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1992-3 Researcher SourceBook Supplement

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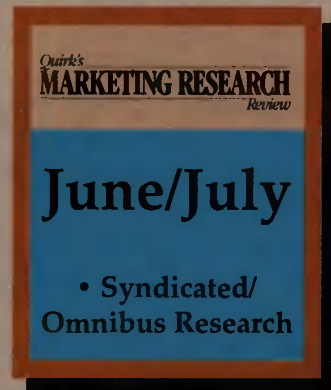
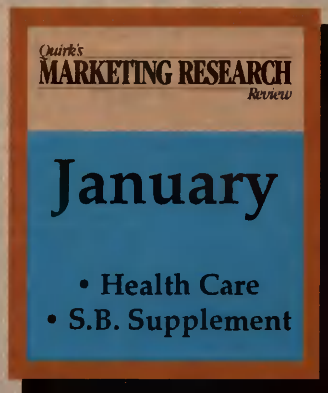
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Cover

Our annual health care research issue features an article on a Dallas hospital's use of focus groups to examine men's feelings about health care. Photo courtesy of Methodist Medical Center, Dallas, Texas.



Publisher
Tom Quirk

Managing Editor
Joseph Rydholm

Marketing Associate
Evan Tweed

Circulation Director
James Quirk

Art Consultant
Dave Hahn

Business Manager
Marlene Flohr

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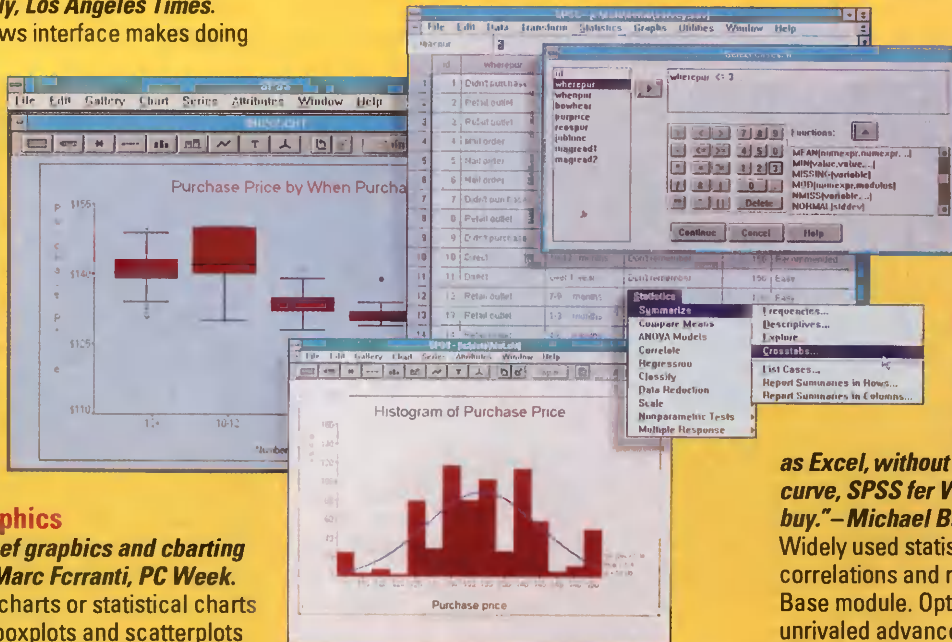
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SPSS

A complete examination



Focus groups give a Dallas hospital insight into men's attitudes toward health care

Slowly but surely, preventive medicine is gaining popularity. Though some insurers still resist the idea of paying for tests and other care associated with an illness that might never happen, many are coming to believe that it's cheaper to pour money into early detection and prevention than

it is to pay for expensive treatments after the onset of an illness.

Preventive care for women care is well-established; screening for breast cancer, for example, has become routine. For men it's relatively new. Still, more and more health care providers are sponsoring free screenings and bolstering their educational and informational efforts related to men's health issues. In the process, they're trying to determine the best ways to communicate to men the value of early detection and prevention.

Once such provider is Methodist Medical Center, Dallas, Texas. The 463-bed regional teaching and referral hospital is a member of the three hospital nonprofit Methodist Hospitals of Dallas system. Carol Beck-Edgar, assistant vice president, public affairs, Methodist Hospitals of Dallas, says that the hospital distributed a short survey to men who came to the hospital last year for a free prostate screening to find out their attitudes toward a variety of health care issues. "What the survey pointed out is how much we didn't know. We have men's health services, but the question is, are they truly marketable to men? Can we get men in the door?"

To answer those and other questions the hospital, working with Dallas-based Savitz Research Center and Gail Hartsfield of Hartsfield & Ascts., held focus groups with men and women in four categories: men ages 40-70 who had had some medical treatment (not accident related) that required them to spend time in a hospital; men 40-70 who had had no medical treatment experience; the wives of men ages 40-70; and a group of men ages 50-70.

"We asked a series of questions to discuss their feelings toward physicians and hospitals in general, to find out where they got their health care information and to find out how much information they had about major diseases," Beck-Edgar says.

"Both men and women were asked roughly the same questions. For instance we talked about male-related diseases. Men are most informed and up to date concerning prostate. They knew more about that, the problems, the symptoms. Men knew what a urologist was but I think we had a perception going in that more men would relate to a urologist sort of as the man's OB-GYN but they really didn't."

Michael Kassab, vice president, Savitz Research Center, says that Methodist had four objectives going into the research:

1: To determine how men would define a men's health services program and evaluate their level of interest in such a program.

2: To learn more about men's attitudes towards health care and determine what factors would motivate them to seek medical care.

3: To determine their level of knowledge of specific men's diseases and treatment alternatives.

4: To determine to what extent health and medical services were marketable to men.

"We wanted to find out how continued advertising would be received and whether our target was right," Beck-Edgar says. "We also wanted to find out what services we had offered or could

"What the survey pointed out is how much we didn't know. We have men's health services, but the question is, are they truly marketable to men?"

continued on p. 24



Help us help you

The California Public Employees Retirement System (PERS) contracts with 25 health plans to provide coverage for over 360,000 active and retired state and public employees. Adding family members, that total comes to over 850,000 people.

By state law, part of the responsibility of PERS' Board of Administration is to periodically evaluate the level of member satisfaction with the various health plans. This serves three purposes. One, it helps PERS evaluate the health benefits program and assists in rate negotiations with health plans. Two, it identifies service areas needing attention. Three, it aids PERS members in choosing a health plan that meets their needs. (Each May, during an open enrollment period, members may select a different health plan.)

The most recent evaluation effort was the 1991 Consumer Experience Survey, which was sent in September of 1991 to over 20,000 health plan enrollees.

The cover letter included with the questionnaire stated the purpose of the survey: "PERS has recently completed this year's open enrollment period for health care plans. If you considered changing plans, you know the choices can be difficult. We try to provide members with as much comparative infor-

mation as possible to help you make the best decision. We believe it would be even more valuable for you to know how other enrollees judge these health plans based on their actual experience. In order to do this, we are asking you, and other PERS enrollees, what your health plan experience has been during the last year."

The questionnaire touched on several topics, including:

- reasons for selecting the plan they chose
- satisfaction with dealings with the health plan for any administrative problems
- satisfaction with prescriptions
- opinions of telephone interaction with doctors and/or nurses
- time required to get an appointment
- communication/interaction with doctors and satisfaction with treatment
- satisfaction with the plans' health improvement programs (smoking cessation, weight loss, exercise, etc.)
- hospital stays
- emergency services
- family usage of service
- the importance of additional services that the plan could offer

Design and testing

The questionnaire design and testing for the 1991 Consumer Experience Survey was lengthy and thorough, due in large part to the scope of the project.

The survey's final report states: "In designing this study, one important factor was to create a series of questions which would best capture the experience and opinions of PERS health care consumers. The topic areas covered by these questions are fundamental to health care services, measure performance around activities over which providers have some control, and directly ask consumers about their satisfaction with those services they actually experienced."

The testing included public meetings with active and retired enrollees and members of employee associations, a focus group, telephone interviews, intercepts, and suggestions and review by the PERS Health Benefits Advisory Council and the State of California Department of Personnel Administration.

"PERS is very sensitive to the needs and opinions of its members," says Craig Hartung, chief, Information and Program Development division, California PERS. "And in order to determine what would be the most valuable questions we held focus groups. We wanted to determine areas of concern for our mem-

Through a mail survey, California PERS asks enrollees to evaluate satisfaction with 25 health plans

bers because sometimes you're just guessing about what they need to help them make decisions on the plans."

Focus groups

Throughout the project, PERS worked with Freeman, Sullivan & Co., a San Francisco-based research firm. For the focus groups, a dozen PERS members recruited from a nearby health plan filled out the questionnaire and then discussed what they liked and disliked about it, says Charles

DiSogra, senior consultant, Freeman, Sullivan & Co. "The approach that we took was that if we went to the health plan and we took a random sample of public employees that

we'd get people from different areas and that's how it worked out. We had some retirees as well as some active employees in the group."

Some of their suggestions included changes to skip patterns and a clearer definition of the time frame covered by the survey, DiSogra says. "One of the instructions said: 'Over the last year...' Well, a year is interpreted very differently depending upon what kind of job

you have. Some people from government service thought in terms of fiscal year. Some individuals thought in terms of calendar year, and some, such as school teachers, thought in terms of the school year."

To further test the questionnaire, 50 PERS members belonging to another health plan were recruited by phone and sent a copy of the questionnaire. They were asked to fill it out and then discuss it afterwards with a researcher from

Freeman, Sullivan.

