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Health care research issue



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1992 SourceBook Supplement

January, 1992

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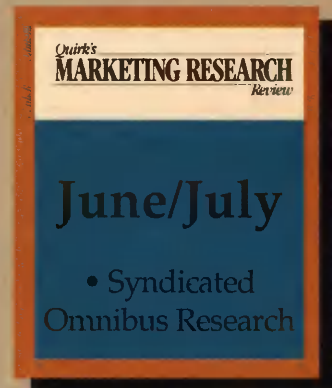
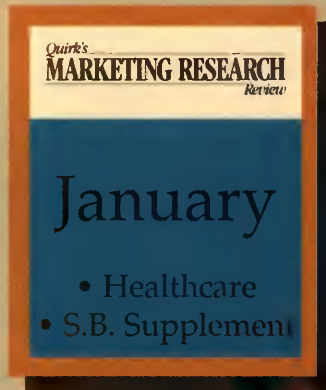
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# Quirk's MARKETING RESEARCH Review

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Statistical analysis helps the staff of Forest Hospital develop quality measures. Photo courtesy of Forest Hospital.



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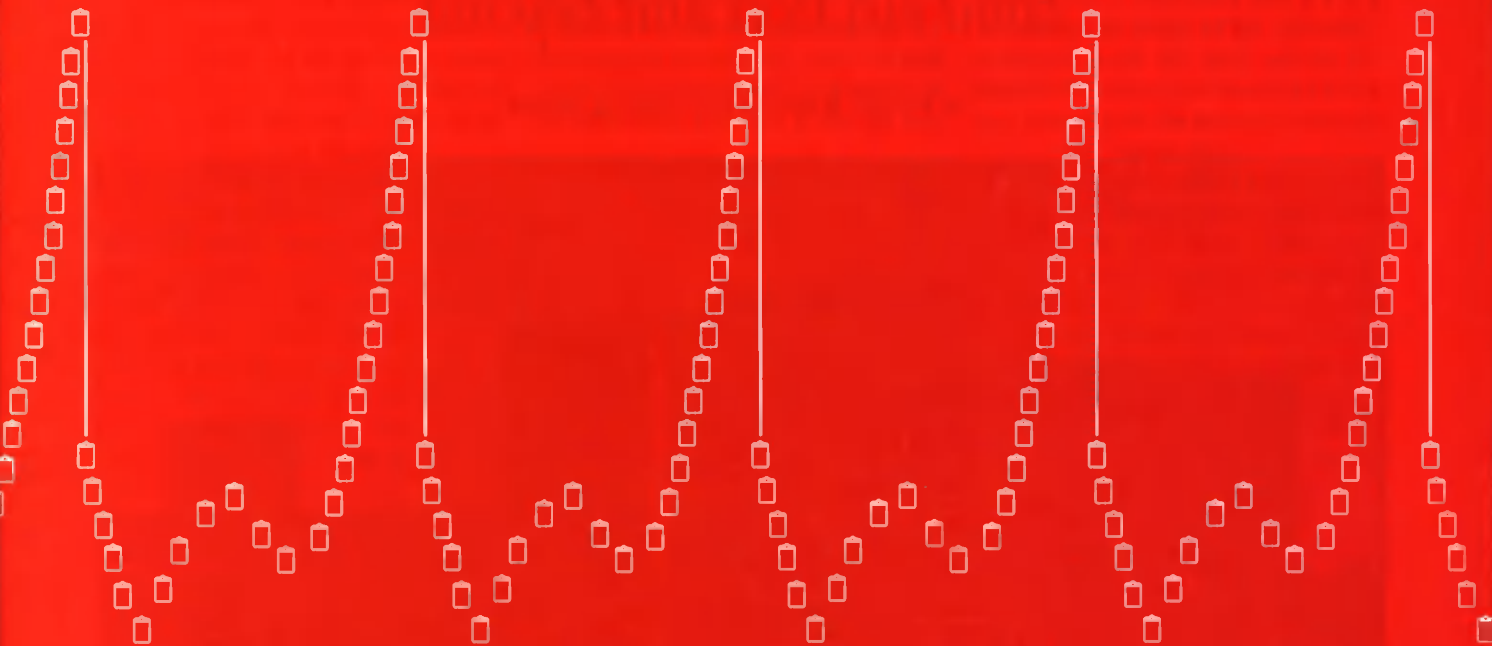
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# Ongoing treatment

*Research helps a rural Arizona hospital through a bond election and beyond*

by Joseph Rydholm/managing editor



**O**ne often overlooked aspect of America's ongoing health care crisis is the disappearance of the nation's rural hospitals. Rising health care costs, shrinking small town populations, a long-slumping agrarian economy—all have taken their toll on hospitals in outlying areas. According to American Hospital Association figures, 330 rural hospitals closed between 1980 and 1990, trimming the number of rural facilities by over 14 percent.

One facility in west central Arizona is



## YAVAPAI REGIONAL MEDICAL CENTER

aiming to stem that tide, and marketing research is part of its plan.

Located in Prescott, about 100 miles north of Phoenix, Yavapai Regional

Medical Center (YRMC) is a full service community hospital staffed for 87 beds. The hospital draws patients from a population base of 65,000. (Prescott's population is about 25,000.) Its proximity to Phoenix makes the region a convenient weekend destination for that city's residents. The Prescott area is also a popular choice for retirees, who, along with other newcomers, contribute to the area's steady growth.

Though YRMC is the only health care facility in its area (with the excep-

tion of a nearby veteran's hospital) it must compete, in a sense, with health care providers in Phoenix. Some residents choose to drive there either for specialized services that Yavapai doesn't offer or because they don't have a local physician.

Because of this competitive situation, the hospital uses a regular cycle of surveys to gauge community awareness and perceptions of the hospital. These help determine what kinds of marketing efforts to undertake, says Robbie Nicol, YRMC's director of development and community relations.

"In a smaller community, it's easier to make assumptions about our market and those assumptions are not always accurate. That's why it's important to stay in touch with all the publics, not only the patients but the family members, the employees, and the people who haven't had any recent contact with the hospital. We're not just listening to one segment. We're trying to listen to everybody."

### Survey of voters

The importance of listening to the market was made clear in 1986, when YRMC used a survey of local voters to help pass a bond election that would ensure funding for completion of a renovation of the hospital.

Though the hospital receives no tax support from area residents, the hospital district operates as a public body, hence voter approval was needed to pass the bond measure. The hospital commissioned a telephone study with voters that Nicol says was critical to the development of a campaign for bond passage that would convince voters.

"I knew I had to have some information about the community's perceptions and attitudes before I could begin to design any kind of campaign. I genuinely do not think that it would have been successful without the information that the research was able to provide," Nicol says.

Chris Herbert, now president of The Insight Group, a Phoenix-based research and consulting firm, designed the bond issue survey for Yavapai while employed by another firm. He says that the survey was designed to find out how people reacted to the bond issue and to determine the arguments that were most likely to sway people to vote yes. "The initial survey data was encouraging but nothing near a slam dunk. Just over half of the respondents were in support of the bond, 20% said they'd vote no, and

says.

In addition, the hospital found that it had some misperceptions of its own. For example, YRMC was proud that its rates were much lower than the statewide average and in comparison to other rural facilities, but this wasn't important to residents. "I think that's because health care is expensive and it's not relative in the minds of the consumer. Although some do shop around for health care, when it's a friend or a loved one, people want the best care they can get," Nicol says.

"That's when I first realized that the community does not think like we in hospital administration think. We were so proud that we had kept our rates low and in fact that probably ended up hurting us in the long run because in the last few years we've spent a lot of time playing catch-up with our rate increases."

### New study

The bond issue passed, and the new section of the hospital has been open since late 1989. Earlier this year, YRMC commissioned The Insight Group to conduct a more marketing-related survey to examine resident impressions of the hospital and determine if the renovation has had a positive impact on community perceptions of the hospital.

"The main goal for the newest study was to find out how the image of the hospital had changed. At the beginning of this year we launched a vision for the hospital. We've done a lot of work internally with the employees and the department managers and we were interested in knowing if that work has had an impact on how we're perceived by the patients and the community at large," Nicol says.

For the latest survey, 400 heads of household were interviewed by telephone. Because of the likelihood that hospital employees or their family mem-



25% were undecided, so the vote shift could go either way. The hospital had to find out what messages the voters needed to hear about the bond issue to assure passage."

### Tax support

From the survey process, the hospital learned that residents had a number of misperceptions about the amount of tax support YRMC received. "We still struggle with the misperception that we're tax supported, even though we've never received any tax revenue since the district was formed in 1960," Nicol

continued on p. 28

# Consulting the maps

*Computer mapping, statistical analysis help the director of research for a Philadelphia-area health care system meet information needs*

**L**ocated in Radnor, Pennsylvania, Main Line Health, Inc. (MLH) is one of the oldest and largest health care systems in its area. The non-profit system includes four hospitals: Lankenau, a large research and tertiary care facility just outside of Philadelphia with 475 beds; two acute care facilities, Bryn Mawr and Paoli Hospitals, with 393 and 208 beds respectively; and Bryn Mawr Rehabilitation, a 121-bed facility located in Malvern, Penn. that receives referrals from five states and the District of Columbia.

