalism.

available direct-mail lists to test the hypothesis found in the focus groups. Despite the length of the questionnaire (11 pages), a return rate of 44% was obtained from the mailing of slightly more than 2,500.

The results tended to confirm the items relevant to Midwestern regionalism. In a written exercise identical to that used in the focus groups, the 12 states of the North Central region were the 12 most commonly chosen. Further, when asked to what extent they consider the Midwest to be distinct from other regions of the country, almost three-quarters (74%) said it was "clearly distinct" or "somewhat distinct."

As a follow-up question, respondents were given a check-list of eleven descriptive factors about the region, and asked to designate as many as they felt were *distinctive traits*. "The focus on agriculture" was cited by 59% of the sample, closely followed by "our values and attitudes" designated by 58%, and "the people who live in this region," chosen by 53%.

Another question asked about *physical features* of the Midwest, and the most frequently chosen as best describing the Midwest were "changing seasons" (82%), "a mixture of agriculture and industry" (81%), and "rich soil and bountiful crops" (57%). Aside from the emphasis here on industry, these results were quite consistent with the impressions from the earlier, qualitative study.

Also, in keeping with the focus group findings, the questionnaire results revealed a number of *positive personal qualities* attributed to Midwestern people. Fully 80% of the sample selected "hard-working" as a trait, and 73% described Midwesterners as "friendly and helpful." Third on the list was "family-oriented," chosen by 69% of the sample. Negative traits were seldom chosen: "Unsophisticated" (19%), "hard to get to know" (8%), and "narrow-minded" (6%). It is interesting to note that, despite 42% of the sample residing in metropolitan areas with 100,000 people or more, only 8% characterized Midwesterners as "urban-oriented."

Perhaps the most revealing dimension of regional consciousness emerging from the mailed questionnaire came from questions measuring respondents' judgments about the *quality of life* in the

Better in Midwest		Better in Other Regions
57%	Family-oriented life-style	1%
56%	Friendly, "neighborly" people	5%
51%	Clean environment	8%
48%	Pace of life	9%
35%	Density of population	14%
34%	Recreational options	18%
28%	Educational opportunities	8%
27%	Health care	5%
18%	Cultural advantages	27%
17%	Employment opportunities	32%

Midwest. Ten different indices were employed. Respondents were asked whether the quality of life was "better in the Midwest," was "about the same," or was "better in other regions." Table 1 is a list in rank-ordering of these factors, with both positive and negative scores revealed.

Thus, it is evident that this large and diverse sample of Midwesterners thinks very highly of the quality of life they enjoy. While recognizing that some opportunities (cultural advantages and employment) are better elsewhere, they rate their region strongly.

Thus the results of this initial research using primary and secondary sources provided the evidence that the "Midwest" does exist in the minds of its residents and that the group of people represented in this area provided a sufficient base to go forward in the development of a publication.

After it had been established that the basics were there to support a regional magazine, the research focused on the three elements necessary to establish a successful venture. These were editorial, circulation and advertising. In order for the publication to reach its potential as quickly as possible, it was important that the editorial content be of interest to the prospective subscriber; that the subscription request material cause a maximum number of responses at the optimum price; and that the advertising sales staff have the necessary data available to

convince media buyers to add this publication to their advertising schedule.

The editorial research department at Meredith initially studied receptiveness to the idea of a regional magazine by means of qualitative focus group interviews and a quantitative mail survey. The results of these indicated a strong level of interest to proposed contents of the magazine, and a high level of willingness to buy a regional magazine for the Midwest.

To guide the editors in charge of developing the magazine concept, a total of 43 different article descriptions were tested on the mailed questionnaire, using a "weighted willingness to buy" index. The respondents were asked to rate each article in the list by checking the one among the four categories that best indicated their willingness to buy a magazine with that article. Index weights were as follows:

"Definitely would buy"	1.00
"Probably would buy"	.50
"Might buy"	.25
"Would not buy"	.00

Index scores for the 43 article descriptions ranged from a high of 52% to a low of 14%.

The measurement technique employed in this survey was quite strict in that it asked respondents to express their willingness to buy a magazine based on

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the appeal of a single article description. Thus, it is quite surprising that fully 35 of the 43 items tested scored 25% ("might buy") or above.

Regional travel was the most popular subject with three of the articles relating to this subject ranking among the top five. Features relating to homes and home service also fared very well with three of these being listed among the top ten. Other topics which scored well include food/cooking, gardening, and family.

Another facet of the mailed questionnaire polled respondents as to what regular features they would most like to see included within the proposed magazine. Presented with a list of 20 departments that might appear in each issue, respondents were asked to "indicate those you would most like to find" (check all that apply). Here again, the suggestions relating to travel/outdoor recreation, home decorating/home repair, and food/cooking were listed among the most popular.

The most encouraging finding from the focus groups and the mailed survey was the interest in buying the proposed magazine. In the mailed survey, a direct question was asked about the respondent's likelihood of buying the proposed magazine. The question was, "Now that you've seen our ideas for the magazine, how would you rate its overall prospects?" Given the three answers in this type of format, the results were very encouraging:

- 23% "I'll probably buy this magazine"
- 59 "I'll consider this magazine further when it comes out"
- 14 "I'm not likely to buy this magazine"
- 4 Did not answer

100%

The results were cross-tabulated with several demographic items which had also been included on the questionnaire. The results of these cross-tabulations provided the Meredith circulation department with additional information as to those market segments which would be more favorable to subscribing and the factors which would be most appealing to them.

The Midwest is much less suburban than the country as a whole. . . it has significantly more single-person households. . . Midwest adults are more likely to own their own homes.

Syndicated research

Because the last complete Census was in 1980, supplemental data sources were employed to provide current demographic information. Some were in the public domain but much of the information was provided by syndicated studies such as the Yankelovich MONITOR and MRI. Among the salient information included was the fact that the population of the Midwest tends to be concentrated at the extremes of the residential continuum: large metropolitan areas (3,000,000 and above) and non-metro areas. The data also showed that the Midwest is much less suburban than the country as a whole. Another important difference is that the Midwest has significantly more single-person households than does the rest of the country which means there are more people in the region who make their own consumer decisions and, relative to the population, create a higher demand for certain household necessities.

Adults in the Midwest are more likely to own their own home than are adults in the country as a whole. Data also reveals that Midwesterners are more actively involved in home improvement projects than are homeowners in the U.S. overall and are more likely to do it themselves.

Finally, the syndicated reports provided additional data on product purchases by category and brand. This information was invaluable for the advertising sales staff in targeting its marketing efforts.

First issue

April, 1987, was the date of the first issue. The editorial material closely followed the results of the research. Circulation goals are being exceeded due to the response to an award-winning direct-mail subscription program. And 44 pages of advertising in the inaugural issue from more than 100 advertisers are the result of hard work on the part of the sales force as well as proper use of the research data provided to them for target selling.

But Meredith has been in publishing too long to rest on its laurels. Now that the first issues have been released it is preparing follow-up studies to determine how successful the magazine has been in meeting its editorial goals. At this company, research is an ongoing process for monitoring and exploring to insure that the company's efforts stay on target. The publisher and editor plan ongoing in-magazine surveys, mail questionnaires and the use of other techniques to keep themselves in close touch with the market. MRR

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Spurious enhancement of

By Robert L. Zimmermann

Personal computers are changing the way we do things by providing access to computing power to a large number of individuals who depended on specialists only a few years ago. Statistical analysis is only one of many areas in which the end-user now has direct and fluent access. As is true for both accounting and database maintenance, the use of personal computers in statistical analysis can be a two-edged sword. Virtually anybody can have direct access to a full range of statistical tools, but the potential for misusing the methods or misinterpreting the results is increased.

What are the risks entailed in interactive statistical analysis? Are statistical tests like pocket calculators, where all you have to do is enter the data properly, follow the rules, and correct output will result? Or are statistical tests more like psychological or medical evaluations, requiring an experienced professional to interpret the results in context? It may surprise people not trained in statistics that the latter is true in many instances. This is especially true with regard to the use of statistics in a decision-making process.

Perhaps the most critical use of statistics in marketing research is an adjunct to decision-making. When a company is confronted with a decision that entails considerable financial risk, research aims to reduce that risk by providing information on the probable outcomes of the various alternatives. In the simplest case, and perhaps the most ideal, there is a discrete hypothesis, a specific sampling methodology, a single pre-defined criterion measure, and one single appropriate statistical test. Under these conditions, we can comfortably recommend the optimal decision, and usually provide some estimate of the confidence we place in that decision. We can also estimate beforehand the probability that such a

methodology will provide a correct answer.

Multiple criteria

We rarely conduct marketing research in such a manner. Often there are multiple criteria. Almost always supporting information is collected, and additional analyses performed. We do not trust our criteria, the decisions seem too complex to leave to a simple go/no go statistical criteria, interviews are too expensive to let go without milking them dry of any possibly relevant information.

Whenever we deviate from the elegance and simplicity of the model described above, we run the risk of inadvertently introducing spurious results. Most people are at least familiar with the impact of multiple tests in hypothesis testing. If you will accept an hypothesis as true if any one of several tests is statistically significant, you must take into account that you have increased the probability that a defined

difference will occur due to sampling error.

It is obvious, but less generally considered, that this applies to the totality of analyses performed, and not simply to the multivariate set involved in one specific analysis. It also applies to both explicit and implicit analyses. If you decide on the basis of an initial perusal of the data that it is more profitable to focus your analyses on certain aspects, then you have implicitly and probably inadvertently performed something analogous to a statistical analysis. Your decision capitalizes on chance deviations and alters the validity of any subsequent statistical tests.

Sequence of analyses

It cannot be too strongly emphasized that the sequence of analyses can markedly affect the probability levels of the final analysis. If you enter into a regression analysis only those variables that look meaningful, you have implicitly performed two sequential regression analyses, one implicit and one explicit. You may have markedly leveraged your potential sampling errors. Statistical probabilities, when applied either to an hypothesis testing or a decision-making context, presume an explicit and very specific sequence of events from data collection to final analysis, and any deviations from that sequence distort the values reported.

Let us look at the way statistics might be done on a personal computer, and what impact this might have on the validity of the statistics.

First, use is interactive, which generally means that it is sequential and undocumented. Second, it is typically done by the marketers or other end-users who are specialists in the substantive areas being studied, rather than in the statistical methods employed.

By undocumented, I simply mean that you only print out the final results, and not all the intermediate steps. The screen is instantaneous, silent and often in full color. The printer is slow, noisy, and does a lousy job with graphics. So, you try this and try that, and an hour or a day later you have a very impressive table or set of simulations, without any explicit record of all of the steps you went through, of the tables



Robert L. Zimmermann is senior research manager for design and analysis at Maritz Marketing Research, Inc., Minneapolis division, a company he has been with for three years. He is currently a clinical assistant professor of psychiatry at the University of Minnesota in which he is a statistical consultant to grants in the areas of addiction and eating disorders. Zimmermann has taught at the University of Winnipeg, and held research positions at George Washington University and the University of Minnesota. He holds an M.A. and Ph.D. in psychology from the University of Minnesota and published over 60 articles in psychiatric, educational and marketing research.

statistical significance

rejected, of the combinations you tried that just did not quite work out.

Successive approximations

These analyses are sequential. Whether you are doing a series of simulations or exploring the permutations on a set of tables, you proceed by sets of successive approximations. The nature of interactive analysis is that each procedure provides output that influences the way you set up the next analysis. Following each analysis, you make a decision which is explicitly formulated in the set up of the next analysis. These successive decisions are based on a complex interaction between the results of the previous tests and some model or set of expectations that the analyst has.

The model may be something as neutral as "I like data with large differences," or "data that coheres," or it may be something more malignant such as, "the company has invested \$15,000,000 in product A and it had better succeed" or "my job is on the line if I cannot show X." The model functions as a criterion which selects or rejects results of intermediate analyses, combines categories and groups data, constructs derived variables, and sets up successive analyses. This process inevitably capitalizes on any tendencies in the data which enhance or conform to the model, and thus there is a selective capitalization on chance tendencies.

This mode of analysis can be contrasted with the analytic methods typically employed in the marketing research department of a major corporation or a full-service firm. The analysis is usually supervised by a professional who is both statistically sophisticated and relatively unbiased as to outcome. A standard sequence of analyses is performed, or the exceptions are documented. The full set of procedures from data collection to written report can be explicitly documented and reproduced if necessary. These are the minimal conditions required to produce results upon which critical decisions can be based. At the least, within these parameters, the results can be discussed and independently evaluated.

Basic guidelines

It is certainly possible to explore data interactively in a criterion-neutral manner. However, the very people most apt to use interactive analytic

tools on a personal computer are also those most apt to be biased as well as to have the least statistical sophistication. While there are "correct proce-

continued on p. 55

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Research shows medical publication "listens"

“We’re Ready To Listen,” reads the headline from an ad of a nationally-known medical magazine.