Another version of the questionnaire, reworked using information obtained from the focus groups, was tested through intercepts at a state office building. "We had people fill out the questionnaires on breaks or during their lunch hour. They were real helpful. We were able to ask them about the changes to the questionnaire. All of the testing we did was helpful. It contributed quite a

bit to the success of how we approached this instrument," DiSogra says.

Health plans gave input

Input was also sought from the health plans themselves. Involving the health plans in the design process, DiSogra says, increased the likelihood that the health plans would view the results of the survey as valid. When it came time for rate negotiations they might be less likely to dismiss the results as invalid

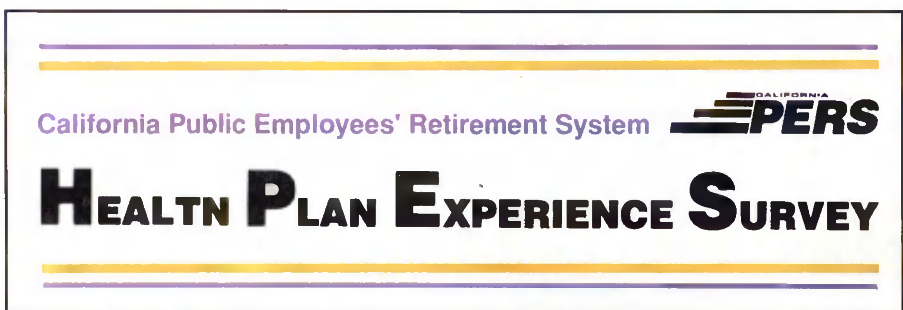
because they had a hand in designing the survey instrument.

"We kept the health plans informed along the way and sought their input so they couldn't come back and

say, 'We didn't have a chance to say anything.' If they wanted to set up a conference call with their marketing people, their researchers and us during the development stage we were happy to answer their questions."

Craig Hartung: "We wanted them to be fully informed as it moved along so that there wouldn't be any questions at the end. At the same time, some of them

continued on p. 31





Back to basics: remember to rotate

by Gary Mullet

We all know that when putting together a good questionnaire it is necessary to rotate the order of scales, the order of presentation of items to be tested and, perhaps, even the order of major sections of the instrument itself. We've known this forever and even if the ubiquitous "they" didn't tell us to do so, common sense so dictates.

If we go to the textbooks to find out why we need to change the order of presentation of items from respondent-to-respondent, we find, for example in Aaker & Day (1990) that, "The nature of the preceding questions definitely establishes the frame of reference to be used by the respondent." We also find (Schiffman & Kanuk, 1987) that, "...politicians and other professional communicators often jockey for position when they address an audience sequentially; they are aware that the first and last speeches are more likely to be retained in the audience's memory..." Those of us involved with laundry lists of attribute ratings (see Sudman & Bradburn, 1982) know that, "...order may effect responses as a result of fatigue." And these three citations are just the tip of the iceberg.

Thus, most of us are convinced that rotation is necessary and conscientiously see that rotation codes are written into all relevant questionnaires. While it's easier to do on studies involving CRT data collection, we generally try to do so with other instruments as well.

The following sections will demonstrate that it is (still) necessary to rotate the order in which a series of rating scales are presented to respondents. Also, we'll see how many of us may be overlooking significant differences when we carefully rotate products or concepts in our tests.

Is rotation really necessary?

The obvious way is to field a questionnaire with a large number of scales. In half of them, carefully rotate the order of the scales and in the other half keep a fixed ordering. Then compare the answers item-by-item. No one will or should do this since, if the answers do disagree, you won't know which half to believe. Thus, we rotate scales as a matter of routine. Should we?

Recently a study was conducted (and the results below are disguised) in which 200 respondents were asked to rate a

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product on ten attributes on 10-point scales—the type of thing market researchers request people to do every day. The results looked something like this:

<u>Scale</u>	<u>Mean</u>
Easy to open	3.62
Tastes good	6.54
For children	5.62
For adults	5.89
Good value	7.77
Easy to prepare	9.21
Attractive packaging	5.18
Sweetness	7.21
Reputable manufacturer	8.94
Nutritious	4.85

Now, in a vacuum, there's nothing at all unsettling about these results. But this particular test was actually a pretest of a new product evaluation system that was under consideration. In fact, since these scales were a small portion of a much larger, more elaborate questionnaire and the pretest was of an entirely new methodology, the scales weren't rotated—intentionally so, not as an indication of bad research design. When the order of asking is tacked on to the above results, we see something a little different.

<u>Scale</u>	<u>Mean</u>	<u>Order</u>
Easy to prepare	9.21	First
Reputable manufacturer	8.94	Second
Good value	7.77	Third
Sweetness	7.21	Fourth
Tastes good	6.54	Fifth
For children	5.62	Sixth
For adults	5.89	Seventh
Attractive packaging	5.18	Eighth
Nutritious	4.85	Ninth
Easy to open	3.62	Tenth

These results were, as you might imagine, quite unnerving. With one exception, the means decrease uniformly by question order. So, it seems to me, these data illustrate yet again the necessity of rotating items to control for position bias.

Further, if you're of a statistical bent and are faced with data such as that above, i.e., not rotated and with a definite pattern in the mean responses, you can test whether or not the order effect is statistically significant (which, of course, says nothing about it being something of substance that you need to worry about) by using the Page test for ordered responses (see, for instance, Marascuilo and McSweeney, 1977). As far as I know, this test is not included in the standard statistical software packages but you can easily use the results of the Friedman test, which is included in many, to test whether or not such results are significant.

Analysis of results when stimuli are rotated

As the above example shows, there seems to be a response



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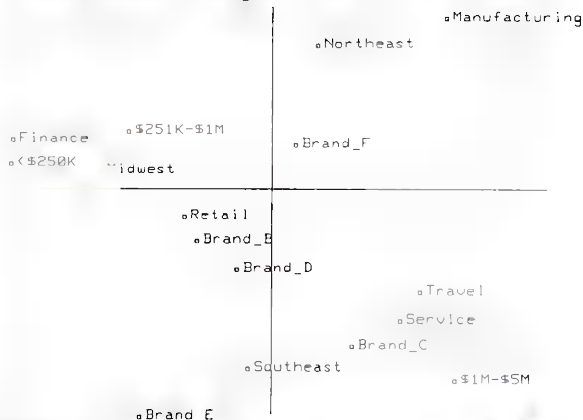
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bias by position of the scale. This has been observed many times by many researchers in many studies. So we do the obvious and rotate the order of presentation of items/scales. Then what do we do? Most of us merely "derotate" the items/scales and then perform whatever type of statistical analysis we think is appropriate.

Let's be concrete and assume that we are comparing two food items on a series of attributes, such as taste, sweetness and so on. What do we do? We always make sure that (around) half of the sample sees product A first and the other half sees product B first. Each half of the sample sees the other product second. We generally rotate the scales within the products as well. Then in order to see which product is perceived as sweeter we run a dependent or matched group t-test for means after lining up the data by derotating (either explicitly or by software instructions). If the computed t-statistic reaches the appropriate value, we deem the products to be significantly different in sweetness at the confidence level we're using. If the t-statistic doesn't make it to the criterion value, we say that we can't see any real difference in sweetness.

There's nothing wrong with this approach except that it's very conservative. You'll fail to find as many significant differences as you would if you took advantage of the fact that

It is very easy to run a crossover analysis using the everyday analysis of variance programs included in these packages, even if they don't show the words "cross-over" in their indices.

the items were presented in rotated order. Since you've gone to the trouble and expense to rotate the two products (the same comments would also apply to three or more products) you get an analytical bonus. At the same time you look for mean differences in product sweetness, you can also look for mean differences in product position. This has the effect of making the denominator in your t-test for mean differences smaller. It's easy to see what the result of that is—the t-statistic itself will generally be larger, sometimes enough to yield a significant result where there would not be one if we don't consider the order effect.

All of these gyrations go under the name of "cross-over analysis" (Cochran and Cox, 1957). This is another analysis that doesn't seem to be included in most statistical software packages but actually is. It is very easy to run a crossover analysis using the everyday analysis of variance programs included in these packages, even if they don't show the words

"cross-over" in their indices. We don't need to pay extra for either programming or analysis using a special cross-over program.

Conclusions

There are two conclusions to be drawn from the discussion above. First, it is still necessary to rotate items/scales in marketing research. The Page test for ordered responses can be used to test data that were not rotated to see whether there is significant order bias. (It can be used in other situations when data are collected in a series and you feel there might be a trend in the mean responses, such as decreased consumption of a particular product on a month-to-month basis using diary

The Page test for ordered responses can be used to test data that were not rotated to see whether there is significant order bias.

data from a household panel. Here, obviously, the order of presentation of the months cannot be rotated.)

Secondly, since data are frequently gathered using questionnaires with rotation patterns built into them, we are not using the full power of the rotation patterns if we are not doing cross-over analyses. If we don't, we may be erring on the conservative side (which is certainly all right in many studies). □

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Gary M. Mullet is president of Gary Mullet Associates, Inc., a suburban Atlanta-based consulting and data processing firm concentrating in statistical analyses for marketing research.

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Diskette-based surveys for qualitative research

by Albert Fitzgerald

Editor's note: Albert Fitzgerald is director of client services, Answers Research, Solana Beach, California.

We were one of the pioneers in diskette-based survey research several years ago. Over the past few years we have sent out tens of thousands of diskette based surveys on a wide range of business-to-business market studies. We have used diskette based surveys for a wide variety of research topics including customer satisfaction studies, pricing research, positioning research, and for new product development. Diskette based surveys have proven to be an excellent way to reach the over 70 million business professionals who have a personal computer on their desk.