As director of market research for Main Line Health, it's Anthony Stanowski's job to coordinate the research studies conducted by each of the hospitals. "Two of the hospitals have research analysts, but for the most part I'm the corporate resource for research. So although we contract out most research studies, the hospitals rely on me for opinions of research methodologies and vendors. It's a decentralized system. From the corporate standpoint there isn't a strong focus of control so

we act as consultants for the hospitals," he says.

One tool Stanowski often uses in the health care system's many data analysis projects is computer mapping software.

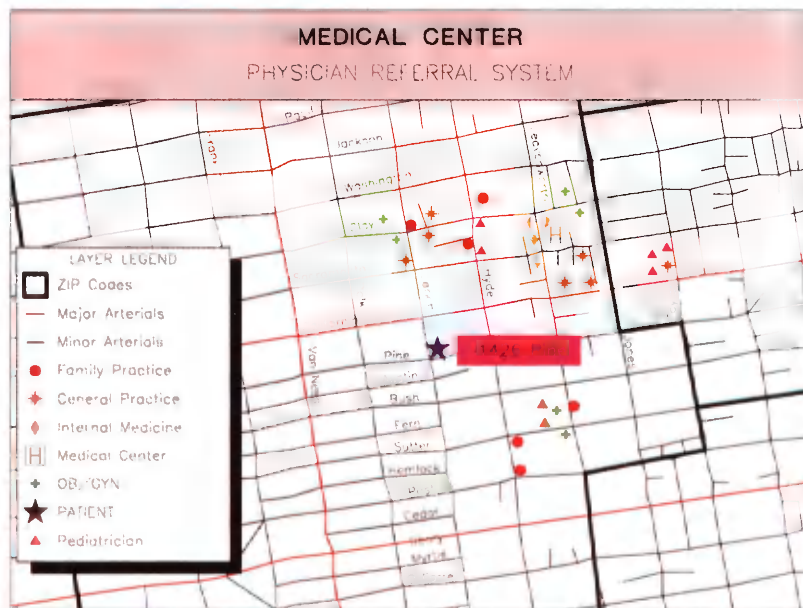
For example, MLH was considering setting up a network of health care providers for its 5,000 employees. A loose network already existed, but MLH wanted to solidify contracts with some hospitals and eliminate others from the

Strategic Mapping Inc.'s Atlas GIS mapping software to show employee location by ZIP code, employee utilization of the hospitals by gross charges, and the location of competitors. "By looking at those three factors, two of them with strong geographic, spatial relationships, we were able to eliminate certain hospitals from the network. In one or two cases I think we added hospitals to the group that we want to contract with. One hospital wouldn't give us the discounts we were looking for so we found another one that could meet our needs just as well so we're negotiating with them to enter the network," Stanowski says.

## Survey and clustering

When MLH wanted to investigate contracting with some managed care companies in its area, it used a system that incorporates a large scale survey and clustering. The system,

Mediedge, created by Inform Inc., combines data from a health care survey of 100,000 people around the country and Claritas' PRIZM clustering method.



Computer maps similar to the one shown above helped Main Line Health determine which hospitals to contract with when it was setting up a network of health care providers for its employees.

network. The analysis was intended to determine which hospitals to keep and which to drop.

Computer maps were created using





The Main Line Health System includes four hospitals (shown clockwise from top): Lankenau, Bryn Mawr, Paoli Memorial, and Bryn Mawr Rehab.



PRIZM identifies distinct demographic clusters, assigning each of them a name (such as Blue Blood Estates, Hard Scrabble, Young Influentials) based on their incomes, spending habits, where they live, etc.

“We take the utilization rates by cluster code, and although it’s kind of a leap of faith when you say, ‘Blue Blood Estates will have x percent of their population in HMOs,’ it’s probably the best thing we’ve got going right now to determine certain utilization rates in a small area.

Using Inform we’re able to take estimates of managed care populations in specific ZIP codes or groups of ZIP codes. There’s really no other way to get at that data.”

#### Market share

In another analysis task, a Main Line



Health member hospital wanted to investigate expanding its market share in certain areas as part of long range strategic planning. To start, Stanowski used Inform’s AmPlan, a computer program that simplifies the forecasting of health care usage estimates.

“It applies local demographics to

health utilization estimates based on the National Center for Health statistics; it tracks physicians in that area; and it takes practice statistics based on national norms. It uses all of these to give an idea of potential practice expense and revenue.

“For example, you define your area based on a three mile radius and you say, if we put a physician here and we penetrate the market by getting x percent of all patients we will have a net profit of x thousands of dollars by the third year.

“We used AmPlan to identify areas where we should consider placing physicians or enhancing practices and then we used Atlas GIS’ pinpoint mapping to see the spatial relationship of physi-

continued on p. 26

# Number crunching

*Forest Hospital uses statistical analysis to develop effective quality measures*



**M**ental health professionals today are being held to more rigorous standards. They are being asked not merely to demonstrate that a particular course of treatment works, but that it works consistently for individuals with similar diagnoses. Increasingly, they must validate their work with reliable statistical research.

Only a decade ago, a patient might have been admitted to a psychiatric facility and started on a course of treatment based on the therapist's

clinical judgment and previous experience in dealing with individuals in similar circumstances. Today, it is far more likely that the therapist will evaluate treatment options in relation to statistical measures of outcome generated from a database containing dozens, if not hundreds, of similar cases.

But is it right—or fair—to look at a severely depressed adolescent, a recovering alcoholic, or an abused spouse as a number, a point on a chart displaying impersonal statistics like mean averages and standard deviations?

Within the realm of treatment and therapy the answer is clearly no. The interaction between therapist and patient remains primary, with the goal being to help a particular individual adjust to his or her life situation. But in the broader context of rising health care costs and efforts to improve treatment outcomes and ensure consistently high standards of care, there may be compelling reasons for turning people—or at least data about them—into statistics.

“The overriding issue for psychiatric hospitals in the 1990s will be delivering quality care and being cost-effective while doing it, says Dr. Chris Stout, associate administrator of Forest Hospital,

At left, Forest Hospital's Dr. Chris Stout (l) and Kim Holub discuss one of the many reports the hospital staff generates to monitor patient satisfaction.

a private psychiatric hospital in Des Plaines, Illinois. “Institutions will have to do a better job and then be able to demonstrate this performance with statistically valid measures that consumers, employers, insurers and others outside the mental health community understand.”

Stout also serves as chief of psychology and director of the Department of Clinical Research and Evaluation at the 170-bed facility. His perspective as both a clinician and an administrator has made him a proponent of using statistical techniques to improve the quality and cost-effectiveness of psychiatric care. By developing accurate measures of quality, the hospital can maintain its efforts to assess and improve the performance of every member of the patient-care team, from therapists to the housekeeping staff.

Quality measures play a very practical role, Stout says, because they "serve as a problem-detection and early-warning system" that helps the hospital take preventive measures to avoid potential medical and legal problems. In addition, in a health care environment that places a heavy emphasis on cost containment, reliable statistical measures of performance are vital marketing tools, closely evaluated by employers, insurance companies and managed care organizations.

### Regular surveys

Regular patient satisfaction surveys are a key component of Forest Hospital's quality assurance program. The hospital routinely surveys newly discharged patients in an effort to measure everything from food quality to the patient's interaction with the therapist. Respondents are asked to complete an extensive questionnaire, checking off their answers on a five-point scale ranging from "strongly agree" to "strongly disagree."

"Our patient satisfaction survey is in its fourth generation of evolution. It is reviewed annually by our quality improvement committee and we make any recommended revisions. At version three we specifically added sections soliciting data on patients' dislikes and recommendations for improvement. We didn't want to lead patients to only respond affirmatively. Such data is biased and unusable. I feel we get

# Forest Hospital

more of a balanced perspective and frank responses by asking for negative, positive, and neutral feedback."

Stout says that patient satisfaction surveys are of key importance in total quality management and patient care. "Directly accessing the opinions of the patient is the best way to view how well we do our job from the consumer's perspective."

### Evaluation and development

Forest Hospital uses the data to aid in program evaluation and development, department/unit functioning, and in quality improvement functions.

Over the course of a 12-month period, the patient satisfaction surveys may encompass up to 1,100 subjects and some 35 to 45 variables. Mean averages are determined for each of the items included in the patient questionnaire. At the beginning of each year, these mean averages are used to establish

performance criteria.

In addition, standard deviations are calculated from the means. These standard deviations—a measure of the probability that sample means will vary from the mean established for the entire population—are the key to measuring quality. If a department's performance falls below the standard deviation, hospital management knows there is a problem that requires immediate action. Conversely, if a department or staff member consistently scores above the standard deviation,

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tion, management makes a special effort to recognize and reward the outstanding performance.

"We use our statistical data to establish criteria for all our patient contact and service departments," Stout says. "We calculate mean averages from each prior year's database sample with SPSS/PC+ and the standard deviations. When a department's quarterly rating exceeds one standard deviation, we commend the department; if they fall below a standard deviation we work to investigate why and how to help improve their services and thus their score. Using a statistical criterion is a remarkably fair and objective approach to monitoring patient opinion and feedback.

"The health care community and those who finance it are increasingly demanding this kind of statistical measurement. With the new tools at our disposal, Forest is trying to be innovative and proactive in providing it," Stout says.

## Empirical studies

For the past five years, Stout has used a personal computer and software from SPSS, a Chicago-based supplier of statistical analysis packages. Using the software, Stout and his two research assistants have produced hundreds of empirical studies and reports each year. Many have a direct impact on patient care and Forest Hospital's quality assurance programs.