“For over 60 years, we’ve been tuned in to the concerns of office-based physicians. Through surveys and interviews, we’ve heard from thousands of doctors...Whatever you have to say we’re ready to listen.”

Medical Economics, one of several magazines published by Medical Economics Co., Inc., (MECI), Oradell, N.J., states in its house advertisement, it’s more than just interested in reporting and writing on medical subjects. It’s willing and eager to know from its readers in the medical community what they want to read and what they think of the editorial content and of its advertising.

But that interest doesn’t stop at “Letters to the Editors.” The company goes one big step farther by conduct-

ing full-scale market research: Personal interviews, focus groups, telephone interviews, mail surveys, ad testing and follow-up feedback studies.

Research, the bulk of which is handled in-house, is conducted for all 13 of MECI’s publications such as *Medical Economics*, *Drug Topics*, *Medical Laboratory Observer* and *Medical Laboratory Products*. Additionally, research is conducted for the *Physician’s Desk Reference (PDR)*, a large drug description text which is published annually by the company and distributed free to 450,000 physicians nationally.

PDR

Over the last two years, focus groups have been conducted in New Jersey, Connecticut, New York City and Philadelphia for the PDR, says Charlette E. Sibley, research director at MECI. Physicians are asked to recommend ways MECI can make the

publication better in terms of its size, print, in updating it and how to improve the flow of information to readers. They are also asked about the manual’s existing and potential new product ideas.

Medical Economics, which provides non-clinical information from syndicated surveys on practice management and financial subjects, is the most widely read journal by physicians, claims Sibley. MECI plans to conduct a series of four focus groups periodically for this publication. The first series was conducted in April, 1985, and the second a year later.

The first one involved physicians under 39 years of age to find out if their needs for non-clinical information differed from the older physicians. One focus group was conducted in Pennsylvania and one each in New Orleans, Minneapolis and Phoenix.



Research showed their needs do differ, says Sibley. For example, the younger physicians pointed out that because they're still paying off medical school debts, they can't benefit as much from an article such as "How to Invest Your Money." Also, instead of articles about Mazerrati's or Jaguars, cars that perhaps their older counterparts can afford, they wanted to see articles featuring Hondas and Toyotas.

The second series of focus groups were conducted in Pennsylvania, Kansas City, Dallas and San Francisco and involved female physicians, also under 39 years of age. These focus groups were conducted to find out if their non-clinical needs differed from their male colleagues. Again, the difference was in age and had little to do with sex. But unlike men, these

"When we give readers what they want, there's a strong chance they'll read our magazine and then the advertiser can be assured that their ad will get good exposure." Charlotte Sibley

women struggle with the general professional problems other out-of-the-home working women face.

As a result of the first series of focus groups and also an in-depth mail survey, MECI began featuring a regular, four-five page section in its magazine called, "Getting Down to Basics."

"It's been a very successful feature," says Sibley. "It's geared toward younger physicians with information and to older physicians as a refresher."

"Continuing Survey"

A Continuing Survey is also conducted once a year for *Medical Economics* magazine. Approximately 30,000 questionnaires are mailed to physicians in late January asking them a variety of questions on such things as the fees they charge, their yearly gross and net income and their practice receipts. The results are tabulated and developed into 8-10 lengthy articles filled with tables of data such as the breakdown of their income by specialty, region of the country and a vari-

ety of other variables. Narrative articles based on the findings from the survey are also featured.

Focus groups are also conducted with pharmacists for the company's *Drug Topics* and *Hospital Pharmacist Report* magazines. Laboratorians are used in focus groups as well for *Medical Laboratory Observer* and *Medical Laboratory Products*. The purpose for these focus groups is to assess reactions to the journals and improve the magazines.

Follow-up

A regular part of the research function is to do follow-up studies on the publications' editorial content and advertising.

"The purpose of the Issue Feedback studies is to get our readers' reaction to particular issues, to get an idea of what's read and not read and to get article ideas," explains Sibley. "We find out what subjects are near and dear to our readers."

The feedback studies have shown that physicians are really interested in reading about subjects such as malpractice, tax reform and health care competition (health maintenance organizations and preferred provider organizations).

"It's a selling point for our sales people to be able to go to an advertiser and point out that we conduct follow-up research studies on our publications to make sure we're providing the reader with subject material he or she wants to read. When we give readers what they want, there's a strong chance they'll read our magazine and then the advertiser can be assured that their ad will get good exposure."

Aided recall

MECI uses an "aided recall" technique for the Issue Feedback studies to do follow-up research on 11 of the company's publications. This involves distributing an in-house direct mail survey to approximately 600-800 physicians nationally. Included is a short letter from the editor asking the respondent for assistance in the study. Sibley says the goal is to get a minimum of 100 physicians to respond.

On the questionnaire is a reproduction of the cover of the most recent issue of the publication. The questionnaire cites all particular articles from this issue and asks if the respondent has read the articles in full or in part,

intends to read them, how long the respondent will spend reading them and how often the respondent picks up the publication.

Post-tests are also conducted for scheduled advertisers, says Sibley. A mail questionnaire is sent to a randomly selected sample chosen from the circulation list. When the results are in, the advertiser is given a bound report which, among other things, tells how much the ad was read and what the readers' perceptions are of the advertiser.

Mail surveys

While the mail survey technique may enable MECI to ask lengthy, detailed questions and assure the respondents' anonymity, it has its drawbacks.

It's more impersonal, requires a longer turnaround time and the fact

"The purpose of the Issue Feedback studies is to get our readers' reaction to particular issues, to get an idea of what's read and not read and to get article ideas." Charlotte Sibley

that it does involve long, complicated questions, says Sibley, requires the respondents to take time to wade through it.

"That's why we try to keep it to two-pages and a maximum of four-pages."

The sight of a long questionnaire is reason enough for respondents to toss it out, thus lowering the response rate. But the respondents' personal interest in the subject matter as well as the incentive and "lots of other unknowns," are factors which determine whether or not the respondent will take the time to fill it out, says Sibley.

Since medical personnel are unindented with surveys, MECI encourages them to respond by always including an incentive such as money or the opportunity for them to donate money to a specific charity. "This is what we call a 'guilt incentive.'" says Sibley.

MECI takes time and effort to make the mail questionnaires aesthetically

continued on p. 52

HEALTHCARE MARKETING RESEARCH SERVICES

Editors Note: This list was developed by mailing forms to those organizations who we found have indicated healthcare research capabilities in their advertisements, publicity or other published material.

Codes:

Quantitative	Qualitative	Areas of Expertise
A-1 Syndicated Studies	B-1 Focus Groups	C-1 Dentists
2 Multi-Client Studies	2 One-On-Ones	2 Doctors/Physicians
3 Omnibus Studies		3 Drugs/Health Products
4 Panels		4 Health Maintenance/ Insurance Organizations
5 Personal Interviewing		5 Hospitals
6 Telephone Interviewing		6 Instrumentation/Devices
7 Mail Surveys		7 Nurses
8 Software		8 Patients
9 Data Processing		9 Pharmacists

Aloco, Inc.
250 Centerville Road
Warwick, RI 02886
(401) 739-5800
A-2, 5, 6, 7
B-1, 2
C-3, 4, 5

Analysis Research, Ltd.
4655 Ruffner St., Suite 180
San Diego, CA 92111
(619) 268-4800
A-1, 2, 3, 4, 5, 6, 7, 9
B-1, 2
C-3, 4
(See Advertisement on Page 19)

Anderson, Niebuhr & Assoc.
1885 University Ave., Suite 266
St. Paul, MN 55104
(612) 645-5577
A-5, 6, 7
B-1, 2
C-1, 2, 4, 5, 7, 8

B. Angell & Associates
1 East Superior
Chicago, IL 60611
(312) 943-4400
A-5, 6, 7
B-1, 2
C-2, 4, 5, 7, 9

Bernett Research
230 Western, Suite 201
Boston, MA 02134
(617) 254-1314
A-3, 5, 6, 7, 9
B-1, 2
C-2, 3, 4, 7

Gordon S. Black Corp.
1661 Pennfield Road
Rochester, NY 14625
(716) 248-2805
A-2, 5, 6, 7, 8, 9
B-1, 2
C-2, 3, 4, 5, 7, 8

R.H. Bruskin Assoc.
303 George St.
New Brunswick, NJ 08903
(201) 249-1800
A-1, 2, 3, 5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9

Burgoyne Information Services
705 Central Ave., Suite 500
Cincinnati, OH 45202
(513) 621-7000
A-5, 6, 7
B-1, 2

C/J Research, Inc.
3150 Salt Creek Lane
Arlington Heights, IL 60005
(312) 253-1100
A-4, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement Inside Front Cover)

California Survey Research
5400 Van Nuys Blvd., Suite 307
Van Nuys, CA 91401
(818) 986-9444
A-6, 7
C-4, 5, 8

Charles, Charles & Assoc., Inc.
8676 W. 96th, Suite A
Overland Park, KS 66212
(913) 341-1354
A-5, 6, 7
B-2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement on Page 26)

Commission on Professional & Hospital Activities (CPHA)
1968 Green Road, Box 1809
Ann Arbor, MI 48106
(313) 769-6511
A-2, 8, 9
B-2
C-2, 5, 8
(See Advertisement on Page 7)

Consumer/Industrial Research Service
600 N. Jackson Street
Media, PA 19063
(215) 565-6222
A-5, 6, 7, 9
B-1, 2
C-1, 2, 3, 5, 6, 7, 9

Consumer Opinion Services, Inc.
12825-1st Ave. So.
Seattle, WA 98168
(206) 241-6050
A-5, 6
B-1, 2
C-1, 2
(See Advertisement on Page 28)

Cormier & Church, Ltd.
55 Market Street
Ipswich, MA 01938
(617) 356-9013
A-5, 6, 7, 9
B-1, 2
C-2, 4, 5, 8

Creative Marketing Solutions
P.O. Box 568
Langhorne, PA 19047
B-1, 2
C-1, 2, 3, 5, 6, 7, 9

The Datafax Company
2600 Maitland Ctr. Pkwy., #170
Maitland, FL 32751
(305) 660-8878
A-5, 6, 7, 9
B-1, 2
C-1, 2, 5, 7, 8, 9
(See Advertisement on Page 45)

Dapco Marketing Co.
4150 W. Northshore Ave.
Lincolnwood, IL 60646
(312) 677-4747
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
Decision Support Systems
2261 Brookhaven Pl. Dr., #106
Arlington, TX 76011
(817) 640-0245
A-5, 6, 7, 9
B-1
C-2, 3, 4, 5, 7, 8

Ruth Diamond Market Research
770 Alberta Drive, Blvd. Mall
Buffalo, NY 14226
(716) 836-1110
A-1, 4, 5, 6, 7
B-1, 2
C-1, 2, 3, 5, 7, 8, 9
D.R.S. Health Consultants
P.O. Box 99, Candlewood Isle
New Fairfield, CT 06812
(203) 746-5270
A-1, 2, 4, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 6, 7, 8, 9

DTW Marketing Research Group
395 Pleasant Valley Way
West Orange, NJ 07052
(201) 325-2888
A-5, 6, 7, 9
B-1, 2
C-1, 2, 3, 5, 6, 7, 8, 9
Blanka Eckstein Quality Research
251 Lexington Ave.
New York, NY 10016
(212) 685-1635
B-1, 2
C-2, 3, 5, 6, 7

Elrick & Lavidge, Inc.
10 South Riverside
Chicago, IL 60606
(312) 726-0666
A-2, 3, 4, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Endreson Research
Four West Blaine
Seattle, WA 98119
(206) 285-1771
A-2, 5, 6, 7, 8, 9
B-1, 2
C-2, 4, 5, 7, 8

Edward Epstein & Assoc.
420 Jericho Turnpike
Jericho, NY 11791
(516) 822-8600
A-5, 6, 7
B-1, 2
C-1, 2, 3, 5, 7, 8, 9

Faber Marketing Research
222 So. Elm Street
Greensboro, NC 27401
(919) 378-1181
A-7
B-1, 2
C-3, 7

Fenton Swanger Consumer Research
14800 Quorum Drive, Suite 250
Dallas, TX 75240
(214) 934-0707
A-1, 2, 4, 5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Focus Market Research, Inc.
801 W. 106th Street
Bloomington, MN 55420
(612) 881-3635
B-1, 2
C-2, 3, 7, 8, 9
Focus Research
26142 Avenida Bonachon
Mission Viejo, CA 92691
(714) 380-1612
A-5, 6, 7
B-1, 2
C-2, 4, 5, 7, 8

Harris Gabel Assoc., Inc.
11704 Wilshire Blvd., Suite 200
Los Angeles, CA 90025
(213) 477-7330
B-1, 2
C-3, 4, 5, 6, 7, 8, 9