But most researchers assume that diskette-based research (as well as paper based surveys) are only good for collecting quantitative data. We discovered a long time ago how valuable diskette based surveys are for collecting qualitative data.

Focus groups

We often conduct focus groups for clients. They are an excellent tool for collecting qualitative data such as assessing attitudes, understanding problems and issues which are important and how people view issues. But focus groups are not the only way of collecting qualitative data. Let's face it, focus groups are expensive! They typically cost up to \$500 per person once recruitment, facility rental, videotaping, mod-

erating and other costs are included. It can also be difficult to recruit the required number of people in a given city. For many industrial, high technology, and business products, it is just not possible to find enough qualified prospects in one area. It can be daunting to fill two focus groups with a client's customers in ANY city especially where



our clients have few customers who registered their products or where they sell high ticket items (mini computers for example) that do not sell in very high volumes.

Diskette-based surveys

An alternative approach is to conduct the qualitative portion of a survey by phone or by mail. We use both approaches, and each has its strengths and weaknesses. Phone interviewing is more

widely understood in the research community. Its strengths being lower cost per completed interview than focus groups and quicker turnaround. However for qualitative issues, it is difficult for telephone interviewers to write down verbatim responses. The resulting comments are typically encapsulated versions of the interviewers perceptions of what the respondent actually said. And the concise phrasing, as written by interviewers often loses all emotions and feelings.

We have found that diskette-based surveys are an excellent method of capturing not only the information but the true feelings of the respondents. We have used diskette based surveys for years to ask open ended responses, but we have recently refined diskette surveys to assess primarily qualitative issues.

The following is an example of the robust and sincere responses that we often get from diskette-based surveys. In this particular instance it was a customer satisfaction survey where we were asking about customer support. We did not edit the comments; they are exactly as they were typed in by the respondents:

"If someone calls in for service, call them back!!! My call was never returned; we played 'phone tag' for days, until finally I made 3 or 4 calls over a

period of 2 days, which were never returned! My impression—they don't want to help me."

"Call back your customers no matter what.....I had data that had to be uploaded to the mainframe and my 'butt' was on the carpet because of someone else's lack of concern."

"Understand that sometimes the person on the other end of the line is simply a user, not another technical support rep who already knows the answer and is just calling to confirm—we really need help."

Paper versus diskette-based surveys

We consistently find, on diskette-based surveys, that people are willing to type in several sentences — even paragraphs! When we have asked similar questions on paper surveys we rarely get as many people filling in the answers and we virtually never get full sentences. Apparently, respondents feel more comfortable typing into a computer than they do writing their feeling

on paper. With diskette-based surveys people typically write long, elaborate answers. One of the main reasons for this is the novelty of diskette surveys. Few people have ever received a diskette-based survey. Once it is popped into the computer and the survey is on the screen respondents actually like taking them. We have spoken to many disk survey respondents and they give several reasons for preferring disk surveys to paper ones:

- it is fun and a novelty
- prefer to type than to write answers on paper
- cannot tell the length of a diskette based survey; whereas
- many paper surveys appear to be too time consuming

An additional benefit of diskette-based surveys over paper surveys is the elimination of keypunch errors. This is especially important if your subject matter is technical or the responses are full of jargon, then keypunching becomes very difficult.

In a recent study, a client wanted to better understand whether it should in-

vest in an automated telephone system to answer customer questions. Other companies have systems that allow you to select a topic from a voice menu and get a recorded message or have information automatically faxed to you. This is a perfect subject to approach with a focus group. However, these systems are relatively new and the incidence of finding someone who has used one of these systems is slim, which makes recruitment virtually impossible. By conducting a national survey by mail using diskettes, our client was able to get several hundred responses and gain a vast amount of information before deciding on how to implement this type of customer support system. The following are actual typed-in responses to a question asking about likes and dislikes of these automated telephone support systems:

"Very useful way to get written information quickly. Everyone should use a similar system!"

continued on p. 34

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Report finds high satisfaction with point-of-service health plans in two cities

By significant margins, enrollees, purchasers, and physicians are satisfied with their participation in triple-option, point-of-service health benefit plans, according to findings of six separate studies of programs in Baltimore and Cleveland.

The studies were conducted over two years for Novalis Corporation by Fact Finders, Inc., an Albany, New York-based independent research firm. Novalis Corporation is a supplier of information, consulting support, and integrated technology to managed care organizations.

Major study findings published in a new Novalis/Fact Finders report, "Determinants of Enrollee, Purchaser, and Physician Satisfaction with Point-of-Service Plans," include:

- Nine in ten enrollees say they are satisfied with the point-of-service plan and seven in ten would recommend it to others.
- Eight in ten enrollees report that the plan is easy to understand.
- Eight in ten enrollee households report using in-network services through their primary care physicians.

• Fewer than two in ten enrollees use

any out-of-network services and virtually no one reports using out-of-network services exclusively.

- Having to change primary care phy-

satisfaction.

• Enrollee satisfaction is determined by the number of visits made to their primary care physicians (PCPs), the positive ratings give to their PCPs, and their use of in-network services (rather than their freedom to "opt out").

• Virtually all purchasers rate the triple-option, point-of-service design as "good" or "excellent." Ninety-six percent of purchasers report that they are satisfied with the plan and would recommend it to others.

• Nearly nine in ten purchasers say they intend to renew the point-of-service plan.

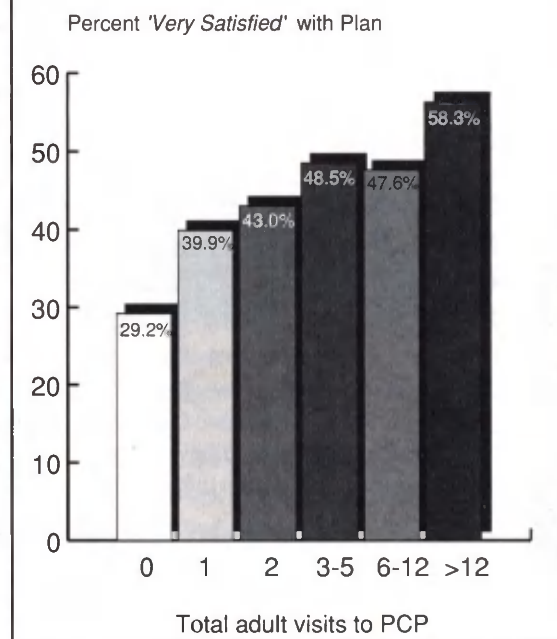
• Seven in ten purchasers report that price, the plan's potential for cost control, and the quality of its physician network are the factors which greatly influence their decision to offer point of service.

• Employers attribute more freedom to the point-of-service plan than enrollees.

• Nine in ten primary care physicians report satisfaction with the plan. However, there is some variation in satisfaction among the primary care specialties.

• Primary care physician satisfaction with the point-of-service plan is corre-

Effect of total adult visits to primary care physician on enrollee satisfaction with the plan



sicians as a result of entering the point-of-service plan has no effect on enrollee

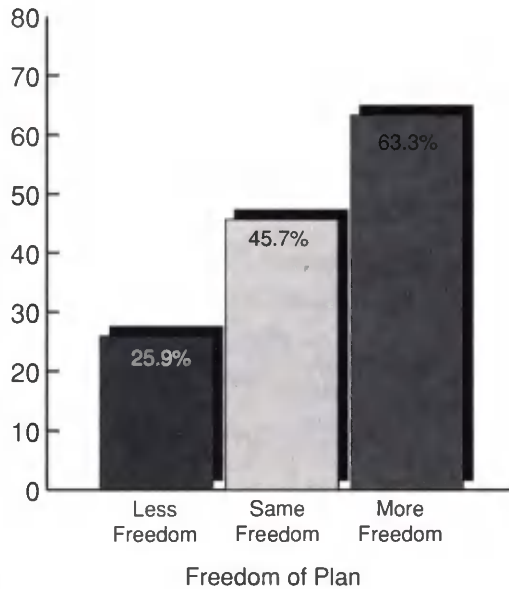
lated with the number of patients they have in the plan and is independent of the compensation they receive.

The Novalis/Fact Finders report presents findings from three enrollee studies, two purchaser studies, and one physician study conducted in Baltimore at Preferred Health Network of Maryland, Inc. (FlexChoice) and in Cleveland at QualChoice, Inc.

During 1991 and 1992, 750 enrollees in the Baltimore plan were interviewed in a scientific probability sampling design. In 1992, a similar study of 350 enrollees in the Cleveland plan was also conducted. In addition, a census of purchasers in the Baltimore plan was conducted in both years, and a random sample of network primary care physicians was conducted in 1992.

These surveys are a part of a multi-year, multi-site Novalis study of these populations in order to better un-

Effect of perceived level of freedom on enrollee satisfaction with the plan



derstand the attitudes and behavior of participants in the triple-option point-

of-service model.

In each of the plans, a "fused" triple-option, point-of-service benefit design was studied. This design integrates features of HMOs, preferred provider organizations (PPOs), and traditional indemnity insurance into a single program intended to replace all other health benefit offerings.

Under the design, enrollees choose one of three options at the point the need health care services. They may choose to go through their primary care physician, go directly to another member of the plan's provider network, or go outside the plan's network of participating providers. Services authorized by or rendered by primary care physicians carry the least out-of-pocket expense to enrollees, while out-of-network services require the greatest enrollee cost sharing through higher deductible

and coinsurance payments. □

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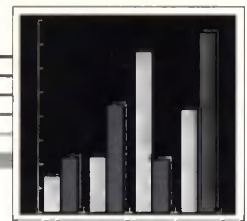


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Consumers feel overall quality has improved

According to the 1992 National Quality Index (NQI), American consumers say that the overall quality of American products has improved over the past three years, but service quality continues to lag, with the exception of auto repair and maintenance. Also, while consumers acknowledged improvements in product quality, responses reveal that they were not more satisfied.