"I am really proud of what we have been able to accomplish. I do not know of any other private psychiatric hospital

*"The health care community and those who finance it are increasingly demanding this kind of statistical measurement. With the new tools at our disposal, Forest is trying to be innovative and proactive in providing it."*

in the area that conducts such an extensive series of evaluative studies. We routinely conduct patient satisfaction, day treatment outcome, out-patient outcome, and numerous other individualized studies. We could not be this productive with such a small staff without a powerful statistical program as SPSS/PC+."

For example, the analyses are used to chart the effectiveness of Countdown to Recovery, an intensive outpatient substance abuse treatment program targeted primarily to corporate employees. Although the program is relatively new, the hospital has begun to track and analyze post-discharge data on program graduates. One of the greatest challenges in treating substance abusers is the high rate of recidivism.

A preliminary study performed with a small group of patients approximately one year after inpatient treatment showed an encouraging 10 percent recidivism rate. No matter

what the results, Stout and his staff are committed to this type of outcome study and they continue to track virtually all consenting patients at three, six, nine, and twelve-months after their discharge from any of the hospital's programs.

Using SPSS/PC+, Stout says, "We can cross-tabulate or run a descriptive analysis of referrals, targeted market samples, or other data sources. This helps save wasted effort, time, and money on misdirected marketing efforts by first statistically

*"I view the future of psychiatric care being more and more data-based and statistically-based. The industry must support its merit and value with unbiased, objective data supporting therapeutic efficacy. Those who cannot do so simply will not survive."*

assessing the market and making informed, unbiased, statistically-based decisions."

Another research example is the current Family Composition Study. The purpose of the research is two-fold: first, to determine what, if any, influence parental involvement has on adolescent treatment outcomes (e.g., length of stay, post-discharge adjustment, symptom recurrence, etc.); second, to evaluate whether parental involvement varies with family structure. Today, Stout notes, children can be a part of a traditional nuclear family, or they may just as easily be part of single-parent families—usually as a result of divorce—or blended families, where a divorced parent has remarried.

The answers to these questions are critical, especially at Forest Hospital, which takes a family-oriented approach to the diagnosis and treatment of both children and adults. If it is found, for example, that children from single-parent families are hampered because a working adult cannot participate regularly in treatment sessions, then it may be necessary to rearrange schedules or make other adjustments that allow a parent to be more fully involved in a child's therapy.

#### **Built database**

To date, Stout and his staff have built a database across studies of approximately 4000 cases, which they are analyzing using both descriptive and inferential statistical tools available in SPSS. "The key is being able to access live databases that we are continually building based on clinical experience; and then being able to easily and effectively analyze and reanalyze the data as we look for significant relationships.

"I view the future of psychiatric care being more and more data-based and statistically-based. The industry must support its merit and value with unbiased, objective data supporting therapeutic efficacy. Those who cannot do so simply will not survive," Stout says. □

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# Focus groups with physicians have different requirements than those with consumers

by Thomas Greenbaum

*Editor's note: Thomas Greenbaum is executive vice president of Clarion Marketing and Communication, Greenwich, Conn.*

**F**ocus groups are generally recognized to be the most widely used form of market research in America. A recent study by the Advertising Research Foundation reported that virtually all business organizations use focus groups as a vehicle to learn more about reactions to their products and services.

*One market segment that is frequently used for focus groups is physicians. Doctors are recruited for focus groups by a wide variety of organizations, including pharmaceutical manufacturers, producers of over the counter medications, financial services companies, and others seeking to talk to the very high income segment of our society.*

Conducting focus groups with physicians requires some different procedures and techniques than are used in either consumer or business focus groups. The purpose of this article is to highlight some of the key factors that should be considered in implementing focus groups with physicians to maximize the quality of the research.

## Logistics

1. Make a special effort, even if it requires additional expense, to recruit physicians that do not regularly participate in focus groups. Because of the demand for focus groups with doctors, and the difficulty motivating physicians to participate, there appears to be a

relatively small cadre of doctors willing to participate in focus groups. They can become "professional" focus group participants because of their familiarity with the technique, and therefore come to the group with two major disadvantages:

- First, because they are "regulars," one must be suspect of why they are willing to participate so frequently. Are they representative of their medical specialty, or do they represent the relatively unsuccessful physicians who participate in groups to supplement their income?

- Second, "regular" participants do not generally provide the same objectivity in the groups as one would get from a new or infrequent subject. They have become "research hardened" and often react in such a way as to "perform" for the moderator rather than reflect their real feelings.

2. Take specific actions with the physicians that will help make them react more like objective participants in the groups, rather than "experts" who have come to pass judgment over the topic being researched. It is important to establish an environment whereby the participants react to the subject matter from their own perspective, rather than trying to second guess the client organization sponsoring the groups. To achieve the needed environment, the moderator should:

- Make it very clear in the beginning of the group that he or she is controlling the discussion, and the format of the session will follow a formal outline guide that has been prepared. This will help avoid the physicians trying to direct the moderator to discussion areas which they feel will be more productive.

- Do not use the "Doctor" title on the

name tags. By using first names, doctors generally will not feel they are "above" the moderator, and therefore have been selected to judge what is happening in the group.

3. Do not permit physicians in the room with beepers or portable telephones, and ensure that they know they will not be permitted to leave the room for telephone calls during the session. This can be a real problem, as some doctors feel they must regularly leave the room to follow up on patient situations. When this happens, it negatively affects the dynamics of the group, and precludes the moderator maximizing the input of all the participants.

4. Pay special attention to screening details, to insure that the correct people are recruited. For example, the type of problems that can occur are:

- Some of the doctors might be academicians who do not operate private offices or see patients. For a large percentage of medical focus groups, these people do not have the correct background to provide the type of information the client desires.

- Some physicians do not have sufficient experience to be effective participants in a group. For example, a doctor who has been in private practice for only one to three years might not have enough experience to contribute meaningfully to the group discussion. Further, the young doctor might be very intimidated by the other physicians in the room who have considerably more experience.

- Some older physicians currently function exclusively as consultants to other doctors. These types of people can be very problematic in a group situation as they tend to "lecture" to the group rather than participate in the discussion.

- Be sure that the physicians who are recruited are involved in the procedure or medical area that will be discussed. For example, just because a doctor is a dermatologist does not mean he or she

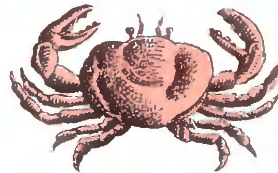
does laser surgery, and all orthopedists do not use the MRI diagnostic technique.

5. Conduct enough groups to feel confident that the information that has been obtained is reasonably representative of what might be gathered from the full physician universe. While focus groups are a qualitative technique and are not projectable, some organizations compound the problems of this methodology by implementing only one group

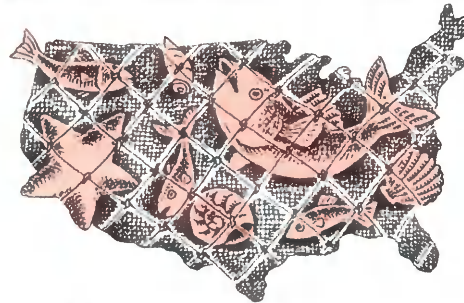
with a physician target, thinking that this is representative of the larger universe.

6. Where appropriate, insure that both sexes are represented in the groups, as they might have very different views on treatment. For example, I have found that male and female dermatologists often have very different views about various treatments which probably can

continued on p. 30



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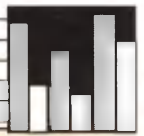
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## Executives identify key issues for North American firms in future

International management and technology consulting firm Arthur D. Little, Inc. conducted a nationwide survey to determine the important issues for North American businesses in the next five to ten years. Interviews were conducted by Opinion Research Corporation in August of this year with 270 executives in nine industries: automotive, chemicals, financial services, industrial electronics, metals, pharmaceuticals, telecommunications, travel and tourism, and utilities. Of the 270 respondents, 58 percent were vice presidents and above, while 33 percent were managers and directors.

When asked to rate the importance of 16 specific business issues, 92 percent of the respondents rated "improving customer satisfaction" as important or very important, while 80

percent and 79 percent listed "developing more competitive strategies" and "implementing total quality management," as important or very important, respectively.

The three most frequently cited concerns facing companies in the next five to ten years were "international competition," followed by "coping with government/environmental regulations" and "hiring qualified people."

Tamara J. Erickson, a vice president of Arthur D. Little and managing director of its North American Management Consulting Directorate, says that it's no surprise that the key issues of the 80s will remain the critical issues of the 90s. "The burden of finding, hiring, and retaining appropriately qualified people will be a predominant obstacle to American competitiveness in the 1990s. As with customer satisfaction, giving priority to employee satisfaction will be important to dealing effectively with these concerns."

Eighty-four percent of the respondents believe technology will become much more relevant to businesses in the 90s.

"Financial restructuring" and "restructuring the organization" were the least-mentioned specific issues of importance to today's businesses, tallying only 13 percent and 22 percent, respectively.

## Supermarket pharmacies snare shoppers

A new study finds that supermarkets with pharmacies are enticing shoppers to purchase personal care products and non-prescription medications in the supermarket. Among consumers who regularly shop food-drug combination stores, 52 percent claim they usually purchase personal care products and 56 percent buy non-prescription medications—compared with 37 percent and 39 percent of those whose primary supermarket has no pharmacy. The study, titled "Consumer Attitudes Toward Supermarket Pharmacies," was conducted by





Food Marketing Institute (FMI)—a Washington, D.C.-based non-profit association of food retailers and wholesalers—and Johnson & Johnson.