Glickman Research Assoc.
354 Old Oak Road
Westwood, NJ 07675
(201) 664-6688
A-1, 4, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
Goldstein/Krall Market Research
P.O. Box 3321
Stamford, CT 06905
(203) 359-2820
A-1, 2, 3, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 5, 6, 7, 8, 9

HDMC Marketing
127 Woodland Avenue
Fanwood, CA 07023
(201) 889-1941
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Hancock Information Group
479 Montgomery Place
Altamonte Springs, FL 32714
(305) 682-1556
A-6, 7, 8
C-2, 4, 5

Hanson & Quick Marketing Services, Inc.
6950 France Avenue South
Minneapolis, MN 55435
A-5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 8

Harrington Market Research
511 Monroe Street
Kalamazoo, MI 49007
(616) 342-6783
A-3, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Health Surveys & Marketing Inc.
10244 Hickory Ridge Rd., Suite 202
Columbia, MD 21044
(301) 730-3336
B-1
C-2, 5, 7, 8

Hildebrandt Consultants
644 San Luis Road
Berkeley, CA 94707
(415) 524-7929
A-5, 6, 7
B-1, 2
C-2, 3, 4, 5, 7, 8

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 - Ad Copy/Message Content
 - Campaign Benchmark/Tracking
 - New Products/Services
 - Test/Roll-Out Marketing
 - Market Definition/Positioning
 - Patients, Physicians, Nurses, Etc.
- Qualitative Research Services
 - Personal Interviews
 - Focus Group Discussions
 - Ideation Sessions
- Quantitative Research Services
 - Straight "Crosstabs"
 - Multivariate Techniques
 - Perceptual Mapping/MDS

TYPES OF PARTICIPANTS

- Health Care Consumers
- Health Insurance Consumers
- Health Care Practitioners
 - Physicians, Pharmacists, Dentists, Optometrists and Opticians
- Health Care Employees
 - Nursing, Technical, Support
- Medical/Pharmaceutical Trade
 - Wholesale and Retail

FOR INFORMATION AND SERVICE:

(313) 855-7810 PROFESSIONAL SERVICES

(313) 855-7811 RESEARCH FIELD SERVICES

HEALTH CARE MARKETING CONSULTING AND RESEARCH



TRENDFACTS RESEARCH

31800 NORTHWESTERN HWY.

FARMINGTON HILLS, MI 48018

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Dana Blackwell, M.A., Exec. V.P.
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Donna Taglione, M.A., Rsch. Dir.
Sherrey Schatmeyer, M.A., Dir. Fld. Oper.
Jenny VanDusen, M.B.A., Rsch. Mgr.
Bob Quigley, M.B.A., Proj. Mgr.
Bernie Lis, M.B.A., D.P. Conslt.
Felipe Korzenny, Ph.D., Hispanic Conslt.
Gratia Gant-Wright, B.A., Black Conslt.
Mary Muffit, Mgr. Fld. Servs.
Alice Kirschner, Proj. Fld. Supr.

(313) 855-7810 RESEARCH SERVICES

(313) 855-7811 FIELD SERVICES

TYPES OF CLIENTS

- Health Care Practitioners
- Health Care Institutions
 - Hospital, Clinics, Labs, Etc.
- Health Insurance Providers
 - Medical/Dental, HMOs, PPOs
- Health Care Manufacturers/Marketers
- Health Care Communicators
 - Ad Agencies and PR Firms

Hospital Research Assoc.
One Gothic Place, Hollywood Ave.
Fairfield, NJ 07006
(201) 575-3650
A-1, 2, 3, 4, 5, 6, 7, 9
B-1, 2
C-2, 3, 5, 7, 9

International Forum Corp.
9900 Westpark, Suite 186
Houston, TX 77063
(713) 784-2222
A-5, 6
B-1
C-2, 5, 6

Interviewing Service Of America

16005 Sherman Way, #208
Van Nuys, CA 91406-4024
(818) 989-1044
A-6
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement on Page 51)

JRB Marketing & Opinion Research
29 Elm Street
Great Neck, NY 11021
(516) 829-8351
A-5, 6
B-1
C-2, 4, 5

The Keckley Group
2505 Hillsboro Road
Nashville, TN 37212
(615) 269-9914
A-1, 2, 3, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9

Kincaid Associates
744 No. Wells Street
Chicago, IL 60610
(312) 751-0303
A-5, 6
B-2
C-2, 4, 5, 6

Linda LaScola Consulting
3701 Connecticut Ave. NW
Washington, DC 20008
(203) 363-9367
B-1, 2
G-2, 3, 4, 5, 7, 8

Long Island Groups-In-Focus
1185 Northern Boulevard
Manhasset, NY 11030
(516) 365-8630
B-1, 2
C-1, 2

Maritz Marketing Research

1515 Route 10
Parsippany, NJ 07054
(201) 292-1775
A-2, 5, 6, 7, 9
B-1, 2
C-2, 3, 5, 6, 7, 8, 9

Market Data Resources
1414 North 150 Street
Omaha, NE 68154
(402) 496-7348
A-2, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 5, 7, 8

Marketeam Associates

555 No. New Ballas Rd.
St. Louis, MO 63141
(314) 569-1324
A-2, 5, 6, 7
B-1, 2
C-2, 4, 5, 6, 7, 8
(See Advertisement on Page 54)

Market Research & Analysis
The Research Center
Houston, TX 77036
(713) 271-5690
A-4, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

The Martec Group
P.O. Box 14321
Chicago, IL 60614
(312) 787-9065
A-4, 5, 6, 9
B-1, 2
C-1, 2, 3, 6, 7, 8, 9

MedFocus
1423 Highland Pkwy.
St. Paul, MN 55116
(612) 698-2777
B-1, 2
C-2, 3, 4, 5, 7, 8

Medical Product Marketing Services
570 Lake Cook Road, Suite 310
Deerfield, IL 60015
(312) 945-8820
A-1, 2, 6, 7, 9
B-1
C-2, 3, 5, 6

MedProhe

18721 Nature Lane
Eden Prairie, MN 55344
(612) 934-2037
A-4, 5, 6, 8
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement on Page 36)

Medical Research Bureau
10301 Wayzata Blvd., Box 26695
Minneapolis, MN 55426-0695
(612) 542-0879
A-2, 3, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

The Melior Group
316 So. 16th Street
Philadelphia, PA 19102
(215) 545-0054
A-2, 5, 6, 7
B-1, 2
C-2, 5, 7

Mid-America Research, Inc.
999 N. Elmhurst Rd.
Mt. Prospect, IL 60056
(312) 870-6262
A-5, 6, 9
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9

Migliara-Kaplan Assoc.
305 W. Chesapeake Ave.
Towson, MD 21204
(301) 828-6520
A-1, 2, 5, 6, 9
B-1, 2
C-1, 2, 3, 5, 6, 7, 9

MIL Research
307 N. Michigan, Suite 1818
Chicago, IL 60601
(312) 726-8099
A-1, 2, 5, 6, 7
B-1, 2
C-2, 3, 5

Miller Associates, Inc.
340 St. Joseph Street
Baton Rouge, LA 70802
(504) 388-9551
A-3, 4, 5, 6, 7, 9
B-1, 2
C-2, 4, 5, 7, 8

Moosbrugger Marketing Research
901 W. Hullgrove Avenue
LaGrange, IL 60525
(312) 354-5090
A-1, 5, 6, 7, 8, 9
B-1, 2
C-2, 4, 5, 8

Nordhaus Research, Inc.
20300 West Twelve Mile Road
Southfield, MI 48076
(313) 827-2400
A-5, 6, 7, 9
B-1, 2
C-2, 3, 4, 5, 7, 8

O'Neil Associates, Inc.
412 East Southern
Tempe, AZ 85282
(602) 967-4441
A-1, 2, 3, 5, 6, 7, 9
B-1, 2
C-1, 2, 4, 5, 8

The Peabody Group
1000 Sansome St.
San Francisco, CA 94303
(415) 362-4141
A-5, 6, 7, 8, 9
B-1, 2
C-2, 4, 5, 7, 8

Perception Research Services
440 Sylvan Avenue
Englewood Cliffs, NJ 07632
(201) 568-8151
A-1, 5
C-2

Physician Support Services
2554 Lincoln Blvd., Suite 554
Marina del Rey, CA 90291
(213) 859-5741
A-1, 2
B-2
C-1, 2, 3, 4, 5

Product Evaluation, Inc.
633 So. LaGrange Road
LaGrange, IL 60525
(312) 482-7750
A-5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Professional Field Services
P.O. Box 128
Levittown, NY 11756
(516) 796-4242
A-5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Projections Marketing Research
47 Marlboro St., P.O. Box 585
Keene, NH 03431-0585
(603) 352-9500
A-4, 5, 6, 7
B-1, 2
C-2, 3, 4, 5, 6, 7, 8

Project Research, Inc.
1313 Fifth St. SE
Minneapolis, MN 55414
(612) 331-9222
A-1, 2, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement on Page 47)

Quick Test Opinion Centers
1819 JFK Boulevard, Suite 330
Philadelphia, PA 19103
(800) 523-1288
A-5, 9
B-1, 2
C-1, 2, 9
(See Advertisement on Page 3)

Rabin Research Company
520 North Michigan Avenue
Chicago, IL 60611
(312) 467-5090
A-5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

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For more information, write or call: (913) 341-1354



Roffter, Wilkins & Associates

708 Third Avenue
New York, NY 10017
(212) 972-2222
A-5, 6, 7
B-1, 2
C-3, 4, 6
(See Advertisement on Page 37)

RSVP/Interviewing Services
1916 Welsh Road
Philadelphia, PA 19115
(215) 969-8500
A-6
C-1, 2, 3, 5, 9

The Sachs Group
213 W. Institute Place
Chicago, IL 60610
(312) 266-9797
A-8
C-2, 5

Salter Research Services
5515-1 No. 7th Street
Phoenix, AZ 85014
(602) 265-2890
A-4, 5, 6
B-1, 2
C-2, 3, 4, 8, 9

Savitz Research Center
13601 Preston, 603 Carillon Pl.
Dallas, TX 75240
(214) 386-4050
A-4, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9

Rhoda Schild Focus Group Recruit.
149 West 12th Street
New York, NY 10011
(212) 242-2328
B-1, 2
C-3, 5, 6, 7, 8, 9

Schulman, Ronca & Bucuvalas
444 Park Avenue South
New York, NY 10016
(212) 481-6200
A-5, 6, 7
B-1,
C-2, 3, 4, 5

Schwartz Field Services
9211 Lazy Lane
Tampa, FL 33614
(813) 933-8060
A-4, 5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

SMS Marketing
10805 Sunset Off Dr., Suite 305
St. Louis, MO 63127
(314) 821-1103
A-5, 6, 7, 8
B-1, 2
C-2, 5, 8, 9

Strategic Marketing Corp.
City Line & Belmont, GSB Building
Bala Cynwyd, PA 19004
(215) 667-1649
A-2, 5, 6, 7
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Taylor Research
3202 Third Avenue
San Diego, CA 92103
(619) 299-6368
A-1, 2, 3, 4, 5, 6, 7, 8, 9
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9
(See Advertisement on Page 49)

Tehila Associates
777 Ridgeview Dr.
Ogden, UT 84403
(801) 479-7500
A-2, 5, 6, 7
B-1, 2
C-5, 8

Tele-Research, Inc.
6336 No. Cicero Ave.
Chicago, IL 60616
(312) 282-8111
A-6
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Telerx Marketing, Inc.
901 Bethlehem Pike
Spring House, PA 19477
(215) 641-1616
A-1, 4, 5, 6, 7
B-1
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Thomas Research, Inc
3003 W. Alabama, #101
Houston, TX 77098
(713) 520-7263
A-5, 6, 7
B-1, 2
C-1, 2, 7

Total Research Corp.
5 Independence Way
Princeton, NJ 08540
(609) 921-8100
A-2, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Trade-Off Marketing Services
11365 Ventura Blvd., Suite 123
Studio City, CA 91604
(818) 508-6345
A-5, 6, 7
B-1, 2
C-1, 2, 3, 4, 8
(See Advertisement on Page 27)

**Trandfacts Research/
Field Services**
Div. of The Creative Group
31800 Northwestern Hwy., Suite 380
Farmington Hills, MI 48018
(313) 855-7810, 7811
A-2, 5, 6, 7, 9
B-1, 2
C-1, 2, 3, 4, 5, 7, 8, 9
(See Advertisement on Page 25)

Urban Science Applications
200 Renaissance Center, Suite 1230
Detroit, MI 48243
(313) 259-6933
A-8, 9
C-2, 4, 5, 7, 8

Valley Forge Information Service
Valley Forge Corporate Center
1000 Adams Avenue
King of Prussia, PA 19406
(800) 345-6338
A-3, 6, 7, 8
C-1, 2, 3, 4, 5, 6, 7, 8, 9
(See Advertisement on Page 21)

The Vanderveer Group
555 Virginia Drive
Ft. Washington, PA 19034
(215) 646-7200
A-5, 6, 9
B-1, 2
C-1, 2, 3, 4, 5, 6, 7, 8, 9

Venture Marketing Assoc.
P.O. Box 171392
Memphis, TN 38187
(901) 795-6720
A-2, 3, 4, 5, 6, 7
B-1, 2
C-2, 5, 6, 7, 8, 9

Continued on p. 55

WE UNCOMPLICATE CONJOINT.