The results are part of a national consumer survey conducted by Dallas-based Quality Strategies, a M/A/R/C Group company, to track consumer expectations and perceptions of American products and services, according to Corinne Maginnis, president of Quality Strategies.

"We asked 400 consumers to share

their feelings with us about several important aspects regarding products and services,"

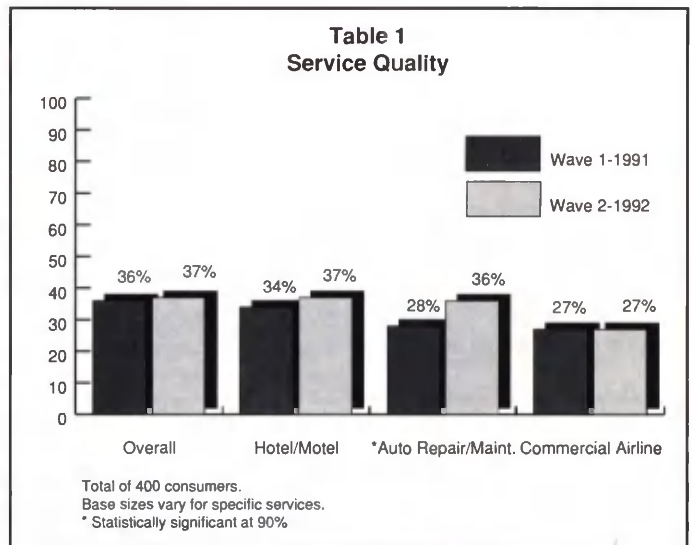
Maginnis says.

"Our questions focused on (1) whether consumers have noticed improvement in service and product quality, (2) their satisfaction regarding the quality of specific types of American products and services, and (3) the number

of consumers who are aware of total

quality management (TQM)."

Respondents were asked to comment



on quality in general as well as the quality of specific products and services:

- Products: new automobiles, new household appliances, frozen food items
- Services: commercial airlines, car repair and maintenance, hotels/motels

With regard to service quality, consumers were asked to rate the quality of American-made products and services that they had purchased in the past 12 months compared to the quality of similar products and services three years ago. While auto repair and maintenance jumped from 28% to 36%, hotels/motels showed only a slight increase, from 34% to 37%. Commercial airlines showed no increase and remained at 27%.

Fifty-eight percent of consumers perceive an improvement in product quality, which is a significant increase over

continued on p. 29

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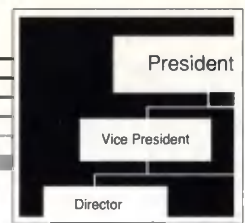
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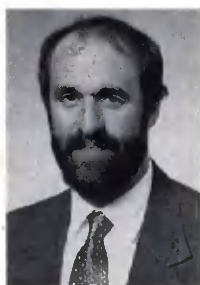


David Peryam, co-founder of the Chicago-based marketing and sensory research firm *Peryam & Kroll*, has died of complications following orthopedic surgery. Peryam was recognized as one of the founders of the science of sensory evaluation. His contributions to the sensory field include the development of the 9-point hedonic scale and co-development of other testing methods including the triangle test, the duo-trio test, the dual standard test, and the A/not-A procedure. A Peryam Memorial Scholarship Fund has been established through the Institute of Food Technologists Foundation (IFT). Donations to the fund should be sent c/o the IFT, 221 N. LaSalle St., Chicago, IL 60601.

Charise Davis has been promoted to vice president at *Market Facts*, Arlington Heights, IL. In addition, **Dr. Sanford Schwartz** has been named to the company's Board of Directors. Schwartz is an executive vice president of the company and president of the company's New York subsidiary.



Davis



Schwartz

Wayne Serie has joined *Data Recognition Corp.*, Minnetonka, MN, as vice

president, Survey Division.

C. Mack has been promoted to group director-marketing and marketing services of *Ryder Consumer Truck Rental*. Mack will continue to be responsible for Ryder's consumer product line marketing, marketing services and market research.



Mack



Cox

Cbelle Cox, formerly of *Burke Marketing Research*, has joined *Consumer Pulse, Inc.* as director of marketing and operations at its corporate headquarters in Detroit.

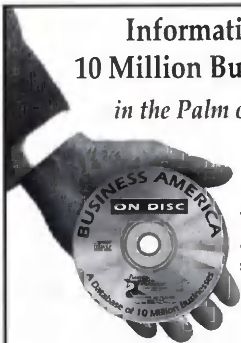
Market Directions, Kansas City, MO, has promoted two staff members: **Alex Ain** to project director and **Abhinav Gangrade** to senior research analyst. In addition, the firm has added three new staff members: **Paul Stuempfig** as account director, **Freda Small** as account supervisor, and **Jeffrey Linenfelser** as senior project director.

Lanrie Levin has been promoted to vice president-general manager for the St. Louis Marketing Group of *NFO Research, Inc.*

Holland Mark Martin, an integrated marketing agency based in Burlington, MA, has named **Arie Goldshlager** to the newly created post of manager, market analysis.

Anna Fountas has been named executive vice president and director of marketing at *Simmons Market Research Bureau*, New York City.

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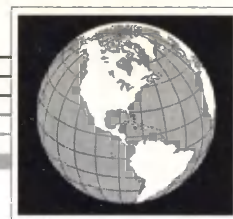
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Bernard Rynecki, principal of Simsbury, CT-based hospital marketing research firm Rynecki & Associates, and David Thompson, formerly a marketing research executive with Aetna Life & Casualty and Blue Cross/Blue Shield, have incorporated as **Rynecki Thompson, Inc.**, a new health care marketing research firm located at 750 Hopmeadow St., Simsbury, CT 06070. Phone 800-747-MKTG.

The **Survey Research Group** has established a joint venture market research company in China. The new company, Survey Research Group (Guangzhou) Ltd. will be known as SRG China. The Survey Research Group has worked in China since 1985. It

operates in ten Asian countries and Canada, New Zealand and the U.S. The company plans to introduce a range of research services in China, including a retail audit service and a media index. For more information call Jerry Stafford at 914-948-5100.

Consumer Pulse of Milwaukee has opened a new field office and mall facility in the Grand Avenue Mall, featuring private interviewing booths/PC equipped, complete kitchen and large exhibit room. The company also has a new focus group suite that seats 10+ clients viewing a 16x20 group room. For more information call Kathy Jorsch at 414-274-6060.

Total Research Corp., Princeton, NJ, has formed a strategic alliance with TRCA, Buenos Aires, Argentina. Under terms of the agreement, entered for an initial period of three years, Total Research has granted TRCA a license to use the name "Total Research, Argentina." In addition, Total Research has licensed TRCA the rights to represent Total Research in Latin America and to market the company's proprietary products. TRCA specializes in advanced statistical marketing techniques.

A new firm providing data collection, merchandising and list brokerage services has opened in Hillsdale, NJ. **NRD Marketing Services Inc.** is located at 101 West St., Hillsdale, NY 07642. Call Glenn Weissman at 800-221-6293.

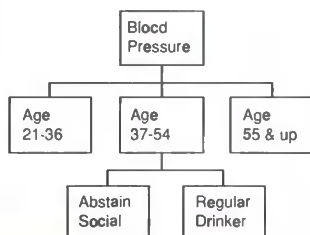
Consumer Pulse of Baltimore has moved to new focus group and field facilities in White Marsh Professional Building III, Ste. 226, 7939 Honeygo Blvd., Baltimore, MD 21236. It features a 20x30 exhibit room and an 18x26 group room. Client suites seat minimum of 16 observers. Equipped with kitchen and telephone/WATS center. Call Linda Crowder at 410-931-6700 or Detroit corporate headquarters 800-336-0159.

Directions Data has moved to 1111 Northshore Dr., P.O. Drawer 197, Knoxville, TN 37919. Phone 615-588-9280.

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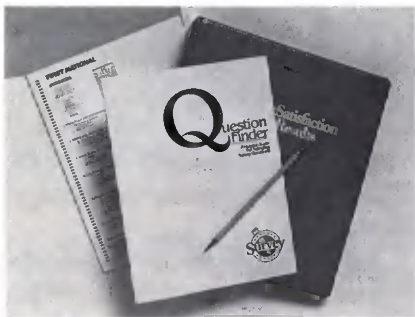
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Turnkey customer satisfaction system for financial institutions

John H. Harland Company has a new service that enables financial institutions to measure customer satisfaction. Harland's Survey Service is a turnkey program that uses scannable questionnaires that can be completed and returned for processing. The program is conducted through Scantron Corpora-



tion, a wholly owned Harland subsidiary that functions as a service bureau for customer satisfaction measurement.

Survey questions are selected from Harland's Question Finder, a guide containing typical questions a financial institution might ask to gauge opinions on products, services, attitudes and perceptions. Questionnaires can be distributed through one of four methods—direct mail, check order insert, monthly statements, and lobby handouts.

Customers complete the questionnaires and return them directly to Harland's service bureau or to their institution for mailing to the service bureau. At Harland's service bureau,

questionnaires are scanned and processed, and a complete report is delivered to the financial institution. For more information call Bob Eagar at 404-981-9460.