The FMI study's objective was to provide information to guide pharmacy marketing and merchandising. It involved focus groups in three major markets, a national telephone survey of more than 600 pharmacy customers and a survey of pharmacy directors in 65 food-drug retail companies.

In general, food-drug combination store shoppers more often rate their store's health and beauty care (HBC) and over-the-counter (OTC) medications section better than those who shopped stores without pharmacies. More than half (56%) consider the food-drug combination's HBC/OTC section more convenient to shop, compared with 45 percent of shoppers in non-pharmacy supermarkets. Stores with pharmacies also receive higher overall ratings than those without pharmacies. More food-drug combination shoppers (78 percent) give highly favorable ratings to their stores, compared with seven in 10 non-pharmacy store shoppers.

The food-drug combination stores are also more likely to give their supermarkets highly favorable ratings on offering a wide range of services and departments—82 percent, versus 53 percent of the shoppers in stores without pharmacies. The same holds true for rating the store progressive and up-to-date—80 percent, compared to 65 percent of the non-pharmacy store shoppers.

Those who buy HBC/OTC products at the supermarket do so mainly for convenience, and the food-drug combination store shoppers are even more likely to recognize this convenience benefit than those who shop at stores without pharmacies. The study found that half of food-drug combination shoppers say they use the store pharmacy at least sometimes. About one in five (21 percent) have almost all their prescriptions filled there.

Most shoppers (73 percent) who use supermarket pharmacies cite convenience as their main reason. Many indicate they have prescriptions filled as they are doing their other shopping. Use of the pharmacy contributes to the shoppers' image of the store. About two-thirds (64 percent) feel the pharmacy

makes the store a better place to shop, with nearly half (46 percent) saying it's much better.

The pharmacy report also reveals the attitudes of pharmacy directors from food-drug combination stores. It shows that the majority (71 percent) believe service is the key factor in attracting and retaining pharmacy customers. Pharmacy directors also consider convenience and the personal relationship between customers and pharmacists to be "extremely important."

## Factory outlet shopping popular with affluent women

A study by Response Analysis Corp. found that affluent women will go out of their way to shop at a factory outlet center. The study was conducted by the Princeton, New Jersey-based research firm for a property management company to profile the most likely consum-

continued on p. 27



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# NAMES OF NOTE



**William H. Moulton** has been appointed president and chief operating officer of *ASI Market Research*, New York City. Previously he was president of BASES Burke Institute Ventures.

**Richard H. Seale** has been named field director and **Steven Weachter** project manager of *Shugoll Research*, Bethesda, MD.

**James M. Stewart** has been named vice president for industry relations and director of research by Albany, NY-

based *Novalis Corporation*. Since April, 1990, Stewart has been executive vice president of the Novalis subsidiary, Health Networks of America.

*The NPD Group Inc.*, Port Washington, NY has named **Ed Roth** vice president and **Rosalind Wells** account executive, apparel services.

*Market Opinion Research*, Farmington Hills, MI, has named **Linda Retford** senior analyst, Media Division.

**Lori Young** and **Barbara Fields** have been named researchers at *Griggs-Anderson Research*, Portland, OR.

*DataSource* has formed a new data collection marketing staff: **Julie Donohue** has joined the staff as East Coast account representative, **Angela Wiuship** as Midwest account representative, **Marlene Brewer** as account representative, and **Teresa Young**, marketing manager.

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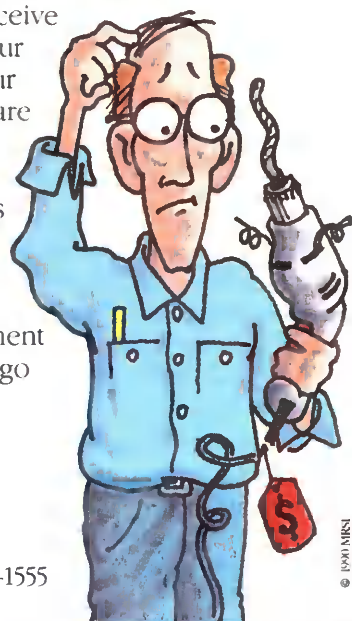
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The senior management of **Opinion Research Corporation (ORC)** has completed the purchase of ORC from Arthur D. Little, Inc. (ADL), which acquired the 54 year-old strategic research consultancy from McGraw-Hill Publishing in 1975. Terms of the sale were not disclosed. ORC and ADL will continue to work together under a special services agreement. In addition, Ashok S. Kalelkar, senior vice president of ADL and former ORC chairman, will remain a member of ORC's new board of directors.

**Hancock Information Group, Inc.**, a Longwood, FL-based sales support and business-to-business telemarketing company, has opened a full-service focus group facility in its newly expanded headquarters, located at 2180 West S.R. 434, Ste. 3170, Longwood, FL 32779. Telephone 407-682-1556.

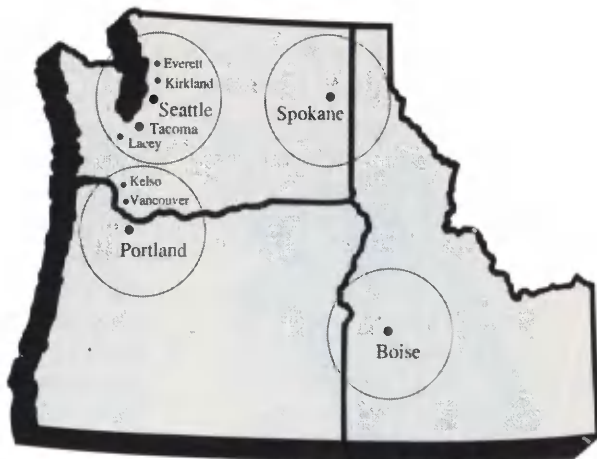
**Tragon Corporation** has opened a new focus group facility in the San Francisco Bay area. Located in Redwood City, 12 miles from the San Francisco International Airport, the facility features a large group room, tiered viewing room, and private client office. The address is: 365 Convention Way, Redwood City, CA, 94063. Telephone 415-365-1833.

**Xtreme Inc.**, a marketing consulting firm specializing in the youth market, has moved to new offices at 270 Lafayette St., Ste. 612, New York, NY, 10012. Telephone 212-274-1222. Fax 212-274-1352.

**Bases Burke Institute**, a division of BBI Marketing Services, Inc. has moved to new offices at: Cincinnati Corporate Headquarters, 50 E. Rivercenter Blvd., Ste. 1000, Covington, KY, 41011.

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## Electronic survey system gathers responses in real time

Ortek Data Systems, a manufacturer of group data collection systems for market research and meetings, has introduced its new Express model, a real-time, electronic survey system that gathers data from a group of up to 200 respondents at once. Express uses handheld keypads, called Responders, similar to those used by audiences on some popular TV shows. Each participant answers the moderator's questions by pressing a button on their personal Responder. Within seconds, the data are collected and a summary of the group's answers is displayed as a color graph.



Market researchers who conduct testing of audio/visual productions and presentations can use another Express model, the 300C. In addition to the keypad, this model includes a dial to register responses to continuous material such as TV commercials and movies.

The Express system connects to the user's host PC through an ordinary serial interface. All setup, control, analysis, and graphic display functions are provided by the Orsoft operating software included with the system. For more information, call 503-626-0171.

## Publications help uncover information on difficult research targets

Now researchers, competitive analysts and other company investigators can learn details about tough research targets: privately held companies; specific divisions, subsidiaries, and products buried within corporate structures, and; elusive foreign firms. Washington Researchers has released new editions of three publications that explain how to find information about these types of companies.

"How to Find Information About Private Companies" describes the databases and publications that cover the activities of small companies, special techniques for tapping trade and professional associations, ways to use local governments and organizations to keep tabs on privately held targets, information that every private company must file with at least one state government.

"How to Find Information About Divisions, Subsidiaries, and Products" tells how to discover business details from a variety of sources, such as blueprints of plant expansions from local builders' councils, labor contracts from unions, new product developments from customers, and production schedules from

suppliers.

"How to Find Information About Foreign Firms" describes the best databases for finding information about foreign firms, which federal agencies have files on foreign companies, and which international organizations have resources for tracking foreign firms. For more information, call 202-333-3499.

## Update of financial segmentation system

An enhanced version of Claritas/NPDC's P\$YCLE system is now available. P\$YCLE is a market segmentation system used by banks and other financial institutions to predict consumers' use of financial products and services. The system describes households in terms of 27 types or segments, each with distinct financial-product preferences, usage patterns, and demographic characteristics. To make sure that the system is up-to-date, Claritas/NPDC uses annually refreshed data from its Market Audit, a 25-minute telephone survey of more than 90,000 households per year. The basic P\$YCLE model, created in 1987, remains unchanged, but some specific changes in the new version are described below.

The system can estimate household usage and account balances for 100 different financial products at all levels of geography. Previously, these estimates relied on national averages. Now, local-market or regional data is available. This allows users to examine local markets in addition to understanding national norms. In addition, P\$YCLE product potential estimates now include

both current-year numbers and a five-year forecast. This provides a projected count of households, by P\$YCLE segment, and a forecast of future product usage. For more information, phone 703-683-8300.