Which product will a customer choose?
How do they weigh their options and priorities?
Which feature(s) will they give up to get? Which
marketing information/research will reveal the
true hot buttons?

EVERY DECISION INVOLVES TRADE-OFFS!

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alternatives and making concessions and
compromises. Traditional marketing research
and management information sources
seldom includes this critical aspect of
basic behavior!

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is a full service specialist in
conjoint/ trade-off
analysis. We use
interactive computer
techniques.



15 years of "What If?" prediction modeling
experience . . . with 100's of projects covering most
business and consumer categories.

Learn *which weigh* your customers will
react . . . *before you commit significant time and
money.* Think of it as management CAD/CAM with
spreadsheet capabilities. Gain a competitive edge
with proprietary strategic information. Studies can
be completed in a matter of weeks on very
reasonable budgets.

WHICH SUPPLIER DO YOU USE?

That too is a matter of Trade-offs. Check
us out, *weigh* your options and make
the best choice.
For an estimate
or demo contact
Harris Goldstein,
President.

11365 VENTURA BLVD. STE. 123
STUDIO CITY, CA 91604
(818) 508-8345

Circle No. 180 on Reader Card

Marketing software

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SMSAs and states. Metro MarketPac provides the same variables for smaller area analysis for every zip code in the SMSA selected. Contact NDS' Client Services (800) 882-6200 (6 a.m.-5 p.m. PST) or (800) 492-3636 in California.

Network, Inc. QuickLIST is capable of accessing mailing list options through usage of the keyword search capabilities. QuickLIST's database is updated on a bi-weekly basis and compiled without bias. Free inclusion in the database is available to all list owners and their agents. Contact Eben Kent or Marilyn Stewart of SRDS at (312) 441-2254 or (312) 441-2161 or Emily Kelso of CCX at (800) 847-0053.

First-aid study

The first-aid products, now approximately \$650 million at retail, will reach a level of more than \$1 billion by 1994, according to a new study by Packaged Facts. The study, "The First Aid Products Market," contains separate sections on both the overall market and the major types of first-aid products. It covers consumer usage, the situation at retail (including pricing and margins), market size and growth, future market growth, the competitive situation, and advertising and promotion. Also included are profiles of the major markets. Contact Packaged Facts, 274 Madison Ave., NY NY 10016.

Forecasting system

Managers in need of generating budget, sales and inventory forecasts utilizing well-established forecasting approaches will find themselves producing better and more reliable forecasts with the new release of 4CaST/2, a comprehensive

Core Analytic, Inc.

graphical forecasting system, claims Core Analytic, Inc. Designed for the nonstatistical practitioner, the 4CaST/2 (Version 1.1) package has a built-in editor to customize ASCII files for mainframe up or downloads and translates popular formats as well. Contact Core Analytic, Inc., 674 R. 202-206 North, Bridgewater NJ 08807. (201) 218-0900.

Presentation software

SPSS announces new versions of SPSS/PC+™ and its options for the IBM Personal System/2™. These data analysis and presentation software packages are available on 3.5-inch media and the company will continue to sell its products on 5.25-inch media as well. Also, Data Entry II is a stand-alone product that permits the user to enter data, verify the accuracy of the data, and edit data files according to user specifications. It reads and writes ASCII files as well as those for dBASE II™, dBASE III™, Lotus 1-2-3™, Symphony™, Multiplan™, SPSS/PC+™ and SPSS-X™. Contact SPSS Inc., 444 N. Michigan Ave., Chicago IL 60611. (312) 329-3300.

Mailing list program

Arc Tangent, Inc., announces ArcList, a mailing list management program written for the IBM XT/AT/386 and compatible computers. ArcList allows a user to catch near-duplicate records, invalid zip codes and incorrect state abbreviations. It can manage lists of up to 20 million names, print any label, and do carrier route, five-digit, and Zip + 4 postal presorting for all classes of mail. Contact Arc Tangent, Inc., 923 Olive St., P.O. Box 2009, Santa Barbara CA 93120. (805) 965-7277.

Food, beverage study

Both Volume I and Volume II of the 1987 MENUFACTS™ are now available for immediate delivery. MENUFACTS™ is a comprehensive, easy-to-use desk-top reference on food and beverage consumption, in-home and away-from-home in the U.S. Contact Karen Senger, promotion coordinator (312) 480-9600.

On-line identification system

QuickLIST, an on-line direct-marketing identification system, is available through Standard Rate & Data Service, Inc. This new list discovery tool of 10,000 up-to-date mailing lists and 80,000 list segments has been developed by SRDS and CCX

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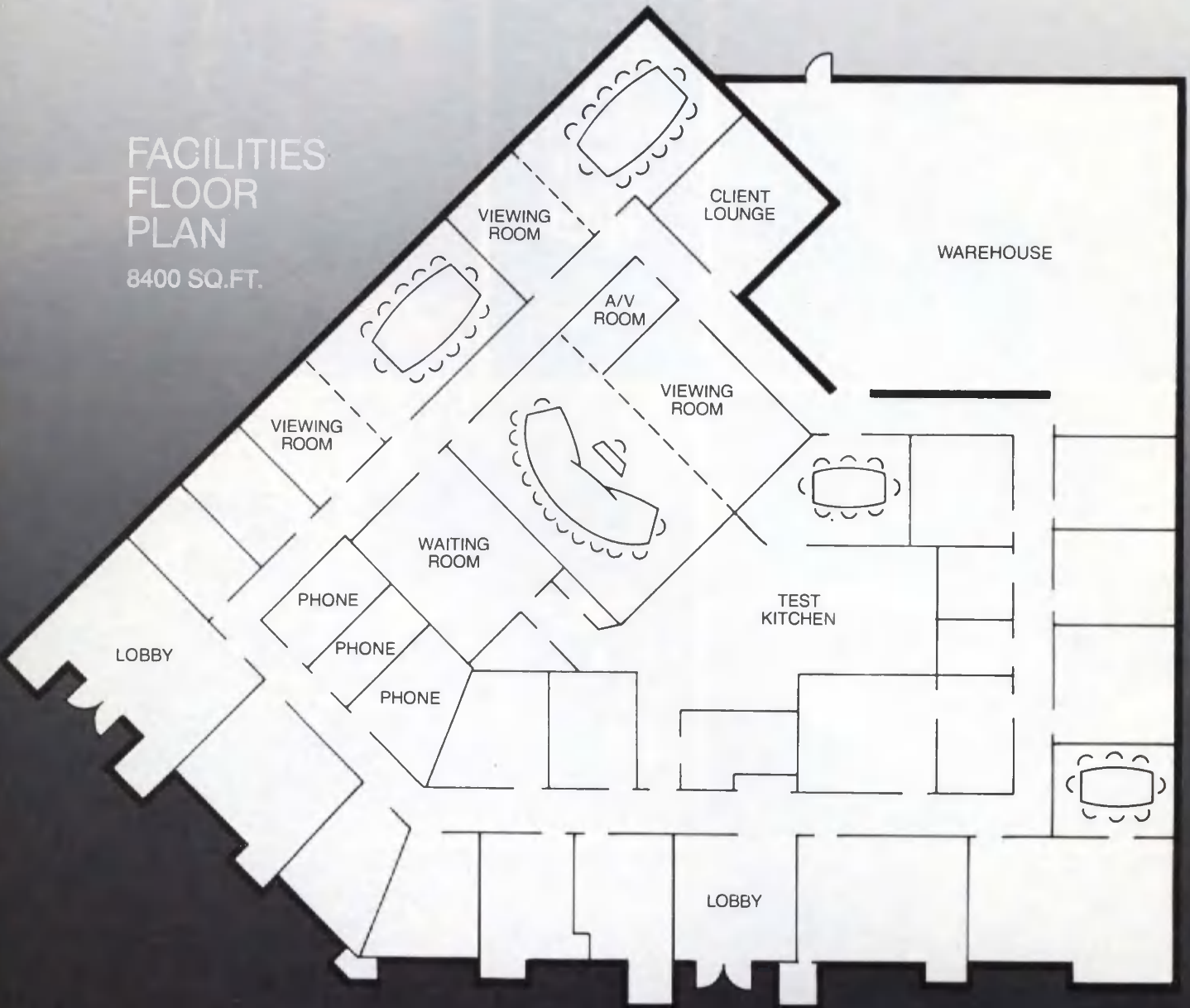


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By Tom Quirk
publisher

Most business-to-business researchers work within very narrowly defined categories where neither omnibus studies nor syndicated research are available. They face a particular problem when a tracking study is needed to closely monitor marketing efforts on certain products or services because usually a limited budget is available. One of the solutions to this problem can be the establishment of a panel.

A number of years ago a client of mine was attempting to track product usage among a selected group of end-users. Syndicated data was not available nor were available omnibus studies sufficiently selective to meet his needs. The budget was limited. Rapid turn-around was critical because the product was marketed through a two-

step distribution system. The product had a limited shelf life and consumption was subject to wide swings which could not be predicted based on distributor-retailer ordering patterns.

The client and I discussed the problem. We determined that the budget would not allow for a sufficient number of normal tracking studies using a sampling of the target audience. In reviewing what we knew of the industry it became apparent that available government statistics were detailed and updated quarterly.

Independently, we reached a similar conclusion. The most effective method of collecting the necessary data, within the budget constraints, was through the establishment of a panel. We used all of the known data of those within the target group to select the 100 who would mirror the entire audience.

As we were building the database

for selection of the panel we also set firm questionnaire guidelines. It would be short, simple and not change over time. We wanted high response and comparable data.

Respondents were never asked if they wanted to be members of the panel. We sent the questionnaire and \$1 every month to each of those selected. Each questionnaire had an identifying code which was readily apparent to the respondent. The respondent could complete the questionnaire in less than one minute as he was merely asked for the brand used that month, the quantity used and if the brand used that month was different from the one used the previous month.

Normally a minimum of 75% mail response was received. After 10 days follow-up telephone calls were made to non-respondents until a 94% response was received. Call backs were

continued on p. 35

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Good intentions?

Only about half of adults who buy athletic apparel participate in the sport the apparel was made for, reports American Sports Data Inc. A partial breakdown: 50% of all buyers of tennis shoes don't play tennis; 49% of people who buy running shoes don't run at all; 43% of people who buy leotards never work out in them.

Majority of unemployed get no benefits

Just 33% of the unemployed received unemployment insurance benefits in an average month last year, the lowest in the program's 52-year history, according to a study by the Center on Budget and Policy Priorities in Washington, D.C. Based on the monthly average, 5.5 million jobless people didn't receive benefits last year, the non-profit research group says.

Relatively high unemployment along with federal and state cuts in jobless insurance were cited as among the major causes. Fewer than one in four jobless got benefits in Alabama, Arizona, Florida, Indiana, Kentucky, Mississippi, New Hampshire, South Dakota, Tennessee and Texas.

Virginia had just 15.9% of the jobless getting such benefits in an average month, the lowest percentage cited.

Cable, broadcast jobs increase for women, minorities

Job opportunities for women and minorities in the cable and broadcast industries improved somewhat in 1986, according to figures compiled by the Federal Communications Commission.

Last year, women held 29.2% of the jobs in the top four categories - officials and managers, professionals, technicians and sales workers - in broadcasting, the FCC reveals. In the cable business, they held 27.4% of the jobs in the same categories. In 1985, the figures were 28.6% in broadcasting and 23.5% in cable.

The FCC says members of minority groups occupied 15.4% of the positions in the top four job categories in cable and 13.7% in broadcasting in 1986. In the previous year, minorities accounted for 14.7% of cable's top jobs and 13.5% of those in broadcasting.

Despite improvements, the cable and broadcasting industries lag behind others in employing women and minorities, the FCC says.

In 1986, women made up 44.5% of the labor force and minorities 20.5%, the FCC says. In the cable industry, however, women accounted for 40.4% of the work force last year and minorities 18.5%. In the broadcasting industry, women comprised 37.4% of the work force and minorities 16%.

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NAMES OF NOTE

The Commission on Professional & Hospital Activities has named **Dale Schumacher, MD**, as the program director for the Department of Defense External Civilian Peer Review of Military Patient Care program. Dr. Schumacher replaces William Munier, MD, who initiated and managed the development of the program.