InfoScan-UK will track packaged goods in Great Britain

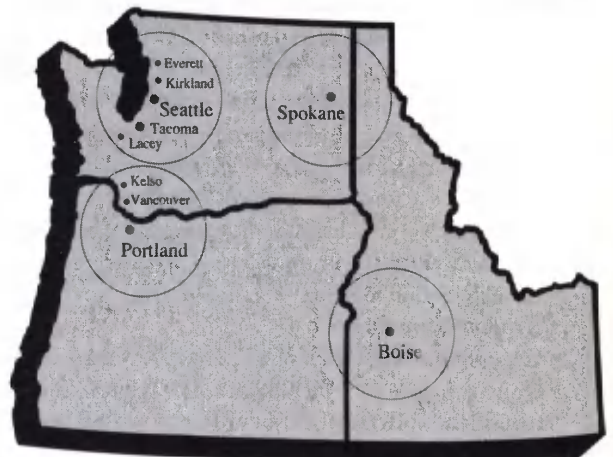
Chicago-based Information Re-

sources, Inc. plans to introduce InfoScan, its syndicated product-tracking service, in Great Britain this month. From a sample of 1400 stores, InfoScan-UK will track consumer packaged goods including food, health & beauty aids, OTC medicines and so-called "impulse" products for clients. InfoScan-UK will integrate weekly point-of-sale scanning data from food and drug chains with

continued on p. 28

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Men's Health Care

continued from p. 7

offer that would be more marketable to them."

Resistant to talking

Initially, Kassab says, it was feared that the men would be resistant to talking to the moderator and other participants because of the sensitive nature of the discussion. But that wasn't the case. "The men were very open and willing to talk about their health. I attributed that to the new trends in health consciousness. They didn't feel that it was demeaning to discuss their health with the moderator," he says.

"Focus groups are the setting that you have to use in exploratory research like this. When you want to explore the attitudes and opinions, they're by far the superior method for trying to understand what motivates a particular audi-

ence. Because you can sit and discuss it at length and go into detail about certain issues and you have play back and forth between participants and the moderator."

Part of the men's openness stemmed from the presence of a female moderator, Kassab says. "We thought the respondents would do better with a female moderator. We made some judg-



Methodist Hospitals of Dallas

ment calls on this project, one of them was using a female moderator. That was a big decision and it turned out real well. We felt that she would do better than a male moderator and she did. They opened up to her entirely."

Major distrust

During the groups, the men expressed a variety of beliefs, opinions, and fears about going to the doctor. Some findings:

The level of experience with physicians and hospitals seems to have a powerful influence on men's attitudes about health care. There is a major distrust of physicians, especially among the men who haven't had any medical treatment. In general, those who have been hospitalized were more trusting and they also were more convinced that preventive care is a good thing, Beck-Edgar says.

"One of the things that came up is the fact that very few men have a reason for going to the doctor until they get sick, unlike women. Women have to go, usually because of birth control and things like that."

Kassab: "Men are relatively healthy until age 50. They are naturally disjoined from the medical field and highly distrustful of it—in marked contrast to women, who tend to believe in their physicians and the hospitals. Men have a distrust of physicians and a lack of confidence in hospitals. They view the office visit as a tremendous inconvenience.

"In the focus groups, the 65 and older men who had had health problems didn't necessarily have a 'healthy living' attitude. But now that they've had some medical problems they look back on their lives and acknowledge the importance of preventive medicine. They did not necessarily share in earlier years the healthy living philosophy held by most young men today, but now they're big proponents of it."

Communication a problem

Some of the men, echoing a common complaint of women, said that communication between the physician and the patient is a problem, Beck-Edgar says. "(The men) feel that they don't get the answers they need from physicians, or if they get the answers, that they're not

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in language they understand.”

But in terms of the patient-physician relationship, the emphasis for the men is not on the “warm fuzzies,” Beck-Edgar says. Men are more concerned about the expenditure of time and money a visit to the doctor requires. “A man, especially a businessman, feels that if he’s taking time off of work, and he’s being paid X dollars per hour, then the doctor that he’s paying \$75 or \$100 can darn well spend that much time with him. They feel, ‘I’m paying for this guy’s time, I want more of it.’”

Wives’ role critical

The research found that the wives and significant others of the men play a

“In a lot of cases, the wives gave us tremendously good insight into the feelings of the men. They filled in a lot of the gaps. They told us stories about what it’s like trying to get their husbands in for an appointment. The husbands were saying to us, ‘Yeah, healthy living is important, you have to watch your diet.’ Then we talked to the wives and they said, ‘Well, the men talk that way but you still can’t get them to go to the doctor.’ ”

critical role in getting the men to their medical appointments and in informing them about medical issues. “In a lot of cases,” Kassab says, “the wives gave us tremendously good insight into the feelings of the men. They filled in a lot of the gaps. They told us stories about what it’s like trying to get their hus-

bands in for an appointment. The husbands were saying to us, ‘Yeah, healthy living is important, you have to watch your diet.’ Then we talked to the wives and they said, ‘Well, the men talk that way but you still can’t get them to go to the doctor.’ They said, ‘I literally have to make his appointment and pick him up and take him there to get him to go.’”

The reasons for this reluctance, the women suggested, include the man’s fear of appearing weak or dependent and the fact that many men would sim-

ply rather not know if they’re ill. “There’s a tremendous fear factor of knowing they have an illness and an aversion to admitting weakness. Men continue with those attitudes until they experience some kind of illness, at which time their opinion seems to change dramatically,” Beck-Edgar says.

The women are also sources of information, Beck-Edgar says. “They tend to read and point out things in articles. In the focus groups, men said they discuss health problems with other men, but

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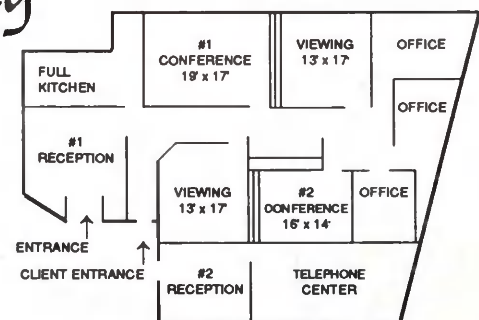
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they don't discuss it very often with their wives or significant others. The women did not seem to be aware that men discussed health problems at all. It's still a macho kind of thing."

Package deal

Beck-Edgar says that when asked about what might make them respond to an ad offering a screening or a check-up, the men seemed interested in a kind of package deal that delivered value for the amount of time spent. "No cost" or "low cost" were important phrases for them. "They said, 'Can I come in and get all this stuff checked over at a reasonable cost, sort of like when I take my car in?'"

"We're going to have to take a look at the way we package our services and the way we provide them so that perhaps men will take advantage of a comprehensive executive package, for example. We know that they respond to the word free. But we need to figure out how we can get them to take maybe a morning and get a full check-up. That's where we're still working. I think one of

"We're going to have to take a look at the way we package our services and the way we provide them so that perhaps men will take advantage of a comprehensive executive package, for example. We know that they respond to the word free. But we need to figure out how we can get them to take maybe a morning and get a full check-up. That's where we're still working. I think one of the keys is going to have to be that 'time is money.'"

the keys is going to have to be that 'time is money.'"

The younger men seemed to be more conscious of their health and of the benefits of a healthy lifestyle.

"Younger men are more attuned to healthy living than probably their fathers were at that age. They're probably more aware of healthy living. They're the ones who have joined the health clubs and who are into the healthy diet," Beck-Edgar says.

Kassab: "The male stoicism of older generations seems to be giving way to the healthy living younger man. Basically, men were more interested in their own health care than what we expected. And we really felt strongly from the results that there had been a change going on, a trend toward more healthy living. Most of the the younger men in the 40-50 age range seemed to be conscious of their health and readily admit to the fact. They talked a lot about the importance of taking care of oneself and the importance of diet and exercise and avoidance of excessive bad habits.

"But the healthy living philosophy

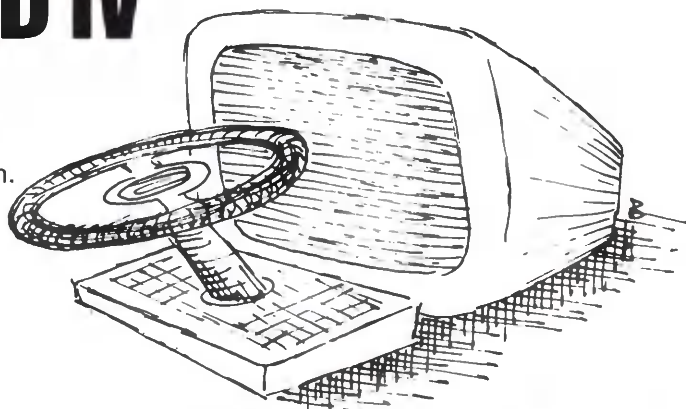
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only goes so far with men, even the younger ones. They have the philosophy but in almost all cases it's still not strong enough impetus for them to seek preventive medicine or to even get medical treatment for some illnesses until absolutely necessary. Some men still don't have a doctor, nor do they get check-ups. There are a relatively small group of men who practice preventive medicine with regular physicals and testing but even there, many physicals coincide with illness or are given to them by their company."

Concentrate on women

Beck-Edgar says that the hospital is still in the process of determining what actions to take based on the focus group results.

"I'm looking at a program now for consumer advertising. We're going to have to concentrate on the women to a certain degree. We're going to have to consider physician-to-physician referral and re-educate the physicians a little more as far as what their patients want and what they expect.

"One of the keys for this year is to provide the educational materials. It's going to be a slow building process. It's

"It's going to be a slow building process. It's not something that you can hurry. Like the water hitting a rock, how many times do you have to hit it before you make an impression? Fifty men aren't going to come in for a screening the day they read the ad. It might bring them in when they see a symptom that bothers them or when they have a problem or a friend has a problem."

not something that you can hurry. Like the water hitting a rock, how many times do you have to hit it before you make an impression? Fifty men aren't going to come in for a screening the day they read the ad. It might bring them in when they see a symptom that bothers them or when they have a problem or a friend has a problem.