## Automated research tool from MCI

MCI Communications Corp. has introduced a new toll-free 800 service designed to allow businesses to use telecommunications technology to automatically gather a research information. The service MCI Survey, lets a business use a single 800 telephone number to conduct market research or opinion surveys among select groups, such as its key customers, its sales staff, its employees, or any other target group. With the service, businesses set up a series of pre-recorded survey questions on a designated 800 number. Respondents can call in, listen to the questions and give their answers by entering the specified numbers for each answer on their touch-tone phones. MCI Survey

software captures, tabulates and compiles respondent data into summary reports that can be delivered overnight, weekly, or monthly via MCI's electronic mail system.

Typical applications include customer satisfaction and employee opinion surveys, advertising impact testing and evaluation, field sales and customer service feedback programs, and product testing and usage surveys. MCI Survey can be used with a range of question types, including yes/no, true/false, opinion response ranges, and others, depending on the business application. For more information, call 800-999-9449.

## East European surveys scheduled for February

A series of marketing and public opinion surveys will be conducted in Czechoslovakia, Hungary, and Poland beginning in February 1992. The surveys, which will be undertaken by the Roper Organization and GM Associates International, are a wide-scale, ongoing ef-

fort to determine consumer attitudes, lifestyles, market preferences, and media habits in the three countries. Intended primarily for Western businesses, the East European Market, Media, and Lifestyle Study will monitor public attitudes and consumer lifestyles; provide marketing data (by presenting intelligence on market penetration of consumer durables and on consumer usage); measure media usage (newspapers, magazines, television, and radio); and provide clients the opportunity to gain proprietary information through an omnibus service.

The study will comprise simultaneous surveys among 1,000 consumers, age 18 and over, in each of the three countries. All interviews will be face-to-face. The sample will be representative, reflecting the socioeconomic, educational, age, sex, and geographic distribution of the entire population. The surveys will be conducted four times a year. For more information, contact William Wilson, president, Starch INRA Hooper, 914-698-0800 or George Mihaly, GM Associates International, 212-595-5459.

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# The qualitative/quantitative segue in health care marketing research

by Dr. Murray Simon

*Editor's note: Dr. Murray Simon is president of DIRIS Health Care Consultants of Charlotte, North Carolina.*

**P**ick up a major newspaper in this country on any given day and chances are you will find one or more feature articles dealing with the cost of health care. Few issues generate the ongoing emotions that this one does. During the past ten to fifteen years we have gone from an attitude of quality care at any price to an almost chaotic "battle of the special interest groups." The public is demanding good care at a reasonable

price; employers are trying to climb out from under the cost of medical coverage in the work place; physicians are being forced to negotiate their fees and no longer feel in control of their practices. Hovering over all is the federal government, trying to figure out how to bring its own special brand of absentee, deficit-ridden management into play in this area.

Somewhere in the midst of all this confusion stands the marketer of health related products and services, mandated with the charge of successfully selling new and existing products in this ever changing marketplace. It's not an easy job, but someone has to do it. Health care manufacturers are acutely aware of the need to stay current in the face of rapid change within the health care service sector. Cost containment . . . managed care . . . resource based/relative value scales . . . the FDA's recent hardline on consumer product claims . . . prescription product advertising to the

public are just a few of the issues that are currently impacting, not only on the provider and patient, but on the marketer of goods and services as well.

One of the ways the industry is meeting this challenge is, of course, through the use of marketing research, and in particular, through the expanded use of what we refer to as the Qualitative/Quantitative Segue. A workable definition for the Q/Q Segue could be: the use of a qualitative marketing research study to help define appropriate language, issues and areas of sensitivity to be used in developing a subsequent quantitative study.

There are generally two major reasons for a company to consider using the Q/Q Segue:

1. The company is new to this particular product/service category and has to have a better understanding of the marketplace before developing appropriate marketing strategies.

2. The subject is complex and it is

important to understand both how the product is used in the field and what language is correct in communicating with end users.

Some might suggest that a well designed quantitative study can provide all of the information necessary and that a qualitative precursor is just a waste of time and money. The arguable point in that statement is the phrase "a well designed quantitative study." As a former health care provider, I remember a number of questionnaires that wound up in the waste basket because a quick read classified them as prepared by someone who did not do his/her homework. If pre-study assumptions are made that are incorrect, if assumptions are overlooked, if regional variations are not recognized, if the language used is inaccurate or inappropriate, if small but influential sample segments are not identified, or even something as minor as telephone interviewers repeatedly mispronouncing a word or techni-



cal term; all of these factors and more can have a damaging influence on the outcome of a quantitative study; all of these factors and more can be minimized or avoided through the use of the Q/Q Segue. Let's take a look at the potential advantages in using a qualitative foundation for a quantitative study.

- **Appropriate language.** Health care professionals place a premium on their time and they easily become impatient with those whom they consider to be wasting it. If a questionnaire uses inaccurate or inappropriate language, one of three things will occur:

1. The questionnaire winds up in the round file or the telephone interview is terminated.

2. The provider will "toss off" answers with little forethought.

3. A staff member will be asked to "fill this out and send it back."

Here are some examples of language variation that we have encountered in previous Q/Q Segue studies:

- Veterinarians do not use the term "heart attack" in referring to small animals (cats, dogs). They refer to them as "cardio vascular accidents."

- Oral surgeons, in dealing with problems related to the jaw joint, have recently adopted the universal term "Temporo-Mandibular Dysfunction" (TMD).

- Physicians are often concerned when a prescription drug becomes available in a reduced strength, over the counter version. They worry that their patients will bypass the office prescription and take a heavier than recommended dosage of the OTC. Physicians refer to it as "double dosing."

Certainly a questionnaire would not be inaccurate in using the terms "heart attack" with veterinarians or "jaw joint problems" with oral surgeons, but by using the more familiar terminology the study sends a subtle message that this is a well thought out questionnaire—that someone did their homework before hand.

- **Quality quantitative.** There's an old saying: Don't send a boy to do a man's job. This seems particularly ap-

propriate in a discussion of the Q/Q Segue. Doing a qualitative segment first better prepares you for doing the quantitative segment. Questions will be much more specific and better directed than they would have been without the qualitative input and this can have a positive impact on the results in a number of ways:

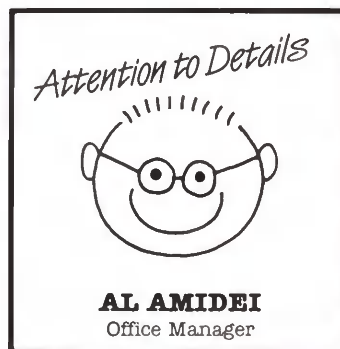
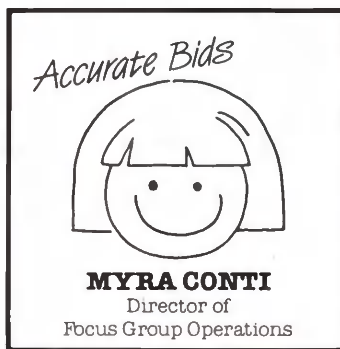
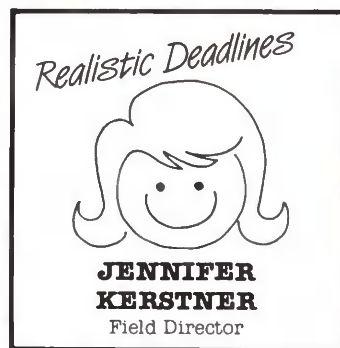
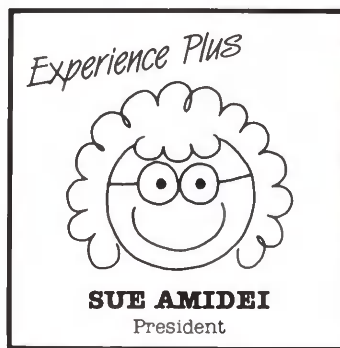
1. Respondents want to know, "How long will this take?" Many of the exploratory questions are answered in the qualitative phase which can lead to a

shorter quantitative questionnaire. Shorter questionnaires generally have better response rates than longer ones.

2. The quality of what you get is directly related to how well you frame your questions. The qualitative portion of the Q/Q Segue gives you the opportunity to "test run" certain questions and pre-determine their potential relative effectiveness. If attributes lists are to be rated, these lists can be fine tuned

continued on p. 31

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## Maps

continued from p. 9

cians already in that area. That way, the CEO of the hospital can choose which physicians to recruit and which areas to place a physician in."

The mapping software also supported the efforts of Bryn Mawr Rehabilitation Hospital to refinance some of its bonds by illustrating the breadth of its service area. "Using Atlas GIS we were able to plot their primary, secondary, tertiary and regional referrals and define them in-depth. We were also able to map exactly where their competitors were."

### Ongoing basis

Like many health care providers, Main Line Health uses patient satisfaction surveys on an ongoing basis to monitor the system's performance in a number of service areas. In addition, Main Line Health participates in annual studies as a part of a local hospital council. "We've used those studies to measure preference for one of our hospitals over the competition. Also, the hospitals use the studies to learn how to increase knowl-

edge and awareness of their facilities through communications efforts based on the results of the surveys.

"Everyone likes to think they're on the cutting edge with their research, but I really believe we are. With the tools we have—Atlas GIS, Inform's Mediedge and AmPlan systems—and the way we're working with the managed care industry and looking at a wide range of service issues, I think we're doing some very interesting things."