Michael K. Stack has been promoted from client service executive to account executive in the Nielsen Station Index Chicago office. Stack began his Nielsen career in 1977 as a media field representative in the Chicago area. In 1980, he transferred to the Statistical Research Department in Northbrook, IL, where he was a senior research statistician. He joined the Chicago NSI staff in 1983 as a marketing representative and was promoted to client service executive in 1985.

Terry Sison has been promoted from media research specialist to client service associate in the Nielsen Television

Index Menlo Park office. Sison started at Nielsen in 1985 as a junior service analyst in the Data Applications Department where she was later promoted to media research specialist.

Maria Falconetti has been named vice president, east coast office for Custom Research, Inc. She had been vice president, associate research director with Saatchi & Saatchi Compton, Inc., New York.

Rob Hebenstreit was promoted to vice president, Petry National Television, New York City, from director of research.

Joining Bloom Agency, New York City, is **Jeff Bntler** to vice president research and strategic planning. He was formerly with DFS/Dorland where he was vice president/associate research director working on Wendy's, Kenner Toys, Entre Computers Centers and Royal Crown Cola.

Opinion Research Corp. has announced the promotion of **Brian S. Morgan** to manager of the company's organizational research section, whose activities include survey research and consulting services in human resource management. He began his career with ORC as a research director in 1977 and was elected a vice president in 1984.

Stacy Sacco has joined Transamerica Financial Systems & Concepts, Orange, CA, as research and development manager of product management.

Lawrence Labash has been promoted to senior vice president, Market Facts Inc., Chicago.

Precision Interviewing Service has changed its name to **Precision Field Services**. In conjunction with the name change is a move to a new 4,700 sq. ft. qualitative facility featuring two focus group rooms at 7900 N. Milwaukee, Niles, IL, 60648. (312) 966-8666.

Seaport Surveys, a new full-service market research firm, announces the opening of offices at 134 Beekman St., New York, NY, 10038. (212) 608-3100.

Accurate Marketing Research, Inc. announces a change of address and telephone number: 2214 Paddock Way Dr., Suite 100, Grand Prairie, Texas, 75050. (214) 647-4274.

C.A. Walker & Associates, Inc., marketing research and consulting, has moved its headquarters to 3800 Burham Blvd., Suite 516, Los Angeles, CA, 90068.

Joining the staff of Bruce Z. Bortner at Intersearch Corp. is **Lisa Wyckoff**, senior project director. Prior to joining the firm, Wyckoff was senior project director at RMH Research, Inc., River Edge, NJ; **Mary Connell**, project director. Previously, Connell was project director at Chilton Research Services, Radnor, PA; **Randi Gold**, assistant project director. Gold joined IC as a WATS supervisor and was promoted to assistant project director prior to being promoted to her current position.

Donna Aughey Ely & Associates, Morristown, NJ, announces the addition of **Gerald W. Lott** to their firm. Lott, who joined DAE as research director, has 16 years of experience in conducting primary research, research design and statistical analysis, needs and task analysis and project management. After several years as a researcher and administrator in academia, Lott joined AT&T Communications as a research analyst where he conducted business market research. From there he moved to Warner-Lambert as a senior market research analyst for new product planning and development, working in the pharmaceutical, health care and dietary supplement categories.

Quality Controlled Services has announced the promotion of **Jim Steber** to national marketing manager. Previously, he served as an account representative in the New York area. **Scott**

From the Publisher

continued from p. 33

made to respondents who provided inconsistent responses on brand usage and brand-changing.

Within 20 days after the initial mail-out the data would be on the client's desk. The data was then used to project market share, product consumption and set production goals. And it was accomplished at a quarter of the cost that full-scale tracking studies would have entailed.

Twice-a-year reviews were made of the panel membership. Government data was checked to determine if there were any significant changes in the market geographically or by size of operation. Accordingly, members were added or dropped to reflect changing conditions.

Was the panel successful? We believed it was. We kept it going for 14 years by rigorously adhering to the original decision of keeping the questionnaire short, simple and without change. If we had not followed that criteria the project probably would not have succeeded to the extent it did. MRR

Names of Note

continued from p. 35

Waller has been named to replace **Sterber** as account representative in the New York area. He was formerly a field supervisor with Information Resources.

Simmons Custom Studies/Financial Services, announces the promotion of **Harvey Rosen** to vice president. Mr. Rosen joined Simmons two years ago with more than 15 years of experience in a wide variety of research areas. Prior to joining Simmons, he operated his own research firm.

Opinion Research Corp. announces the promotion of **Valerie L. Deaton** to research associate in the company's Special Markets Group. Prior to joining ORC as a research assistant in 1986, Deaton was canvass director for Congressman Bob Edgar's U.S. Senate campaign, assistant to the legal counsel in the Iowa Senate, and

worked on the Iowa Democratic party field staff for Sen. Tom Harkin's campaign.

Sherri (Bergman) Neuwirth, vice president at **Elrick & Lavidge, Inc.**, has a new assignment. She has transferred from E&L's Chicago headquarters to the New York office on a special assignment and to help introduce several new services.

Profile Marketing Research, Inc., recently moved. The new address and telephone number is: 4020 S. 57th Ave., Lake Worth, FL. (305) 965-8300.

Joining **Carmichael-Lynch**, advertising, Minneapolis, is **Rohert Slocum**, associate research director, **Shelley Gilbert**, research analyst and **Debbie McClernon**, media research analyst.

Mary Beth Witzman has joined **The Vanderveer Group, Inc.**, marketing support and research, Pennsylvania, as director, project management. She was previously assistant vice president of marketing research at **Beneficial In-**

suranee Group, a holding company and subsidiary of **Beneficial Management Corp.** of New Jersey.

Russick Research, Inc., Minneapolis, has been founded by **Bert Russick, Jr.**; **Bertram W. Russick, Sr.**, consultant.

Nordhaus Research Inc., Southfield, MI, has named **Bruce Giffin** and **John Wargo** senior project directors and, **Tom Beresford**, project director. Joining the company as a project director is **Keiviu Taylor**.

Trade-Off Research Services has changed its name to **Trade-Off Marketing Services, Inc.** The firm is located in Studio City, CA.

Joining the **Keckley Group**, health care market research, Nashville, is **Marie E. Williams**, research consultant. She was previously manager of competitive analysis with **Hospital**



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Corporation of America, Nashville and, **Jennifer Ely** as research consultant. Ely was previously research analyst with Holiday Corp., Memphis. Promoted at the firm is **Mary Ella Meek** to director of client services and, **Rohin L. Rose**, to senior research consultant.

Goldring & Co., Chicago, announces several promotions: **Gayle Moberg** to director of qualitative research; **Nancy Weinstein-Smith** and **Michelle Seyforth** to group account managers; **Stephanie Frank** to telephone field manager; **Jamal Dinn** and **Jim Tiedmann** to senior project directors; and, **Carol Dorf** and **Kelly Ourada** to project managers. Joining the company is **Diane Fraley** as account manager.

Maritz Marketing Research Inc. announces the addition of **Dr. Steven L. Renshaw** to the company's Los Angeles full-service division. He will serve as research manager with client service responsibilities. Renshaw was formerly marketing research manager at Sears Savings Bank.

Carlos Garcia has joined the Los Angeles division of Maritz Marketing Research as a research manager with client service responsibilities. He is a specialist in Hispanic marketing and was formerly with Market Development, Inc., San Diego.

Olivia M. Vacalis has been promoted from client service executive to account executive with Nielsen Station Index in Atlanta. Vacalis joined Nielsen in 1985 as a client service executive. Prior to this she held positions at Arbitron, WALA-TV and WKRK-TV.

Formerly a telephone supervisor at M/A/R/C, **Janet Mandelville** was named director of telephone operations for Precision Field Services, Inc., Niles, IL.

Debbie Barnstable has joined Nielsen Station Index in Atlanta as client service associate. Barnstable comes to Nielsen from Atlanta Specialty Retailing where she was advertising/media coordinator.

Walker Clinical Evaluations, Inc., an affiliated company of Walker Research, Inc., announces the addition of **Wade Lange** as director of marketing. He will be responsible for new business development for the company, which conducts clinical trials for products seeking FDA approval. Lange was recently employed as a marketing and research manager with Argus PMS, Inc. Previously to that, he spent six years as a marketing associate with Eli Lilly & Co.

Walker Research, Inc., Walnut Creek, CA, has named **Jon Masland** as senior account executive, research analyst division; **Dianna Patton**, account executive and, **Richard Wroblewski**, senior project director.

Winona MRB, Inc., announces two promotions: **J.C. Savage, Jr.**, from account director to account executive and, **Barbara Todd**, from data project director to account associate in client services. Joining the firm is **Bill Kattner** as account director. He was previously with Hickok & Associates, Wayzata, MN.

Nielsen Marketing Research, has appointed **S.C. Ort** to vice president. Ort joined Nielsen's Canadian company in 1978. In 1979, he was promoted to programmer analyst and a year later was named assistant manager of data processing systems. In 1986 he was appointed manager of the applications development group at the Markham, Ontario office and earlier this year accepted an assignment to the Green Bay, WI, office in a similar capacity.

The Vanderveer Group of Georgia, Inc., announces its move to One Security Centre, 3490 Peachtree Road, N.E., Suite 910 in Atlanta. The office and research complex features an extensive focus group facility with audio and video equipment and a one-way observation mirror for in-depth group discussions and individual depth interviews. Marketing for the Atlanta office is headed by **Wayne Klitsch**, manager of marketing services and is staffed by two Ph.D. level behavioral scientists.

Carla Aukett has been promoted to marketing vice president, NFO Research, Inc., Toledo, Ohio.

Nielsen Marketing Research, has appointed **Arlyce Lillegaard** to vice president, customer training. Lillegaard's career with Nielsen began as director of corporate communications with Coordinated Management Systems (CMS), and with the integration of CMS into Nielsen Marketing Research, assumed the responsibility for producing user documentation and training materials for Nielsen's on-line delivery of UPC scanning information.

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— Data Processing Directory —

Supplement Section

Editor's Note: The following information on Data Processing/Software Programs supplements the information provided in the March 1987 issue.

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Section III

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(703) 442-7900
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Sections III, IV
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Continued on p. 40

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Section IV - Software Programs For Use With Mainframes

DONNELLEY MARKETING INFORMATION SERVICES - See Section III.
Software programs for use with PC's for description of Conquest® consumer information system. Databases accessed from PC can also be accessed on a company mainframe. Data can be downloaded to PC for further analysis.

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Focus Group Moderators
beginning on
page 50.

It is a new feature
which will be
in every issue.

Research assures short move is smooth one

By Beth E. Hoffman
managing editor

Last fall, a Midwestern medical clinic moved from the cramped, nondescript, one-story building it had occupied for more than 30 years to a new two-story building. The move wasn't far; not 20 miles, not 10 miles, not even two miles. Just several hundred feet. Yet before the clinic opened its doors to patients at its new facility, market research was instrumental in making sure that short move was a smooth one.

The clinic's concerns were legitimate. If and how would the public's perceptions of it change? And, how could it remain a competitor in a highly competitive medical market?

To address these concerns, the clinic sought the help of Minnesota Medical Services Corp., (MMSC). MMSC was organized by the Minnesota Medical Assn. to help physicians cope with the new realities of medical practice.

The MMSC consulting team is a group of professional consultants dedicated to helping physicians strengthen their practices' management and succeed in today's competitive medical marketplace.

One of MMSC's consultants is Elise D. Jamison, president of MedFocus, a market research, market planning and consulting firm for medical organizations located in St. Paul, Minn. Jamison was asked by MMSC to be lead consultant for the clinic's study. Lorman L. Lundsten, Ph.D., associate professor of marketing management at the College of St. Thomas in St. Paul and also a consultant with MMSC, assisted Jamison in the project.

All in favor

To her surprise and delight, Jamison found that the physicians at the clinic were all in favor of conducting market research prior to developing and implementing a marketing plan. They had a good understanding that "jumping into" a marketing and advertising campaign prior to doing research would be an ineffective and inefficient route for getting their clinic off to a good start.

When Jamison began consulting physicians in general three years ago,

"At one time, physicians didn't have an understanding of what marketing was. They weren't sure why clinics did it. To them, 'professionals didn't need to advertise.'"
Elise Jamison

these were hardly their sentiments. Marketing, to most of them, was a sign of a "practice in trouble" and a procedure they mistrusted because of the cost and what its results might be.

"Physicians didn't have an understanding of what marketing was," explains Jamison. "They weren't sure why clinics did it. They thought of chiropractics and lawyers, less 'professional' occupations, as those who engaged in marketing. To them 'professionals don't need to advertise.'"

But today, physicians look at marketing differently, continues Jamison.

"Physicians are now much more sophisticated in their understanding of

what marketing is. They understand that it's more than placing an ad or making up a brochure. Physicians are going through an evolution in which they are now seeing marketing as an important and often times necessary aspect of their practice."