"I think that men are going to think more about health as they are hit in the pocketbook, as consumers and as employers who are fighting health care costs. And I would hope that the trend in the insurance industry becomes that of prevention and screening versus paying for it once it's been diagnosed.

"It's the problem that we have all the way along, that certain insurance programs will pay for very high tech treatments but they won't pay for the preventive medicine that would prevent those problems to begin with. So I think that as men see that prevention and regular check ups, just like going to the dentist, can prevent major problems later, things will gradually change. But they're not going to change overnight." □

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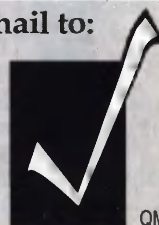
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Product & Service Update

continued from p. 23

four-weekly audit information covering non-scanning stores through a computer reporting system. The presence of promotions will be monitored and integrated with sales and price information to report on promotion coverage and brand response to promotion. In addition to trade channel projections, InfoScan will provide key account data for Asda, a major UK retailer, including a full year of history. This will be made possible through an alliance with TMD, Ltd, of Bath, who are the exclusive sales agents for Asda key account information. For more information call 312-726-1221.

SPSS/PC+ 5.0, advanced stats modnle for SPSS for Windows now available

Extended memory, improved performance and close links to a new analytical and business charting module are among the new features of the latest version of the SPSS/PC+ statistical software package. SPSS/PC+ 5.0 also features a new spreadsheet-like data editor; an upgrade of the SPSS/PC+CHAID module; a new module, SPSS/PC+LISREL 7; the addition of several new statistical procedures in the Base and upgrades of certain advanced statistical procedures.

In addition, the SPSS for Windows Advanced Statistics module is avail-

SPSS

able. It provides sophisticated univariate and multivariate analysis techniques. Included are Cox Regression, Kaplan-Meier estimation, logistic regression, loglinear analysis, multivariate analysis of variance, nonlinear and constrained nonlinear regression, PROBIT and life table analysis. For more information call 800-543-2185.

ZIP code atlas of U.S. metro areas

CACI Marketing Systems, a division of CACI International Inc., has designed and developed The ZIP Code Mapbook of Metropolitan Areas. This atlas features separate maps of each of the 320 U.S. metropolitan areas and details every ZIP code for each of the areas. The new book, which complements the census edition sourcebooks of ZIP code and county demographics, is designed to help businesses see where ZIP codes are located in relation to the geographic boundaries of metropolitan areas. A statistical snapshot of each metropolitan area is offered in a special appendix that profiles information from the 1990 census. Population, housing, income, education, and labor force data are summarized for each area. For more information call 800-292-CACI.

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InfoDynamics, a new on-line business information service, is designed to meet the needs of management in tracking the competition, market developments, new technology, consumer trends, mergers and acquisitions, and other areas of interest worldwide. It offers on-line access from virtually any PC or workstation to sources of market news and provides cost-effective news retrieval.

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Survey Monitor

continued from p. 18

last year's 52%. Among people who recently purchased a new American-made automobile, 75% believe American-made automobiles have improved over the last three years, much greater than the 63% in 1991. Maginnis says this strong positive response may be

American-made household appliances remains static. The stagnancy may be attributed to increased competition which has caused manufacturers to focus on lowering production costs rather than on designing a quality product.

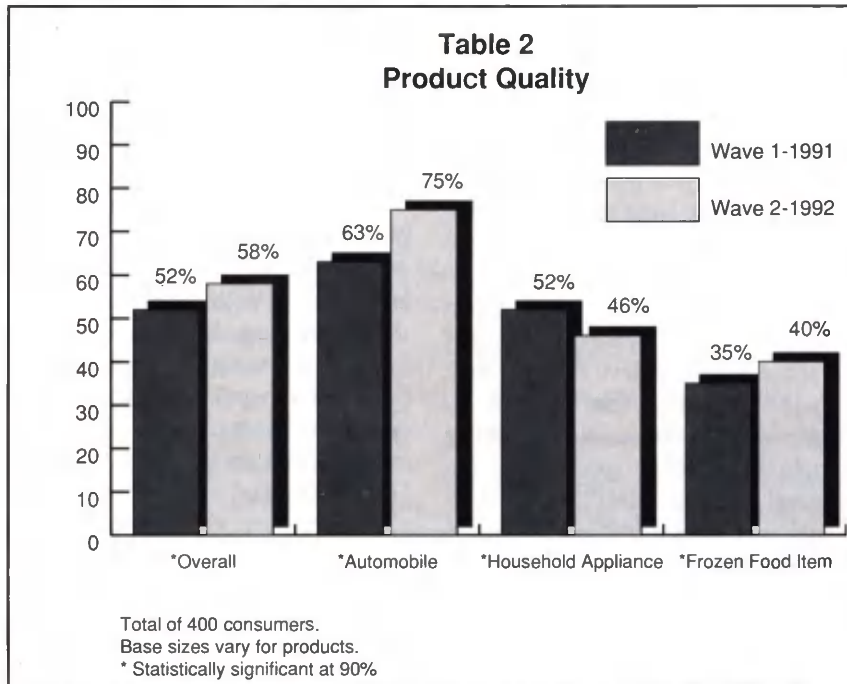
Generally, although consumers believe product quality has improved since 1991, they are not necessarily more satisfied. When consumers were asked,

quality movement continues to permeate the work place, more consumers are hearing about TQM—22% in 1992 versus 14% in 1991. Although the awareness increased, the percentage of consumers employed by companies actually involved in the principles of TQM decreased by 11%.

Fax usage up at businesses

Regular fax users at U.S. Fortune 500 companies report increased dependence and usage of fax machines, receiving 50 documents a day. On average each document received was six pages long, according to a Gallup Organization international study of fax usage and applications among Fortune 500 companies and Financial Times 1000 companies in the U.S., Canada, and Great Britain. The study was commissioned by Pitney Bowes Facsimile Systems Division.

When asked approximately how many documents they faxed a day, respondents at Fortune 500 companies reported an average of 40 documents sent by fax. On average each document sent was



attributed to the many quality programs undertaken by several automobile manufacturers during this time period. A significant increase in perceived quality also exists among consumers who purchased frozen food items, which rose from 35% to 40%. According to Maginnis, this may be the result of increased attention to providing "healthy" frozen dinners, a greater variety of items and improvements in the ability to provide fast, "fresh" frozen foods.

Consumers did not, however, recognize improvement in the quality of their household appliances. Only 46% of consumers who purchased American-made household appliances in the 12-month period perceived improvement in quality, down from 52% last year. Consumer opinion of quality improvement in the last three years shifted from "improved" to "stayed the same." According to Maginnis, this reflects the perception that the overall quality of

"How satisfied are you with the overall quality of American products and services today," there was virtually no change from last year's responses, in spite of a perceived increase in quality; 81% are satisfied with product quality and 69% with service quality.

"This may be an indication that the heightened awareness of quality improvement efforts in America has influenced the average consumer's perspective on acceptable product and service quality," says Maginnis. "With each new purchase where quality improvements are implemented, consumers' expectations continuously increase. As in our 1991 study, the 1992 NQI reveals twice as many consumers are dissatisfied with services as with products."

The benchmark NQI survey was completed in October of 1991 with 400 consumers ages 18 to 65. The 1992 second year survey includes the "66 years or older" age group to better represent all purchasing consumers. As the

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five pages long.

Fifty-two percent of regular fax users at Fortune 500 companies said their usage of fax machines has increased in the last 12 months. Only four percent of respondents at Fortune 500 companies said their fax usage had decreased.

According to the study, only approximately one-half of the respondents in all three countries said that their fax machine had plain, regular stock paper. Among the respondents who currently did not have plain paper fax machines, 53% of the U.S. respondents said they wanted such a machine.

Study looks at attitudes towards women's issues

Has the women's movement had an impact on attitudes about women in politics, on the job and their right to abortion? Opinion Research Corp. of Princeton, New Jersey, asked three questions about women's issues to 1005 households nationwide during a CARAVAN telephone survey. The first question was: "Is it possible for a woman to be elected president of the United States

within the next 20 years?" Women and men are as likely to say yes (44%) as to say no (45%); an additional 10 say they don't know. As a group, women are neither more optimistic nor more pessimistic than men in their belief of seeing a woman become president in 20 years.

Question two: "Do you believe that women who stay home to raise children feel pressure from society to have a job at the same time?" Women and men differ in their opinions on this question. The majority of women (55%) are likely to believe that society places pressure on women who stay at home to raise children. Men are divided on this question: 45% say yes, while 44% say no. Adults who are child-rearing age (18-54) are more likely to believe this than are people who are 55 years or older.

Question three: "Do you believe that abortion should be legal?" The majority of these adults believe that abortion should be legal. A total of 58% say legal, including 7% who say abortion should be legal in specific circumstances; about one-third (35%) say abortion should not be legal. Men and women are equally likely to say abortion should

be legal. Educational attainment is related to attitudes about abortion. The higher the education level obtained, the more likely the individual is to believe that abortion should be legal.

Shoppers say they're using more coupons

Last year, American consumers saved \$4 billion through the use of cents-off coupons. A TELENATION study, conducted by Market Facts, Inc., Chicago, for NCH Promotional Services (a coupon processor and supplier of promotion information), found that consumers redeemed 7.46 billion coupons—with an average face value of 54 cents per coupon. Retailers received \$596.8 million in fees for the time and cost involved in handling those coupons.