### Minimize risks

Stanowski says that Main Line Health is aware of the sensitive nature of information on an individual's health care, so steps are taken to minimize risks in data handling. "The hospital information systems departments are very conservative about giving out patient level detail. You have to balance the need to know who the consumer is versus the patient's right to privacy. Although there are benefits such as being able to do direct mail, the negatives of having that information outweigh the positives. So when we had to do some analysis of

trends in our area and utilization by demographics we chose to go with a database based on scrambled social security numbers. It can be frustrating at times dealing with a database like that because you always want to know more but you have to weigh what could happen if that information fell into the wrong hands."

The many research projects the system conducts each year serve to maintain an efficient family of facilities providing quality health care at a reasonable cost, Stanowski says. "Our system tries to structure health care services to meet customer needs. Although quality is foremost and underlies all of our efforts, we try to distinguish ourselves from other quality facilities. For managed care, we position ourselves as lower cost, high-level care givers. We need to distinguish ourselves somehow and being a cost efficient provider is one way to do that." □

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## Survey Monitor

continued from p. 17

ers for a factory direct outlet center in the Princeton area. Its findings were reported in a recent issue of *The Sampler*, the Response Analysis newsletter.

Factory outlets offer brand name merchandise to consumers straight from the manufacturer without the department store markup. The most likely candidate to frequent a factory outlet is 35 to 54 years old, married with children, employed full-time, with a household income of \$50,000 or more. While this describes the majority of women who shop at factory direct outlets, those in other categories say they readily shop at outlet malls or at discount clothing stores such as Marshall's, TJ Maxx, or Loehmann's. Almost two-thirds of the shoppers say they are familiar with and have shopped at factory direct stores.

Women surveyed who live in and around Princeton—an affluent area—say they feel that shopping in their area is too expensive. Factory direct shopping is not only acceptable to the upscale consumer, it's in demand. "Even women in affluent communities want to shop at factory direct outlets," says Jim Fouss, president of Response Analysis. "The perception of value to the shopper is key."

Twenty-seven percent of those surveyed say they perceive a much greater value at factory direct stores, 52% recognize some value in spending at factory direct stores, 9% say factory direct stores offer the same prices as department stores, and 12% don't know.

At a factory outlet mall, shoppers want name brand stores that represent quality to them. Respondents say they most want stores such as Ann Klein, Eddie Bauer, and Nine West, among others. For these names, shoppers will travel.

The survey reveals that 44% of the women asked say they will travel up to 30 minutes to get to a factory direct outlet. Thirty-four percent say they will travel up to 60 minutes to shop. Ninety-four percent of the women say they travel in their own cars to shop, with 5% traveling with a friend and 1% taking public transportation.

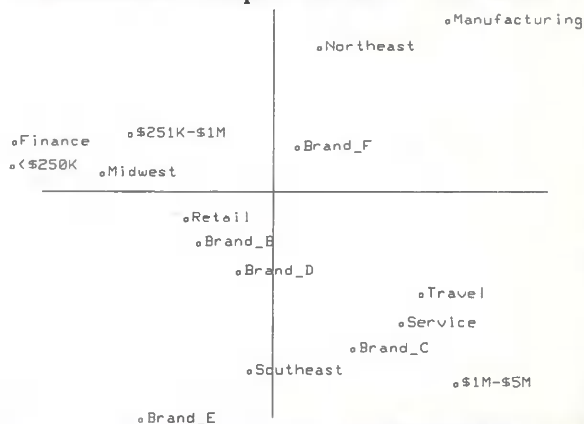
An outlet mall or cluster of outlet stores proves to be a destination in itself; the women surveyed say they are not interested in the setting or historical attractions in the same area. They complain that they do not like to shop in areas congested with traffic or plagued by a lack of parking space. They routinely visit outlet malls once a month and spend an average of \$140 each visit (total yearly expenditure \$1,680).

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## Ongoing Treatment

continued from p. 7

bers might be interviewed, the hospital provided The Insight Group with a list of telephone numbers of employees, hospital board members, and doctors to eliminate them from the sample.

The survey was presented to respondents as a survey of current issues in Yavapai county, including public attitudes towards health care in the area.

Respondents gave their opinions on:

- overall quality of hospital care in the

area

- perceptions of the physicians
- changes in their impression of the hospital over the past three years
- reasons for deciding to use one hospital over another

A number of questions dealt with where the respondents went for their own health care or where they would go if they needed it. "It's only 90 minutes to Phoenix, so some people go there," Herbert says. "They feel that the hospital in Prescott can't meet their needs. In

some cases that's true but YRMC is certainly equipped to do a number of different procedures and tests and they have the ability to provide a more personal level of care in a more caring atmosphere closer to the patient's home."

During the survey, respondents were given a hypothetical situation: If you or a family member faced a hospital stay of a week or so, which hospital in Arizona would you choose? "We specifically tried to understand why people made the choice to go to the hospital in Prescott versus a hospital in the Phoenix area. And we found in many cases that it was a result of personal experience or some sort of reputation that the hospital had. People were saying, 'I had good care there' or, 'They treated a family member of mine well.' Conversely, individuals who chose not to go to the hospital tended to do so on the basis of the perceived quality of care, either from personal experience or from hearsay," Herbert says.

### Findings favorable

In general, the findings were favorable toward the hospital. Respondents who had been hospitalized at YRMC tended to rate the hospital and its staff highly. The hospital received somewhat lower marks from people whose friends or family members had been treated at YRMC.

"Some of those reactions might be caused by the fact that people feel helpless and anxious when they see a friend or loved one hospitalized," Nicol says. "That may lead to a propensity to be more critical, but I think there are things we can do to help people feel less anxious and more comfortable with the care their loved ones are receiving. The research gave us very good information and we plan to pursue that with focus groups so we can get more information to find out what we can do to improve things in the eyes of the family members."

Herbert says that these visitor reactions to the hospital's care concur with information he has obtained from prior research about patient expectations in a hospital stay. "Often it seems that the patient is more satisfied with the experience than is the person who's watching the patient. There's a lot of empathy on the part of the individual who is watching the patient. They tend to be much more critical of any little thing

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"These findings show YRMC that they have a good opportunity to help to manage those expectations and that whatever they can do to make those family members and household members feel positive about the hospital experience helps their general impression in the community. Those people are liable to go out and speak well of the hospital."

## **Reservoir of goodwill**

The hospital appears to have a reservoir of goodwill in the community, because even respondents who offered criticism said they maintained a positive view of YRMC. "They would tell us they had a favorable impression of the hospital and they would also tell us some negative things," Herbert says. "I interpreted that to mean that they were trying to give constructive criticism. They said the hospital is good, but it could be better, and here are some areas where it needs to improve. That information will help the hospital go out into the community both by mail and in person to educate the public about the facilities and what they're doing to improve them."

About ten percent of the respondents had no impression of the hospital, which may be because new residents are always moving into the area, Nicol says. "We're a fast growing community, and that means there's a challenge for me in getting information about the hospital out there." This includes mailing a newsletter to 35,000 households, and working with local banks, realtors and even the Welcome Wagon to promote the hospital.

The most common response of people who had a better impression toward the hospital was that it looks better. "People felt better about the hospital because of the facade, but many didn't know what was behind that. They didn't know about the improved quality of the surgical suites, the new equipment, the rooms. So I think there's an opportunity there for the hospital to get the word out: it not only looks better, it is better," Herbert says.

"We found that no matter what the facility, equipment or other amenities, it really comes down to the staff and the perception of the quality of care overall. People want high-tech, but, as the saying goes, they also want high-touch."

## **Patient satisfaction surveys**

Along with embarking on a regular schedule of research on community perceptions and awareness of the hospital, YRMC also began distributing patient satisfaction surveys over a year ago. Positive comments are shared throughout the facility and included in the employee newsletter. For negative comments, the departments are consulted individually, Nicol says.

"We know that we're far from perfect. We have patient complaints just like everybody else does. It can be easy to feel threatened by the things that come back from the research but I think instead we should try to look at them as areas that we can improve on."

YRMC appears to have a large enough population base to draw patients from and its research shows that the community values its presence. Fund-raising efforts are also going well. So the threat of closure doesn't seem likely. But Nicol says the hospital will keep working to stay in touch with the community. "Rural hospitals have to operate on a tight budget, so sometimes we feel like we can't afford to do market research. But I maintain that we can't afford not to." □

## Physician Focus Groups

continued from p. 15

be traced to personal experience.

7. Insure that your moderator is experienced in conducting focus groups with physicians. A successful moderator in the medical environment must be comfortable with (as opposed to intimidated by) the target audience and be able to take immediate control of the group. Further, this individual must be able to quickly learn the medical jargon necessary to discuss the topic intelligently with the participants. To this end, for most topics with physicians, it is better to have a moderator who is highly skilled in the focus group technique but who is not a physician, rather than a physician who conducts a few groups a year and has been hired to do the sessions because of the medical background.

### Implementation of the group

1. Insure that the subject of the focus group is really something that the participants can provide meaningful in-

sight into versus what the client can discover for themselves. A major mistake many organizations make with physician focus groups is to establish unrealistic objectives for the research, in terms of the capabilities of the methodology or the skills of the physicians. For example, focus groups with physicians about advertising should focus on the copy content of the ads (i.e., is it correct, believable, convincing) rather than the overall reaction to the advertising.

2. In the implementation of the groups, have the physicians write down their reactions to subjects being explored before they are opened up to the group for general discussion. The purpose of this is to reduce the negative impact of group dynamics among the participants. By asking the doctors to write their views down before they are shared with the group, it is more likely that the individual will not be influenced by the comments of the other doctors relative to the topic at hand.