Research methods

There were four research efforts conducted to find out how the clinic was perceived: Staff interviews with physicians and nurses; mall intercepts in a nearby shopping area; focus groups using the clinic's patients; and, one-on-one interviews with physicians



Elise D. Jamison has been president of MedFocus, a market research, market planning and consulting firm in St. Paul, Minn., for the past three years. Previously, she was director of Marketing Coordinated Health Care, a health maintenance organization. Besides consulting for Minnesota Medical Services Corp., a subsidiary of the Minnesota Medical Assn., Jamison teaches a course on marketing for service organizations at the University of Minnesota. She has also taught marketing management courses at the undergraduate level at the College of St. Thomas in St. Paul, Minn. Jamison is president of the American Marketing Assn., Minnesota Chapter.

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and patients using a technique called Kelly's Repertory Grid.

The technique, named for the perceptual psychologist who developed it, is frequently used in packaged goods research. It was used in this study for medical services research, primarily as a tool for questionnaire development. According to Lundsten, it's intended to show how people perceive things.

The grid requires respondents to use adjectives or attributes to describe the stimuli in question. In this case, the respondents were asked to describe their perceptions of eight Midwestern medical clinics, one of them being the clinic referred to in this article. With the exception of one of the clinics, all of them were competitors of this particular clinic.

The intention of the study was to discover how the respondents (the clinic's physicians, patients and non-patients of the clinic), perceived the clinics and how their perceptions of this particular clinic rated or compared with the other clinics.

Kelly's Grid

Each respondent was given a deck of eight cards with the competing clinic names on each card.

Next, the respondent was asked to put each card into one of these stacks: Not familiar at all; only slightly familiar; familiar; and very familiar. Any clinic which the respondent considered "not familiar at all" was withdrawn. Next, the interviewer assembled three stimulus cards from the remaining stacks and asked the respondent, "Which two of these are similar to each other and different from the third? How are they similar? How is the other different?"

The interviewer was instructed to continue probing the respondent to build a list of adjectives that consumers used to differentiate between clinics.

The interviewer then picked another set of three stimulus cards. Again, the respondent was asked to describe how two of them were similar and the third was different.

The interviewer continued to offer new sets of three cards until no new adjectives emerged.

Next, the interviewer put one set of bipolar adjective cards on opposite ends of a seven-point scale and asked the respondent to rate each clinic or

physician's office (s)he was familiar with. The respondent was asked to sort the cards with the names of the clinics and the physicians' offices on them into the categories listed. The closer the respondent put the card to the end of the scale, the more it indicated the respondent's opinion that that particular clinic or physician's office had that particular quality.

Once all the attributes were obtained, the list was "cleaned" to isolate just those attribute pairs that truly differentiated one clinic from another and were truly important to the respondents (such as, a clinic was "close" or "not close" to a respondent's home) and that would potentially determine whether or not that respondent, or a potential patient, would visit the clinic. This helped the clinic see what its strengths and weaknesses were.

Lundsten says the attribute pairs (between 50-60 were obtained), were then "boiled down" to 25 questions

"Physicians are now much more sophisticated in their understanding of what marketing is. They are going through an evolution in which they are now seeing marketing as an important and necessary aspect of their practice."
Elise Jamison

and these became a questionnaire which was fielded in the market area.

Study findings

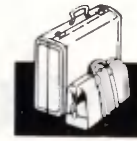
What the exercise revealed was that the clinic had a lot of positive and important attributes that people didn't know about and that should be put in the questionnaire. It also showed that there were some differences between the physicians and patients. Here were some of the findings:

- Only physicians mentioned that a clinic near its hospital was something they thought was important to a potential patient.

- Only physicians mentioned the importance of high-quality physicians; patients, on the other hand, weren't able to judge quality in the same way.

continued on p. 52

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Consulting services provide hospitals with marketing expertise

With the changes in reimbursement practices and competition among hospitals gaining in importance in the last few years, it has become increasingly evident that hospitals of all sizes require marketing expertise.

Many hospitals have met this need by adding marketers to their staffs. Many small and midsize hospitals, however, aren't financially able to add specialized staff members. This is where consulting services offering short- and long-range planning are able to assist these hospitals.

Some consulting firms make use of comparative data to develop plans for individual hospitals. One such Michigan-based firm, which works primarily, but not exclusively with small and midsize hospitals in non-urban areas, uses an on-line strategic information management system. With the system's many databases, the firm can assist hospitals with questions such as: Is there a need for another orthopedic surgeon in our service area? What is our market share? Should we continue to treat a specific DRG?

A spokesperson for the firm, one of the founders and senior consultants, says "Nationally, many institutions are shifting to planning from a marketing viewpoint because of increasing competition and changes in regulations and reimbursement. Health care facilities are given access to our services and information systems based on the scope of the hospital's problems and the strengths of its planning and management team."

By using accessible data from IDS and its own original algorithms, the firm has developed a process which in-

tegrates market research to plan for inpatient and out-patient services in the future. Other products include medical staff planning through the identification of primary care service areas and referral networks and public opinion research. They also offer services including needs assessment, feasibility studies, program evaluation, forecasting and analysis, market analysis, marketing, public relations, certification of need application, and licensure and accreditation.

Two of the larger Michigan hospitals this consulting firm works with are Mercy-Memorial Hospital in Monroe and Bay Medical Center in Bay City. In addition to current contracts with more than 40 Michigan hospitals, the firm also works with nursing homes, home health care providers, agencies such as the Area Agencies on Aging in Michigan, and other health-related groups.

"Many hospitals have experienced a decline in admissions in the past few years, which causes concern," according to the spokesperson. "They need to know the real picture. The best way to approach this is to look at their market share information, perform a historical analysis of market trends, and then use these to develop a projection for the future.

"Each hospital we work with is different. We use the same basic algorithms we have developed but make adjustments to reflect the unique circumstances for the specific hospital. Then we present a number of scenarios to them."

The first scenario is what will happen if the hospital does nothing different. The firm takes the results of its

reports and projects the hospital's future if it continues on its current path. If the hospital's present course is correct, the firm recommends continuing. If the course is negative, then the consultants recommend various courses of action.

The scenarios recommending change may vary from a minimum correction to plans for all out effort.

"The consultants contract for all types of studies," says the spokesperson, "from comprehensive studies like long-range plans to special studies such as identifying the feasibility of providing a new service or determining if a product line needs to be enhanced."

When completing a long-range plan, the first phase completed by the consultant includes: A historical analysis of market share via IDS and the on-line information management system; a hospital specific analysis using the hospital's own data; a public attitude survey; and focus groups for community leaders. The second phase includes medical staff planning, environmental analysis, and a needs assessment. The final phase is the strategic marketing plan: Guidelines for future development, market strategies and recommendations, and the marketing action plan.

The consultant says that the main reason for using IDS is the availability of the state health care database. The firm often does comparisons of similar hospitals, using its own data and data it obtains from IDS. According to the firm, hospital administrators often know their own statistics, but they need to know how they stand in their environment, they need to know their

Editor's note: Background information for this article was supplied to *Quirk's Marketing Research Review* by the Commission on Professional & Hospital Activities which is the developer of BaseLine, the on-line strategic information management system. The Michigan-based consulting firm referred to in this article is Arbor Associates, Inc., Petoskey, Mich. Arbor accesses the many databases included in BaseLine through the Michigan Hospital Assn.'s Interactive Data Base (IDS).

competition and how to react to it.

The firm has developed a very popular project with small hospitals. With the use of demographic data and data from the on-line system and IDS, consultants have created a large model plan which gives the client a complete medical staff planning report.

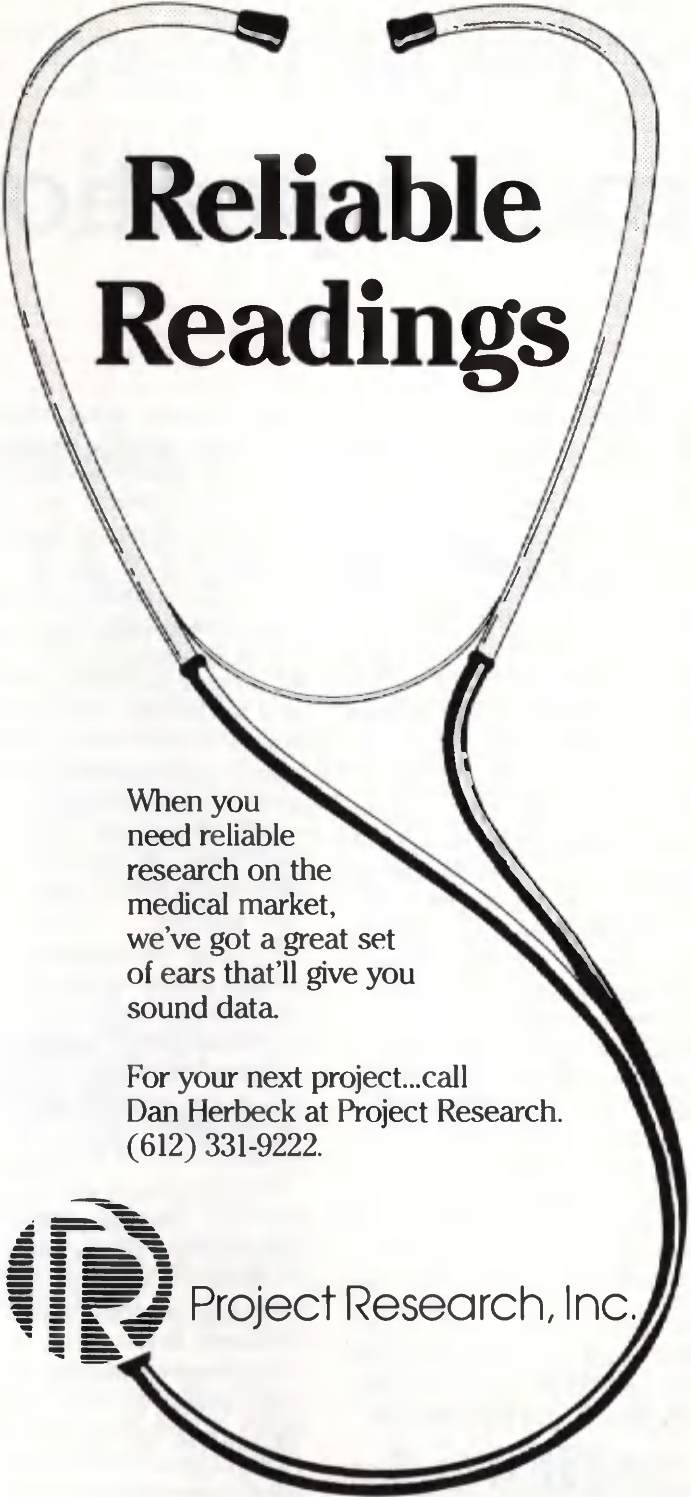
Besides working extensively with hospitals in Michigan, the firm is expanding its services outside the state. In doing so, they rely heavily on the on-line system to give them access to the various databases they need. The consultant for this on-line system has agreements with many state hospital associations allowing access to several state health care databases, just as they do with Michigan. The on-line system's databases also include demographics data such as population statistics by zip code, length of stay and fatality norms and other customized data.

"The focus of our market-based planning is on the relationship that exists between health care resources and the needs and trends of the community," adds the spokesperson. "And the end result of the plan is an increase in the effectiveness of service in the community." MRR

Movers and settlers

According to the Census Bureau, states that gained and lost the most residents (in thousands) between 1980-85 include:

- Florida, + 1,400
- California, + 1,400
- Texas, + 1,200
- Arizona, + 313
- Georgia, + 271
- Michigan, - 497
- Ohio, - 389
- Illinois, - 316
- New York, - 220
- Pennsylvania, - 200.



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A strategic technique for health care product positioning

Questions of pricing and pricing strategy are among the most difficult faced by health care marketers, even seasoned pros. There are two major reasons for this: First, so much is at stake where even a slight difference in cost per unit can significantly increase or decrease product sales and affect bottom-line revenues; second, there is so much inherent uncertainty in predicting the results of either a pricing change for existing products or pricing a new product entering a competitive arena.

The typical health care marketer is nevertheless unsure about the precise results of his pricing actions. The product in question may be currently in the process of licensing, and the company wants answers to the following questions.:

- What will be the most profitable price position for the new product?
- What will be the effect of a price change on the product's sales?
- What effect will the price change have on competitive offerings?
- Will the competition follow suit and change prices?
- If so, what will the effect be on the product?

In other words, the marketing professional needs to answer several questions pertaining to price elasticity.

Several approaches to resolving questions about price elasticity have been used. A new methodology has been developed which paints a more accurate picture of just how each product in the market under study affects the other products by its pricing strategy. For the last five years, Total Research Corp., a Princeton, N.J., full-service marketing research and consulting firm, has been performing price elasticity studies using a tech-

nique currently being marketed as a proprietary package known as PEMS (Price Elasticity Measurement System). This technique uses experimental design theory to measure price elasticities.