Coupon usage has increased more than five percent in the last year. Why the renewed popularity? The recession is seen as a contributing factor. The study showed that 94% of primary grocery shoppers have dramatically changed their shopping behavior over the past year. More than half of primary shoppers (53%) said they used more coupons, and the vast majority (75%) said they stuck to the basics and were more cautious about buying premium-priced items.

How to make this more cautious consumer try something new? The survey found that users need to see an increase of 42% in the value of a coupon to try a brand they don't usually buy. On average, consumers expected a 52 cent face value for brands they usually buy, but said they'd expect an average 74 cent value to make another brand attractive.

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Coupon's face value

Product	Normally use	
	product	product
Candy & gum	35¢	48¢
Cookies & crackers	35¢	57¢
Oral hygiene	36¢	51¢
Paper products	37¢	56¢
Cheese	39¢	56¢
Household products	49¢	69¢
Soft drinks	54¢	73¢
Cereal & breakfast foods	57¢	79¢
Haircare products	60¢	87¢
Cough & other medications	64¢	88¢
Pet food	80¢	\$1.13
Laundry detergent	82¢	\$1.13
Average	52¢	74¢

California PERS

continued from p. 9

were able to provide valuable input to the development of questions and the overall balance of the survey by pointing out, for example, where their services differed from the other plans. It was quite helpful."

Nearly 70% response rate

Much to the delight of all involved, the survey achieved a response rate of nearly 70%. Both DiSogra and Hartung have theories on why the survey earned such nice numbers. First, the survey benefited from the fact that health care was at the time of the survey (and still is) an issue of great interest to many people. "I think a lot of it has to do with the fact that the PERS enrollees consider their health benefits extremely important," DiSogra says.

Second, postcard follow ups and duplicate surveys were sent to those who failed to respond by two suggested dates. The postcard reminded enrollees that: "This timely information is intended to

benefit all PERS enrollees in the months to come." The letter accompanying the duplicate survey stated: "Your participation in this survey is very important,

"Information from the survey will be used to try to get the plans to make some kind of commitment to resolve some of the lower rankings. Nobody came out bad, nobody got a D, for example, but some got A's. As the plan facilitators it's our responsibility to try to move the plans up into the higher levels so that the span of grades isn't so large."

but we have not received your completed questionnaire. In case you may have misplaced it, we are enclosing

another one...The information you provide will help all PERS health plan enrollees make informed choices about their health care plan. Please help us help you."

Third, Hartung says, public employees have in general shown more interest in participating in surveys and other calls for their opinions. "Our members generally are people that respond to things at a little higher level than the average person. When we've gone out with other questionnaires we've tended to get a little higher return."

Fourth, though the questionnaire dealt with many topics and had many questions, it was designed to be easy to complete, DiSogra says. "We put a lot of emphasis on making it easy to navigate through the questionnaire. We tried to avoid questions such as 'if yes, go to...' We made sure we had instructions between each question and when the data came back we suffered from very minimal item non-response. If someone was going to answer the questionnaire they pretty much answered the

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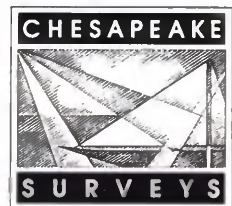
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whole thing.”

The sixteen page survey was in booklet form and it made liberal use of color and strong graphic elements such as arrows and boxes to move the respondent through the questions.

Hartung: “Freeman, Sullivan tried to make it easier for the respondent to tackle the survey. When you’re dealing with that many questions, the first instinct is to either throw it away or put it aside. I think the design created an interest in the survey.”

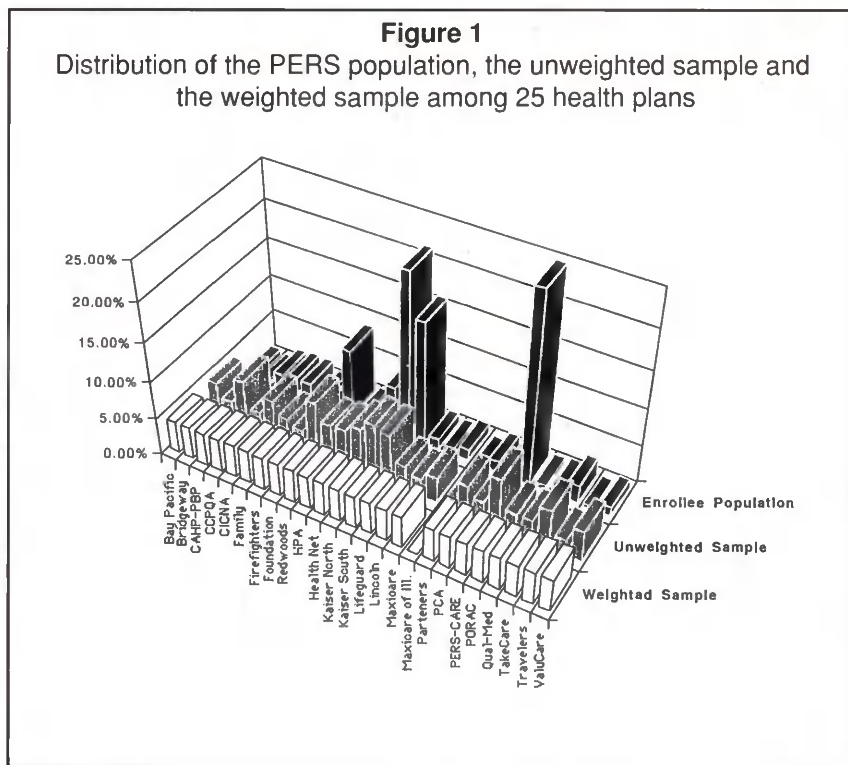
Weighting the data

Substantial work went into weighting the data to compensate for the differences in size of the various health plan member populations. (Figure 1 shows the distribution of the PERS population among the 25 plans.) Because of size and geographic location, some of the plans had a few thousand enrollees, some had several thousand.

“We were concerned because we knew right away that there was a very disproportionate distribution of the

PERS enrollees among all the health plans,” DiSogra says. “Some of the health plans were more accessible; they simply covered a greater geographic

“If, for example, all of the enrollees who used one of the large plans were tremendously dissatisfied that would skew the overall satisfaction figures



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area. Some of the enrollees in the rural parts of the state didn’t have as many choices but there were health plans up there for them, though those plans had very small numbers.

“The idea was, if you join a plan, it is obligated to make you satisfied to a certain level, no matter what the size. I didn’t want the average to be affected by the numbers of people in those plans, because the numbers were not a product of having to choose from all the plans equally.

because of one particular plan. So by weighting it the way we did we made it as if PERS enrollees were equally distributed among all 26 plans and then the weighted average of satisfaction would not be overly influenced by large plans or small plans. They would all come up to about the same standard.”

Resolve lower rankings

The rate negotiations between PERS and the various health plans are ongoing, Hartung says. “Information from the survey will be used to try to get the plans to make some kind of commitment to resolve some of the lower rankings. Nobody came out bad, nobody got a D, for example, but some got A’s. As the plan facilitators it’s our responsibility to try to move the plans up into the higher levels so that the span of grades isn’t so large.

“We’ll talk to the plans with the lower ranking scores to make sure that they have a thorough understanding of the responses and that they have some ideas in place to do something about their score.” □

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Study predicts growth in home medical diagnostic market

The market for home medical diagnostic products is skyrocketing, according to a new study by Packaged Facts, a New York City-based research firm. The market has maintained double-digit annual growth since the 1980s, and 1992 will prove no exception. The study estimates that growth will hit 14% this year, pushing sales to \$1.038 billion, the first time the market has passed the \$1 billion mark.

According to David A. Weiss, president of Packaged Facts, "The success of home medical testing represents both the triumph and tragedy of the American medical system. It's a great feat to give average people the means to monitor their medical status at home. But it's a great tragedy that so many Americans are so profoundly in need of these home diagnostic procedures simply because they have no access to professional medical care."

There are three different segments in the market—blood & urine tests (which includes diabetes-monitoring products, fecal occult blood tests and cholesterol testing kits); women's diagnostic tests (including pregnancy, ovulation and urinary tract infection kits); and blood pressure tests (which also monitor pulse rates). The combination of "tragedy" and "triumph" that Weiss refers to has enabled all three segments in the market to experience substantial growth in the past five years, though their growth patterns have varied somewhat.

Blood and urine tests annual growth (in terms of retail sales) ranged from a low of 11% in 1988, to a high of 19% in 1991. The difference will be split in 1992, with a 16% boost to sales of \$721 million.

Annual sales growth of women's diagnostic tests has been even more volatile, increasing from 17% in 1988, to 28% in 1990, then falling to 10% in 1991. Growth in 1992, is estimated at 11%, which will push retail sales to \$198 million.

The blood pressure tests segment has displayed the most

consistent annual pattern, gradually declining from a 12% rate in 1988, to sales of 7% in 1992. This will bring the segment's total sales to \$120 million.

According to Packaged Facts, the future will see the growth rates of the different segments converge to within three points of each other. Annual growth for blood and urine tests will decline gradually, slipping to 13% by 1996, when sales will reach \$1,295 million. Diagnostic tests will follow an analogous pattern, slipping to 11% by 1996, when retail sales will reach \$305 million. Blood pressure tests growth is heading in the other direction, following a mild upward curve which will bring the annual rate to 10% in 1996, lifting the segment to sales of \$174 million.