3. Seek to make the groups as inter-

esting as possible, particularly if the subject matter is inherently not exciting. For example, I have found that focus groups dealing with new medications or new treatment modalities are normally of great interest to the doctors, and will usually result in active participation throughout the entire session. However, groups dealing with over the counter medications, packaging, advertising or office procedure are generally of considerably less interest to the doctors and require more effort to make them interesting. Some techniques for adding interest value to groups are:

- Showing the physicians visual stimuli, such as copies of ads, packages or actual samples of the OTC medications being discussed.

- Using projective techniques to force doctors to think about the topic areas in a way that they never have before. For example, asking a group of physicians to indicate what animal they most closely associate with Brand X facial moisturizer can become a creative exercise that is interesting for the doctor, and provides some very useful inputs to the moderator.

4. When appropriate, seek the physician's input toward the topic as an individual or a parent, and not only as a doctor. For example, if you are researching a new type of OTC medication, it would not be inappropriate to ask the doctor whether she or he would bring samples home for family use or whether the physician would prescribe this medication for a family member rather than the brand that has traditionally been used. This type of exploration often provides insight into the real feelings about a particular product which cannot be obtained by holding the physician in the traditional medical role.

In summary, focus groups with physicians require some different considerations than those conducted with other target segments. However, by following the guidelines provided in this article, one can maximize the output from focus group research with the medical profession. □

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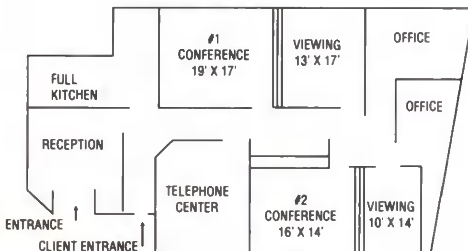
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### Q/Q Segue

continued from p. 25

and narrowed down to the important essentials.

3. As a qualitative researcher I hesitate to bring this up, but in certain situations i.e., research on technical products with low incidence medical specialties (nuclear radiologists, pediatric ophthalmic surgeons, etc.), if you've done three or four focus groups around the country you already have the beginnings of a statistical consensus which, in combination with the analysis of the quantitative segment, can provide a pretty good reading on market potential.

4. The Q/Q Segue gives everyone on the marketing team an opportunity to directly examine the parameters of the task at hand. We have seen it happen a number of times. When the viewing room contains brand managers, R&D people, directors of marketing and business development analysts there is a very strong "reality check" that carries forward into the quantitative study.

5. Some of our clients regularly use the Q/Q Segue to evaluate the potential for certain products under development that are being considered for licensing and/or marketing. In these cases not only does the qualitative study give us the opportunity to test and modify concepts for use in the quantitative phase, but it frequently results in the elimination of some products because of strongly negative responses. It focuses the quantitative questionnaire directly on those products with potential.

• **Incorrect assumptions.** In one Q/Q Segue study within a particular medical specialty, the assumption was made that this group screens all of their adult patients over a certain age for a particular type of cancer. The qualitative segment of the study revealed that this was not the case. They screen all adult patients within a certain age range for specific diagnostic criteria, and those who test positive are then tested for cancer. This may seem like a basic problem of semantics, but to these specialists it represented a valid differentiation in diag-

nostic protocol. If the quantitative questionnaire had been developed without the qualitative input, the question "What percentage of your adult patients do you initially screen for cancer?" could have produced dangerously misleading results.

• **Overlooked assumptions.** While testing concepts for a new medical product, one of the respondents mentioned a marketing related factor that the client had considered unimportant prior to the study. The rest of the group strongly concurred with this respondent's assumption. This bit of information added a new dimension to the marketing strategy being developed and necessitated a significant change in the soon-to-follow quantitative study. But fortunately the client had the option of making this change before the fact, not after it. If this situation had gone unidentified, a large pothole on the long road to marketing success may have caused some serious damage.

• **Regional variations.** There are far

fewer Caesarean sections performed in Bangor, Maine than in Portland, Maine even though the population and hospital demographics are similar. General dentists perform more periodontal surgery in the Boston area than do general dentists in the metropolitan Los Angeles area. While a well designed quantitative study will pull out these geographic variations, it is important to know that they exist and to recognize what type of input you will need to make your quantitative results more complete. It's a lot more effective to go hunting for bear with a rifle than with a fishing rod.

• **Influential segments.** Not too long ago we did a Q/Q Segue with specialists on the subject of diagnostic procedures. The research protocol called for four focus groups to be followed by a nationwide telephone survey. During the qualitative phase it became clear that there was a sub-segment, previously unidentified, that greatly influenced how these specialists did their diagnostic procedures. This sub-segment not only had a

strong influence on the diagnostic products used, in many cases they dictated how the procedure was to be done. If a qualitative phase had not been involved, the quantitative instrument may have elicited this information but a follow-up study would have been necessary to expand on it.

• **Market potential.** Often, one of the most important questions to be answered by a quantitative study is, "Is there market potential for this product?" This may prove to be a big negative to some readers, but some of the Q/Q Segues that we have been involved with have ended at the qualitative stage because the market potential was painfully clear by the time we had completed the final focus group or one-on-one interview. These situations generally evolve in one of two ways:

1. The research is early/primary and the client learns all they feel they need to know during the qualitative stage.

2. The product or concept is a total bomb with no hope of redemption.

While this can result in the research firm losing out on a quantitative study, there is a positive side to it; it can lead to a satisfied customer with the potential for more work later on.

One of the most important factors in developing a successful Q/Q Segue is adequate preparation for the qualitative phase. Sometimes these studies represent uncharted waters for the client and a large, rapid learning curve is anticipated. If the qualitative researcher spends too much respondent/client time in moderator education, important factors can be missed or overlooked. This is especially true in projects having to do with relatively technical subjects. In these situations it is incumbent on the researcher to familiarize himself/herself with the language beforehand and to develop at least a reasonable understanding of the practice modalities involved in the use of the product or service to be studied. Anything less



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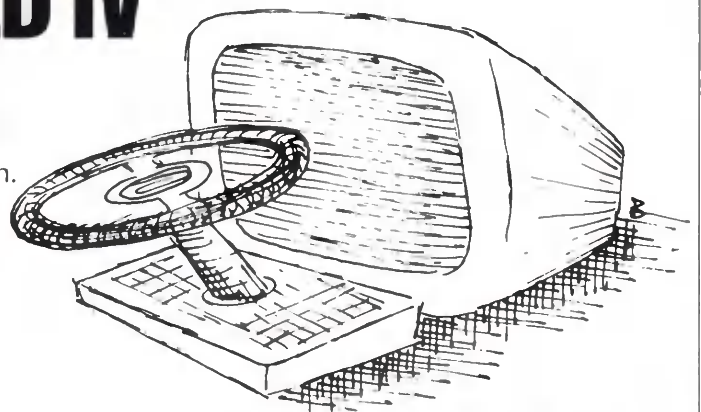
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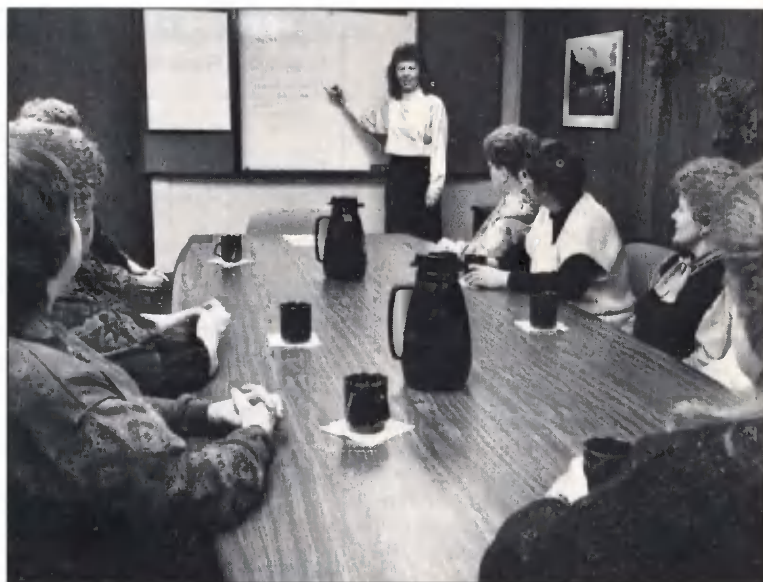
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## Trade Talk

continued from p. 52

Prevention magazine.

*Hype alert: "The end of 'me-ism,' the beginning of 'we-ism.'" Are Americans rejecting greed-is-goodism and personal gain for sharing, cooperation, and volunteerism? Yes and no. Yes, that is the direction in which the nation has turned. No, this isn't going to find important expression until well into the 1990s. And no, we aren't going to be post-materialistic. Americans love their stuff. The facts evidence no indication of decreasing desire for owning goods, and in fact, image-consciousness is alive and well, and going global.*

### Not comprehensive

On the minus side, the book is, in a sense, at the mercy of the studies that are available, so it's not comprehensive. You won't find everything there is to know about, say, shopping habits. But since the primary sources are listed, you can investigate further if the facts pique your interest.

Another slight drawback is the book's organization. There isn't an index. And some chapters share overlapping information. For example, a few entries on book buying that could easily be found under "reading habits" in the Leisure chapter are instead placed in the chapter on media use. You may have to hunt a bit to find all of the references to your area of interest.