In 1982, Total Research was asked to perform a study for an agricultural chemical manufacturer to determine the demand and pricing elasticity of a new herbicide. The manufacturer wanted to know what its share of the herbicide market would be if the new product cost farmers \$15 an acre, \$18 an acre, \$30 an acre, and so on. At the same time, the manufacturer wanted information on the price elasticity of other products.

Using the new technique to simulate market conditions for a variety of pricing scenarios, the firm predicted that the manufacturer would sell 19 million gallons of the new herbicide in the first year at the most advantageous introductory price. As it turned out, the manufacturer sold 18 million gallons.

The first project was the start of the formal development of the PEMS. To date, the firm has performed numerous studies of this type in a wide variety of markets, including several in the health care field.

Like conjoint analysis, the technique relies heavily on experimental design theory. Respondents are exposed to a series of purchases in which they are asked to choose between a realistically wide variety of products or services. Prices vary according to a rigorous experimental design.

For health care marketers, the technique can provide invaluable information about their products and their competitor's products. In many cases, their products are going to be marketed to a professional health care provider, such as a physician or pharma-

cist. According to Bruce Kossar, Ph.D., a senior project director at Total Research who has worked on several PEMS health care projects, "The health care product 'user' in study may be influenced by a myriad of factors that would not apply to a consumer goods product. For instance, a physician may be sensitive to the patient costs associated with a particular procedure; a surgeon may be looking for certain technical specifications; a hospital staff pharmacist may be very concerned with budgeting, and so on."

For Johnson & Johnson Cardiovascular, the customers for a new tissue heart valve were cardiovascular surgeons who made the decision about which valve to use in surgery. Before introducing their new product, their marketing executives wanted to evaluate customer attitudes toward the new valve, measure potential demand, and determine a positioning and pricing strategy.

Working with 23 geographically dispersed markets, Total Research conducted half-hour interviews with 145 cardiovascular surgeons in their own offices, selecting those with familiarity and surgical experience with heart valve replacement. The final report, which predicted market share at three different price levels, revealed the most profitable level of pricing for the new product entry. The study also showed that the new valve was favorably perceived by cardiovascular surgeons, many of whom said they would be interested in the product when it becomes available on a consignment basis.

According to James P. Baker, Jr., product director, Johnson & Johnson Cardiovascular, "The PEMS study assisted us greatly in creating an optimal positioning strategy for this important new product launch."

This research technique reveals a wealth of information regarding pricing, including: Model variation; price elasticity; variant pricing; product improvement; competitive cross elasticities; and, price simulation.

Pricing and pricing strategy will likely continue to be among the most difficult issues marketing executives face. However, new technology for measuring price elasticity makes it possible to obtain a much more accurate and complete picture of the effects of price on products or services.

PEMS methodology

PEMS offers a combination of technologies and features which Total Research Corp. believes makes it categorically different and better than any other existing methodology:

1. It provides a unique price elasticity curve for each brand. Unlike conjoint analysis, for instance, PEMS does not make the naive and unsupported assumption that all brands in a market have the same price elasticity.

2. Unlike practically any other methodology, PEMS provides a complete set of competitive brand cross-elasticities. Cross elasticities are the effects of the price change of one brand on the success of another. How does the price strategy of Health Care Service No. 1 affect the sales of Health Care Service No. 2, and vice versa?

3. PEMS allows the user to simulate the market shares for existing product or service entries under any conceivable pricing situation. What if Health Care Vendor No. 1 raises its prices by 15%, Vendor No. 2 by 5%, Vendor No. 3 by 8% on one part of its line while lowering prices 3% on another part? PEMS provides accurate market share estimates.

4. Given cost information and assumptions about competitive counteractions, PEMS can isolate an optimal pricing strategy to enhance profitability. In many cases, closely following the guidance of a PEMS study will add millions of dollars to the bottom line.

5. The model is self-validating. Before future projections are attempted, the first step is to predict current market shares. Any sampling or measurement errors can be corrected at this step - but such corrections are rarely necessary, since PEMS estimates tend to be on target.

6. The advantage of so-called real-life techniques (econometric analysis, test marketing) is that they try to measure what happens in reality. But unfortunately, in real life many factors other than price affect sales studies using these "historical" techniques. Therefore, they provide confounded predictions and distorted estimates of cause and effect. PEMS isolates the effect that pricing has on sales - unconfounded by advertising, promotion,

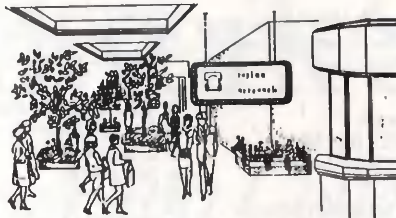
new product introductions, and so forth - while also providing accurate estimates of what will happen in the real world.

Overriding all other drawbacks, the problem with laboratory (as opposed to real-life) price experimentation has been that market research in the lab has either grossly overestimated or underestimated price effects. Based on extensive empirical evidence, PEMS apparently does not have this problem.

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Two regular features added

Tom Quirk, publisher of *Quirk's Marketing Research Review*, announces the addition of two new features that will appear regularly beginning with the June/July issue.

One will be a listing of qualitative research/focus group moderators. This new feature allows qualitative research professionals to provide information regarding their capabilities and specialties. It will assist researchers

who are looking for qualified individuals and organizations to conduct projects for them.

The first edition appears in this issue. It is approximately one page in length. When the listing section exceeds two pages, a subject index will be added for the benefit of readers.

The second addition is a business-to-business feature that will be written by Quirk. Quirk has almost 30 years of

experience in marketing research with much of that time devoted to the business-to-business area. His column will provide practical suggestions on how researchers can use different techniques to meet information needs.

Both of these regular features are part of MRR's program to provide readers with useful, practical ideas that can be used in improving the way research information is collected and used.

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Short Move

continued from p. 45

- Physicians felt quality of care was an important concern with patients; patients didn't consider it a factor which varied between clinics.

- Patients differentiated between the high-technology clinic and the more "conventional" clinic, the former being the most desirable, as an important characteristic in choosing a clinic. Physicians, however, did not see this factor as a major practical difference.

When the questionnaire was fielded, the respondents emphasized the importance of a clinic being close and convenient to them. The results showed that the respondents were familiar with the Midwestern clinic, felt it was well-known and established and also convenient. They also knew the staff was experienced and gave high-quality care. What they didn't recognize, however, was that the clinic has specialists for whom they have easy access.

Results at work

Jamison says the results of the findings have prompted some internal changes, helped set a direction for brochure development as well as further communication with the market.

Additionally, a report was packaged for the clinic describing a communications and marketing strategy.

The clinic also hired a communica-

tions consultant through MMSC to handle all of the advertising changes. New brochures are being developed and a new identity treatment of the clinic's name is also being produced.

"The new identity is more sophisticated, more professional and emphasizes that the clinic is one of specialties," explains Jamison. "It will be balanced with pictures of what these specialists do, while showing the attitude that the clinic is caring, friendly and close and convenient to people.

"Media advertisements will be more consistent and more standard now than they use to be," says Jamison. In the past, the clinic's ads did not have a consistent format or appearance."

Although a full-scale market research follow-up project is not slated until next year, the clinic is keeping tabs on how its changes are affecting patients' perceptions and satisfaction with the clinic with an on-going patient satisfaction survey. In the meantime, the research conducted thus far is expected to produce immediate positive results and a new direction in marketing efforts. MRR

Smoking breakdown

According to the National Center for Health Statistics, a breakdown of the U.S. population by cigarette smoking status shows:

- Never smoked, 45%
- Current smoker, 31%
- Former smoker, 24%

Pro football leads in TV viewing

According to Simmons Market Research Bureau, Inc., these numbers (in millions) of Americans frequently watch sports on television:

- Professional football, 63.2
- Baseball, 62.7
- College football, 48.9
- Boxing, 37.2
- College basketball, 36.2
- Professional basketball, 34.7
- Professional wrestling, 28.8
- Bowling, 28.6
- Tennis, 26.3
- Auto racing, 25.8
- Golf, 25.8.

Medical Publication

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pleasing: More check-off questions than open-ended, more white space, quality paper and a hand-stamped envelope to make it more personal and to help distinguish it from third-class mail.

Telephone surveys

When MECI conducts telephone surveys among physicians and non-physicians, and which they do for projects that are corporate in nature or acquisition oriented, they try to keep the interview to five minutes. If it is a physician, the interviewer always asks if it's a convenient time to conduct the interview but if not, can it be rescheduled at a more convenient time.

"You've got to be careful not to infringe on their time; you don't want to alienate them," warns Sibley. The manner in which the physician is treated and approached often makes or breaks the chance the physician will participate in future research.

This is especially true when it comes to "truth in packaging," says Sibley.

"Physicians should be told what the real reason is for the study. Often times a company will conduct a focus group giving the impression it's for research purposes when it's really a sales objective. That's very uncomfortable for us because our purpose is always just for research. We try to keep it clean and point out that it's not a sales technique but for research or editorial purposes. When research is disguised and actually is a sales device, the participants' refusal to be surveyed is justified." MRR

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Strikes lose millions of worker-days

The country's major manufacturers lost almost 5.8 million worker-days to strikes in 1986, up 68% from the previous year and up 135% from 1984, reports the CPA firm GrantThornton. Although it was a loss of 1.2 days' work out of every thousand, manufacturing strikes have decreased substantially since immediately after World War II.

Leading the list is USX Corp. which had the most costly strike. Others include: Deere & Co., Weyerhaeuser Co., General Electric Co. and Timken Co.

GrantThornton reports that the walkouts erupted from management's push for wage and work-rule concessions to stay competitive.

Pediatrician

continued on p. 12

in future survey research with that company.

For several reasons, Dr. Anderson dislikes telephone surveys. "They're impersonal, they take up my time and my information. The interviewers are getting paid for their work and justifiably so but the interviewee also deserves consideration for his time.

"If I participate in a telephone survey, I answer the questions in a casual way so it's probably a waste of their money to contact me. I don't have the time for them. I'm on a time schedule and I have patients to see. The interviews are also conducted at off-hours which interrupts my time with my family."

Dr. Anderson, who receives direct-mail surveys about every three weeks, is more positive about this research technique.

"I don't mind mail questionnaires generally because I can fill them out when it's convenient for me. I won't fill out a four-page questionnaire without an incentive, however. It's just too time-consuming and demanding.

Physicians, on the whole, seem to be willing and even enjoy participating in market research efforts. But, like all survey participants, they appreciate being respected for what they have to offer. MRR

Comparative Data

continued from p. 6

calendar years and including the hospital's most current data;

(2) Comparative data which provides information on more than 90% of the discharges from the state. This includes CPHA's length of stay norms and other normative databases;

(3) Donnelley Marketing Information Services Population Demographics. This service analyzes a hospital's service area and its population trends. Besides geographic segmentation counts and projections by age, race and sex, census-based information in-

"Once we got the data, we had to key it into our microcomputer, a project that took us weeks, even months, to do. Now it takes us 10 minutes, or 30 minutes to do a major study and develop a report." Scott Matthews

cludes families and households, income, education, housing, transportation and employment status.

Other databases available to Colorado hospitals are:

(1) The regional aggregate file that divides the state into several regions and summarizes individual patient record activity by zip code within the state.

(2) A hospital peer group base consisting of five peer hospitals the user selects. This base also includes individual patient records (individual hospital identities are concealed unless otherwise authorized by the participating hospitals).

BaseLine advantages

Matthews praises the capabilities of the on-line system which SMC started using in September, 1985, because prior to that, retrieving data was all done by hand.

"Once we got the data, we had to key it into our microcomputer, a project that took us weeks, even months to do. Now it takes us 10 minutes, or 30 minutes to do a major study and develop a report.

"We also like the idea that it's interactive, user-friendly and that we can down-load the system into our micro-

"The system allows us to input commands so the computer program runs at night. This way, we access data at low after-hour rates and free our microcomputer during the day so that we can work on other projects." Scott Matthews

computer to Lotus and then do graphics work. Another feature that makes the system attractive to us is that we can input commands so the computer program automatically runs at night. This allows us to access data at low after-hour rates and frees our microcomputer during the day so that we can work on other projects."

Editor's note: BaseLine is currently being used by over 100 hospitals and nine hospital associations all over the country. Users include planners, marketers, DRG coordinators, quality assurance professionals, medical records departments, and hospital administrators. MRR

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Statistical Significance

continued from p. 21

dures" that a statistician might recommend, their use would by and large contravene the major conveniences of interactive processing.

The following are some basic guidelines specifically appropriate for interactive ex post facto analyses:

1. Remember that all significance levels and stated probabilities are apt to be very misleading.

2. Document all your procedures, including your reasons for doing an analysis in a particular manner. Especially note intermediate analyses and analyses you do not include in the final report. At least acknowledge unreported analyses in the final report.