Together, the three segments' future progress will enable the category as a whole to stay within a point of its current 14% growth rate through 1996, when sales will reach the \$1.774 billion mark. □

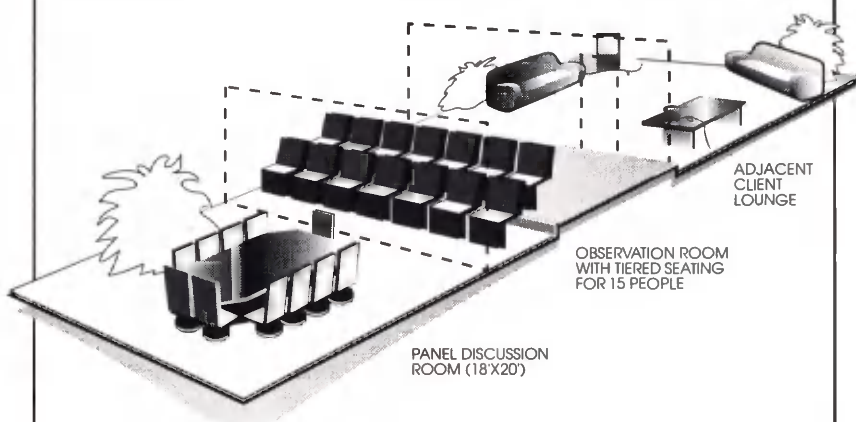
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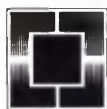
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Diskette Surveys

continued from p. 15

"For standard problems it's great. Quick response thru fax. However, if there are complications one would need to speak to a technical service representative."

"This type of system is fine for common questions."

"It's great for product information or faxes but for most tech support it's too tedious to go through the automa-

We have successfully used diskette-based qualitative surveys to develop new product and feature ideas, to get impressions of product positioning, for feedback on documentation issues and to better understand user needs.

tion although it's better than a busy signal."

"I dislike it because you have to listen to an entire menu of selections before you discover there is no selection for your problem, or you dialed the wrong number, redial the correct one and listen to another menu of choices."

"This approach to customer service sucks. When I call Tech support, I am past the simple questions and the automated systems only waste my time."

"This type of system in a technical support environment is very frustrating and time consuming. I feel they are a complete waste of time. They project an image of cost cutting by the company that utilizes them."

Based on these responses, our client designed a system with fairly simple menus which allowed customers to exit the system to speak with a live person easily. Because of the feedback received they also changed their plans to automatically route all incoming calls to this automated system first.

How to phrase questions

A big advantage of diskette-based surveys is their ability to branch and skip questions automatically. As an example, we asked respondents to rate the quality of customer service on a 1 to 5 point scale where 1 was the highest rating. We then asked only those who rated customer service the lowest ratings of 4 or 5 to tell us their reasons. This respects respondents' time and mini-

mizes the length of the survey. Here are some other tips to ensure you get the robust and honest responses you want:

Be clear in what you want. Ask respondents to supply specifics and details.

Do not ask questions that don't apply.



Ask simple qualifying questions first; then ask detail questions only where appropriate.

Do not ask "why" questions such as "Why did you choose product X?" In-

stead ask "what" questions such as "What were your reasons for choosing product X?" "What" questions validate respondents feelings and attitudes; whereas "why" questions are often perceived as forcing the respondents to defend their actions.

Guarantee anonymity to respondents and tell them who will be reading their comments. For example, respondents are more likely to spend time and effort answering a question if they know that the president of the company will read it.

Conclusion

We have successfully used diskette-based qualitative surveys to develop new product and feature ideas, to get impressions of product positioning, for feedback on documentation issues and to better understand user needs.

Diskette-based surveys are an excellent tool to cost effectively and efficiently acquire qualitative information from business professionals. □

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Ph. 301-441-4660
Fax 301-474-4307
Contact: Jill Siegel
1,3,6,**7B**, 8

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GRA Focus Facility
4717 Laurel Canyon Blvd., Ste. 200
North Hollywood, CA 91607
Ph. 818-508-1096
Fax 818-508-1099
Contact: Jacqueline Born

Sunstat Market Research
10715 Charter Dr., Ste. 260
Columbia, MD 21044
Ph. 410-995-0958
Fax 301-596-3946
Contact: J. Bradford Coker
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Toledo, OH 45840
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Fax 419-425-4430
Contact: Mary Rizer
Income-NA Stat.-5 1,2

Trade Talk

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says.

"We saw that the private enterprise system wasn't really functioning in the area of Medicaid. In the rest of the marketplace the pharmaceutical industry has done the target marketing. They know who the physicians are in private practice and what their prescribing patterns are. But the Medicaid market was kind of left alone. There was the feeling that it was for poor people and inner city people. And because they can only afford cheaper generic products you couldn't do much in the way of marketing."

Largest customers

That used to be the case, Shah says but the passage of the Pharmaceutical Prudent Purchasing Act legislation in 1990 changed things. "Medicaid is a \$5 billion chunk of business. The federal and state governments are the largest customers of the pharmaceutical industry. So the government said that if the pharmaceutical industry is giving rebates to other customers, why not to the state and federal government? In turn, the pharmaceutical companies said, we will provide you with the rebates you're asking for, but you should open up your formularies to all the products. Why should the Medicaid people be deprived of the good products that are available?"

"So that meant that instead of a restricted market with cheaper generic products, the Medicaid market is now like any other. You have the whole gamut of products available. That changed the market dynamics. Before, the pharmaceutical companies weren't really calling on the physicians that provide health care to the Medicaid population. Now there is the need to identify who they are, what their needs are what be able to tell them about the company's products that are now available on the formularies."

States aren't equipped

In general, the states acknowledge that they aren't equipped to provide detailed information on their rebate claims. They don't have the resources to deal with 400 manufacturers and give them printouts of product usage. "An intermediary like ourselves can do that more efficiently and economically," Shah says.

It's been an exercise in patience dealing with the state bureaucracies, which are slow to change and which were initially resistant to the system because it serves as a kind of watchdog, Shah says. "But as we explained to them, they have to provide this information. In addition, I've heard figures that almost one-fifth of the claims were in dispute. There are several pharmaceutical companies saying that if the states' claims don't come close to what they know to be true they're not going to pay. The only way to solve those issues is to have some information at the pharmacy level."

Micro marketing

Along with helping the reimbursement process, the information can also aid pharmaceutical companies in their marketing efforts, Shah says. "Most micro marketing or target marketing efforts are dependent on projected data. In our situation, we have complete information on all Medicaid transactions which we can segregate to activity for high prescribers. When a client company takes a look at our information by therapeutic category, they have the physician's name, address, specialty and exactly what he prescribed in the past 12 months, how many, what products, the dollar amount reimbursed. A client can ask, is that physician a prescriber of my brand or a competitor? If he's a big prescriber of a competitive brand you can plan your sales presentation to point out the strengths of your brand."

No data on usage patterns

Shah says the idea for the system took hold after he attended a meeting of Medicaid pharmacy administrators. "I asked them if they had looked at drug usage patterns among Medicaid users as to what products are more prevalent in the Medicaid population. And they said, 'We don't have that kind of information. We don't have the resources for that.'"

"The demographics of the people who receive Medicaid benefits are different from the rest of the population. Their medical and pharmaceutical needs are different. And when I discovered that this kind of information really wasn't available, the idea for the system became clearer.

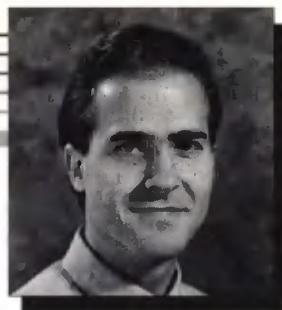
"The other audit services are set up on a national sample on the assumption that the market is homogeneous. Medicaid actually occurs in pockets in the inner cities and around nursing homes and we felt that it wasn't adequately represented in other information that exists in the marketplace." □

Advanced Research in Marketing, Inc.
Western Woods Mall 6270 Glenway Ave.
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Ph. 513-772-2929
Fax 513-782-4153
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By Joseph Rydholm
managing editor

Bringing a little private enterprise to Medicaid

After legislation passed in 1990 requiring pharmaceutical companies to give rebates to state and federal governments for pharmaceuticals purchased for Medicaid patients, Bob Shah had an idea.

Shah, president of Data Niche Associates, Inc. (DNA), a Libertyville, Illinois-based research firm specializing in data for the pharmaceutical industry, knew that there were problems with the rebate process. One of the biggest was the fact that the information states supplied to pharmaceutical companies was often vague.

For example, each quarter a state Medicaid program sends a "bill" to drug company X stating that over the past three months it has reimbursed pharmacists for 1000 units of its product A and 500 units of its product B. Based on that consumption it asks for a rebate.

The problem, Shah says, is that the states don't provide a detailed breakdown. "It's like the phone company sending you a bill for \$500 of long distance without showing you a list of the calls. All they say is, 'According to our records, these

are the figures.' And the pharmaceutical companies look at their internal sales documents and those from their wholesalers or other audits that they have to make a comparison and they find that there are errors on both sides. Many times the state information is inaccurate."

Prescribing habits

So the staff of DNA worked for two years to develop a system that processes Medicaid prescription records from 20 states to provide clients data on the prescribing habits of physicians and pharmacies serving Medicaid patients. This information gives the pharmaceutical companies another source to consult when examining rebate claims.

"We get the transaction data and we can break it out at the pharmacy level so that the pharmaceutical companies can look at consumption of their own products at the pharmacy level and at the trend within that pharmacy over a four quarter period to see if it compares with their internal record," Shah

continued on p. 53

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Director of Market Research, Faultless 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

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Manager, ICI Pharmaceuticals

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Manager, Consumer Research, Heinz

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