Still, the book contains enough information (some of it surprising--I didn't know that teen use of plastic surgery had increased over 300 percent in the past few years) and hype-bashing to be very worthwhile.

### No squinting necessary

The second book offers thousands of figures for you to use in making your own predictions. It is "Consumer Power,"

Margaret Ambry's follow-up to her monumental "1990-91 Almanac of Consumer Markets" (reviewed in the May, 1990 issue of QMR). "Consumer Power" is equally huge, but it's big for a reason. Packed with data from the Bureau of Labor Statistics' annual Consumer Expenditure Survey (CES), the book has over 450 pages of oversize data tables. No squinting necessary.

The CES is a marvel of our tax dollars at work, proof that the government can sometimes do things right. The ongoing survey collects over 35,000 spending records from 25,000 U.S. households, recording purchases of everything from houses to babies' underwear.

For example, the section on vehicle purchases breaks down into purchases on steering system repair, body work, clutch work; the "food at home" section has figures on purchases of condiments and seasonings, frozen and refrigerated bakery products.

Until recently, you had to go to a data house to get CES data in this kind of detail, but Ambry, former editor of American Demographics Press and current editor-in-chief of New Strategist Publications, has assembled it for you.

An introductory section explains how to use the tables. The book is organized by product and service area, Transportation, Entertainment, Health Care, Financial Services, etc. It also includes summary tables broken out by variables such as age, race, income, region, and marital status. Each section offers a quick overview with five-year spending trends and spending projections to the year 2000.

"Consumer Power" is a quick source of information that's easy to use and easy on the eyes. □

*"Future Vision," \$12.95, 250 pp., is published by Sourcebooks Trade, P.O. Box 372, Naperville, IL 60566 (708-961-2161). "Consumer Power," \$69.95, 461 pp., is published by New Strategist Publications, P.O. Box 242, Ithaca, NY 14851 (607-273-0913).*

## Listing Additions

*Please note these changes to the 1991 Directory of Focus Group Facilities:*

The contact name for the listings on page 103 for The Answer Group, Cincinnati, should be Lynn Grome.

The "See advertisement" number under the listings for Norfolk Focus Group Centre, Capital Focus Group Centre, and Roanoke Focus Group Centre (all located in Virginia, p. 118) is incorrect. It should read "See advertisement on p. 23."

*Please add the following firm to the 1991 Directory of Focus Group Facilities:*

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Contact: Dorothy Randall  
1,3,4,6,7B

*Please add the following firm to the 1991 Directory of Customer Satisfaction Research Providers:*

STAT Resources, Inc.  
822 Boylston St.  
Brookline, MA 02167  
Contact: Dr. Susan Ellerin

*Please note this change to the 1991 Directory of Mall Research Facilities:*

The phone number for CSI Testing Centers, Wayne, NJ (p. 68) should read 203-797-0666.

*Please add the following firm to the 1991 Directory of Telephone Interviewing Facilities:*

J.D. Franz Research  
1050 Fulton Ave., Ste. 230  
Sacramento, CA 95825  
Ph. 916-488-1550  
Fax 916-481-4838  
Contact: Jennifer D. Franz  
25-0-25-0

## Sales Offices

### Headquarters: Contact

Evan Tweed at *Quirk's Marketing Research Review*,  
6607 18th Ave. So.,  
Minneapolis, MN 55423.  
Phone & fax (612) 861-8051.

**West Coast:** Lane E. Weiss,  
582 Market St., Suite 611,  
San Francisco, CA 94104.  
(415) 986-6341.



by Joseph Rydholm  
managing editor

## What does the future hold?

If you're considering introducing a new product or service or revamping an old one, an important question to answer is: What societal trends might spell success or failure for your efforts? Gauging the direction of social change is difficult; you're likely to find yourself buffeted about by some vicious crosswinds. Because just as one source is adamant that x will happen, another is screaming that y is the wave of the future.

There are trend sayers galore; it's not hard to find one who confirms your suspicion. But then you run the risk of falling victim to that person's or group's hidden agenda, should there be one. The best way to avoid that is to have the numbers, the hard figures and facts, at your disposal.

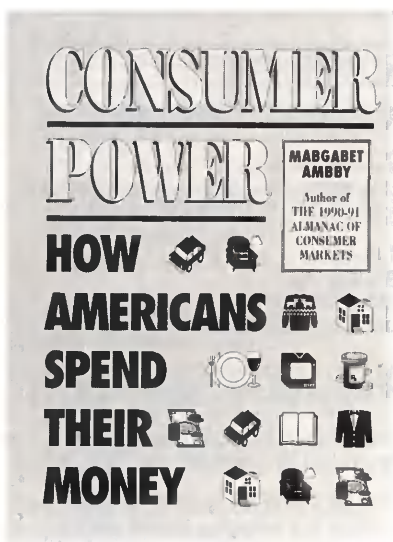
With that in mind, here are two new books that offer a little shelter from all the hot air swirling around out there.

The first is "Future Vision," from Eric Miller, publisher of *Research Alert*, a bi-weekly newsletter that summarizes

as Population, Politics, Money, Home, and Food, short paragraphs containing findings and analysis of studies and surveys on all areas of American life. The findings are taken from government sources, associations, universities, ad agencies, publications (from *The New York Times* to *Discount Store News*), and research firms. The savvy analysis is supplied by Miller and his staff.

Some sample findings: "more than 18 million Americans bought new bathroom or kitchen faucets in the past 12 months;" "Asian shoppers are the least interested in coupons and catalog shopping when compared to white, Hispanic, and black consumers;" "adults 55+ account for 47 percent of the listening audience for news/talk stations."

The book is subtitled, "The 189 Most Important Trends of the 1990s," though the trends are neither numbered nor explicitly stated. Some of the entries make projections, but more often it seems they are intended to give you the basis for making your own predictions.



### Consider source

In an introduction, Miller stresses the importance of considering the source of opinions on trends. He advocates digging for independent confirmation when possible because the purveyors of hype, he says, work in three ways, by "reporting a false fact; taking an actual fact, framing it, shining a spotlight on it—thus removing it from context or overemphasizing it; citing an inclination as an actuality."

With that in mind, Miller has interspersed among the entries helpful "hype alerts" containing a common belief on a societal trend followed by evidence (either numbers or gut instincts) refuting it. For example:

*Hype alert: "Americans are getting fitter." Think big—Americans are fatter than ever. Most Americans (64 percent are overweight, the highest percentage ever—plus, 20 percent of those who are overweight do not think they are.*

continued on p. 51

market research findings from a number of sources. He and his editorial staff have used a similar approach in compiling the tidbits found in "Future Vision." The book doesn't predict the future, rather it provides facts and figures that point to what may happen.

The 250-page book presents, under chapter headings such

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*Director of Market Research, Fruitless Starch/Bon Ami*

2. Fantastic — I finally understand the stuff that good college professors could not explain if their lives depended on it. Great manual. Speaker is really great — I have learned more from him in 2 days than I did in 2 years in grad school!

*Market Administrator, GTE Directories*

3. If the wealth of information, knowledge and understanding I walked away with could be converted to money, I would be a millionaire from hereafter. I was never more impressed with an instructor and a seminar as I was with this. Workbook like none I have ever been exposed to. . . somewhat similar to the Encyclopaedia Britannica. Speaker dynamic, exciting, brilliant, showed tremendous interest in the subject as well as each participant.

*Project Coordinator, General Foods*

4. Super — best 2 day seminar I've ever had. Totally targeted. Best workbook I've seen in terms of walking away with a great memory jogger. Super speaker.

*Manager, ICI Pharmaceuticals*

5. I have listed more than 30 ideas for immediate implementation at my company. Outstanding speaker: expert, enthusiastic, as good a listener as he is a teacher.

*Manager, Consumer Research, Heinz*

6. Fantastic and on-track! The manual will be a great addition to our reference library! Priceless! So well laid out. Speaker excellent, interesting — on-track.

*Product Researcher, Midmerk Corporation*

7. The best (seminar) I've attended. Outstanding association of statistics to marketing research problems. Linked statistical background of MBA to study concerns I face everyday. (The speaker) explains statistics and methods better in 2 days than most professors have done in a semester of undergrad and grad work.

*Business Research Analyst, Dow Chemical*

8. Fantastic! Even though I have an M.S. in stats I have never had such a clear picture of how to apply stat techniques before. Wonderful examples to explain the theories, ideas, philosophies—superb (speaker)! Helped to motivate me to explore my use of different techniques and expand more possibilities.

*Marketing Research Analyst, Consumer Power Company*

9. "Intensive" is an understatement! But, I sure feel I got my money's worth. I got everything I came for, and more. Incredibly helpful and useful information. Terrific workbook. Unique instructor . . . someone who can "do" and "teach". Wonderfully enthusiastic.

*Principal, Creative Focus*

10. Incredible — better than I expected. "Biggest Bang for the Buck" of any seminar I've ever attended. Fantastic.

*Marketing Research Analyst, Dupuy*

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<b>103. Marketing Research for Decision Makers</b> Cincinnati . . . . . Apr. 16-17	<b>501. Applications of Marketing Research</b> Cincinnati . . . . . Aug. 19-20 Boston . . . . . Nov. 21-22 New York . . . . . Jan. 9-10 Cincinnati . . . . . Mar. 5-6
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