3. Use of regrouping, derived variables, selecting of subsets of variables, etc., should be consistent throughout your analyses, substantially justifiable, and used to simplify and summarize rather than to enhance significance levels.

4. Never base major strategic decisions on interactive ex post facto analyses. Justify them solely on the basis of analyses for which probabilities and risks can be meaningfully assessed.

5. Challenge your conclusions. See if another interpretation is viable. Better yet, have an independent review performed by someone with neutral or opposing biases.

It would be difficult to distort a study which produced clear positive results, that is, highly statistically significant differences. But in such cases you probably do not need a statistical analysis to make a decision. It is with the most difficult decisions that bias is most apt to occur. These latter are also the studies which will most likely involve the most extensive interactive data review.

Opening up options

Research may be used to open up options, such as where a perceptual mapping study is used to suggest potential new products, or to close off options, where only one of two or more mutually exclusive options must be selected. For the decisions which are directed toward opening up options, especially for those with minimal financial risk, interactive data exploration can be a highly useful and creative activity, providing those with the most direct substantive knowledge of the problem unmediated access to the "real" data.

On the other hand, decisions which close options, especially where there are severe financial penalties for choosing the wrong option, should be based only on analyses for which explicit risks can be stated. MRR

Correction

In the May Telephone Interviewing Directory of *Quirk's Marketing Research Review*, incorrect information was reported for Total Research as to the number of CRT equipped stations. The listings should have shown that all 76 stations are equipped for CRT interviewing with 16 of these being located in Princeton, N.J., and 60 in Tampa, Fl.

The following information was omitted from the Telephone Interviewing Directory. Bellomy Research, Inc., is a full-service marketing research company located in Winston-Salem, N.C., providing both quantitative and qualitative research in all domestic markets in the U.S. The firm has a 30-station WATS Center for telephone interviewing with 22 CRT's which can be monitored on-site.

The McGraw-Hill Research Co. listing in the Telephone Interviewing Directory should have shown the headquarters in New York City with facilities in Princeton, N.J.

The article titled "TeleFocus technique 'replaces' Focus Groups for Firm's Ad Testing" in the May issue failed to mention that both TeleSession and TeleFocus are registered trademarks of TeleSession Corp., New York City.

The telephone number for the following listing was incorrect in the December/January Focus Group Directory issue. The correct number is:

CALIFORNIA

FRESNO

AIS Marketing Research
209-252-2727

The following information was also omitted from the Telephone Interviewing Directory: JRP Marketing Research Services, 401 Parkway, Broomall, PA 19008. 215/328-3650. Interviewing stations, 30; CRT's, 10; On-site, 20. Off-premises, 17. And, Market Search Corp., 2721 Devine St., Columbia, S.C. 29205. 803/254-6958. Interviewing stations, 31; CRT's, 0; On-site, 31; Off-premises, 0.

continued from p. 27

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B-1, 2
C-2, 3, 5, 7, 8, 9

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(See Advertisement on Page 52)

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Sales up for ready-made orange juice

For the first time, consumers bought more ready-to-drink orange juice last year than they did frozen concentrate to make up themselves. This is despite the fact that chilled juice is made from concentrate. Although frozen orange juice has been cheaper, consumers have opted for chilled juice because its cost has decreased in price, thus narrowing the difference.

Florida, which dominates the frozen juice market, has tried to increase sales with TV ads. More competition from Brazilian growers and out-of-state processors who supply consumers with chilled juice, "has tended to drive the price down," says James Griffiths, head of a Florida growers group. Although Consumer Reports recently judged frozen products to taste better, a Florida survey found shoppers don't perceive a difference.

Employee satisfaction down in last decade

"Employee commitment is declining more than it ever has in the last decade," says Michael Cooper, president of Strategic Management Associates, a part of the Hay Group of consultants in Philadelphia. According to a recent Wall Street Journal report, a 1977 Hay survey of 1,600 U.S. companies reveals that 88% of middle managers and 72% of professionals expressed satisfaction with their company. By 1986, just 69% of middle managers and a little over half the professionals were satisfied. "Their attitudes about their company, its management, the credibility of the communication they receive, their attitudes about supervision, their compensation and benefits - it's declining all across the board," says Cooper.

Eye Surgery

continued from p. 9

ning in the spring of 1985, were shot in the center to showcase the facility.

According to Gomez, "We wanted to emphasize two points in the commercials. One was that a patient would get convenience and a lot of personal care so we showed a lot of touching and hand shaking between the patients

and physicians. The second point we wanted to present was the new, sophisticated technology of eye surgery at our facility. Shots of our center showed viewers a high-tech facility in an atmosphere that provided personal attention. The cost factor was also mentioned."

After the commercials started running, some billboard ads were also developed.

Gomez feels the ad campaign was a tremendous success in terms of the steady numbers coming in although the center didn't conduct a scientific identification of new patients.

Project No. 2

A second market research project was implemented in May, 1986, to find out how effective the ad campaign was working.

"We wanted to know how much our name recognition improved relative to our competition, had we projected the right message and had we communicated to the right people at the right time," says Gomez.

Another telephone survey involving a random sample of respondents was used. This survey showed that the advertising was effective; the name recognition was very high and broke away from everyone else, says Gomez, and the message was perceived properly which generated a very high acceptance of the facility.

From the research, two more TV commercials were developed. The emphasis for these TV commercials was point-of-sale.

"We had accomplished the name recognition and people were accepting of our staff and facility. Our next step was point-of-sale type ads which were very straightforward: 'We can take care of you, call us now.'

"We used the prison-motif," continues Gomez. "We gave viewers the impression that those with cataracts were imprisoned by them, that they were held back by something that could be treated simply and easily and that there was no need for what they were going through. We encouraged them to do something about their condition."

These commercials began running in the fall of 1986 and since then the center has been supporting the ads with radio spots and newspaper and billboard ads.

"We've also been doing some 'soft marketing,'" says Gomez, "to help maintain our existing patient base and keep the center in the public eye." That includes a quarterly newsletter called "Insight" which goes to the center's patients. The first issue utilized a patient survey asking them what they'd like to read about in future issues of the publication.

Free vision screenings in cooperation with local malls and civic activities such as public speeches are other ways ECSC markets itself and its services.

Facility growth

Since the practice opened in 1978, its physical plant has grown from a 3,800 sq. ft. clinic to a 20,000 sq. ft. multi-service eye care center (of which 3,500 is an ambulatory surgery center). The practice also operates three 1,500 sq. ft. satellite offices in Gonzales, Hammond & Plaquemine, La.

The current staff includes five ophthalmologists, one anesthesiologist, four optometrists, one certified physician's assistant, four registered nurses, five surgical technicians, 10 clinical technicians and an administrative staff of 14. Gomez says one or two additional satellite facilities will probably be considered in the future.

Financially, the center has grown equally well. For the fiscal year ending Jan. 31, 1986, the center grossed more than \$5.2 million in total revenue. That represents an increase of more than \$1.4 million from the previous year's revenue of \$3.8 million.

No doubt it's a performance Gomez and the ECSC staff are proud of. And no doubt they would venture to say that market research and well-targeted advertising were a helping hand in that performance.

"Market research helped prevent us from focusing on issues like pain that are understood by our patients," says Gomez. The whole experience was a lesson to us that you do not know what your patients are thinking until you ask them. It's something that needs to be done on a regular basis, too, to find out how you're doing, what's effective and what you should do next."

Editor's note: The field and tabulation work for this study was conducted through Healthcare Images, Baton Rouge, La. MRR

tional issues and associated patterns of behavior.

Love gave one example of a woman she interviewed who was extremely loyal to an over-the-counter (OTC) liquid cold medication. When the woman could not recall any immediate experiences supporting such great loyalty, Love worked back to childhood experience of which she had no conscious memory.

"At that point, under deep relaxation, she recalled that she had been taken, at an extremely young age, to a hospital in Germany during the end of the war. Her mother was not permitted in the ward. She went to an outside window and brushed the dirt off from outside in an effort to find her daughter. The child, seeing her mother outside, was screaming for her. A nurse came over to her with a spoon full of dark liquid medicine, telling the child that if she would take this medicine, she would be able to 'go home sooner to be with her Mommy.' This experience positively predisposed this individual to liquid medications."

The point Love was trying to make here is that many respondents in the study had similar, but less dramatic early childhood experiences anchoring their adult behavior toward specific forms and regimens of medication. Non-users of cold medications tend to have far fewer or none of these early predisposing experiences. In analyzing these data, OGI searches for patterns, the source of beliefs and the formation of product and brand imagery.

Partnership

Love said that qualitative research is a discovery process and in order to produce exciting research that supports, rather than inhibits, creative thinking, qualitative research must:

- Be conducted in an atmosphere of trust and freedom among the research project team and the respondents.
- Involve all relevant users of results, i.e., product manager, research and creative team members, media professional and others.
- Be presented in an open forum, an inquiry of ideas.

"In essence," says Love, "I am speaking of partnership, a relationship of trust among people working together with a shared purpose, to generate superb creative advertising to forward the growth of their clients' businesses." **MRR**

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By Beth E. Hoffman
managing editor



Rational, emotional factors key to copy research

“When the creative process is not tightly connected to the understanding of the rational and emotional issues driving behavior, it is because the research itself has not been approached creatively with the freedom of thinking and methods of exploration designed to yield rich data.”

These were the comments of Renee Love, president of Omega Group, Inc., in her presentation “Uncovering the Rational and Emotional Factors: Implications for Copy Development,” at the fourth annual ARF Copy Research workshop in May at the Grand Hyatt Hotel in New York City.

According to Love, focus groups allow “a broad exploration of issues and concepts, yet they are not an appropriate method of digging deeply into the emotional factors driving behavior. One-on-one, in-depth interviews provide the optional setting to fully explore complex and sensitive issues to copy development.”

Rational and emotional issues are highly interactive; rational factors can provide “permission” to make emotionally-based decisions, says Love. Consumer issues, both rational and emotional, are linked to copy development.

The copy for Mercedes Benz is one example. Love says it emphasizes “high resale value, safety and engineering, thereby giving ‘permission’ to own a luxury car.”

Love points out that quantification is vital to determine the hierarchy of rational and emotional motivators, their proportion in the population, and ultimately, their proper balance for copy development.

Source of behavior

Love says that at the heart of research methodology is the development of a deep understanding of the source of consumer behavior, the predisposing events that happened often times in early childhood. After similar experiences occurred, behavior is fas-

tened into predictable patterns. These patterns are of interest, says Love, because they represent a collection of cohesive rationally- and emotionally-based behaviors that allow us to trust that an individual will operate in a fairly consistent manner over time. It is these behavior patterns researchers want to understand, how they form and how we can change them.

Love gives an example of this by citing a previous ad campaign for Champion Spark Plug Co. The difference between an advertising approach based upon promoting product benefits is contrasted to one that encompasses emotional factors uncovered by OGI’s research.

The 30-second commercial was designed to highlight the performance benefits of the Champion spark plug. The problems, says Love, are that Champion spark plugs have no discernible technical advantage over their major competitors and that Champion competes in an environment where many professional installers simply replace spark plugs with the original equipment brand.

Champion research

Love also discussed the marketing research that supported the development of Champion’s current ad campaign which was developed by Scali, McCabe Sloves.

“Through a series of one-on-one interviews and group discussions, we discovered that the Champion brand, more than any other, was fondly remembered when professional installers recalled early teen-age learning experiences about car repairs. These events were emotionally charged rites-of-passage experiences; respondents felt a sense of accomplishment and a feeling of pride in directly contributing to the performance of their first car.

“Champion did not have a discernible technical advantage in product,” says Love. “However, Champion had established an emotionally-based nostalgic relationship with its market. It also operates 14 technical vans around the country whose purpose is to support the delivery of professional training clinics. The competitors have

none. This training supports the image of Champion and the technologically competent services these mechanics must provide to maintain their customer base.”

Love says the positioning of the rational and emotional elements in the design of the commercial - the song’s nostalgic theme, the camaraderie of the characters, the technical vans - are intended to deepen and sustain the relationship Champion has spent years in establishing its market.

Qualitative content

Love also discussed the context of qualitative research regarding the rational and emotional factors underlying purchase decisions as well as the method OGI has developed to engage in an intimate semi-structured interview with a consumer or an executive.

Context, says Love, is the space in which the pieces of the puzzle fit together. Through the successive recall of earlier and later events, the patterns and connections of consumer behavior begin to emerge. One-on-one interviews allow OGI to discover the framework in which this behavioral exists.

“During these interviews we do not ask why. Consumers do not know why they behave as they do. However, they can tell when events occurred, where they were, who was present and what happened.”

The last step is to find out the meaning they associated with those events. “For it is the meaning that each of us attribute to an event that gives it power, the power to alter behavior,” says Love.

The method is in-depth interviews focused on the recall of current and past experiences and the analysis, a process of isolating rational and emo-

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