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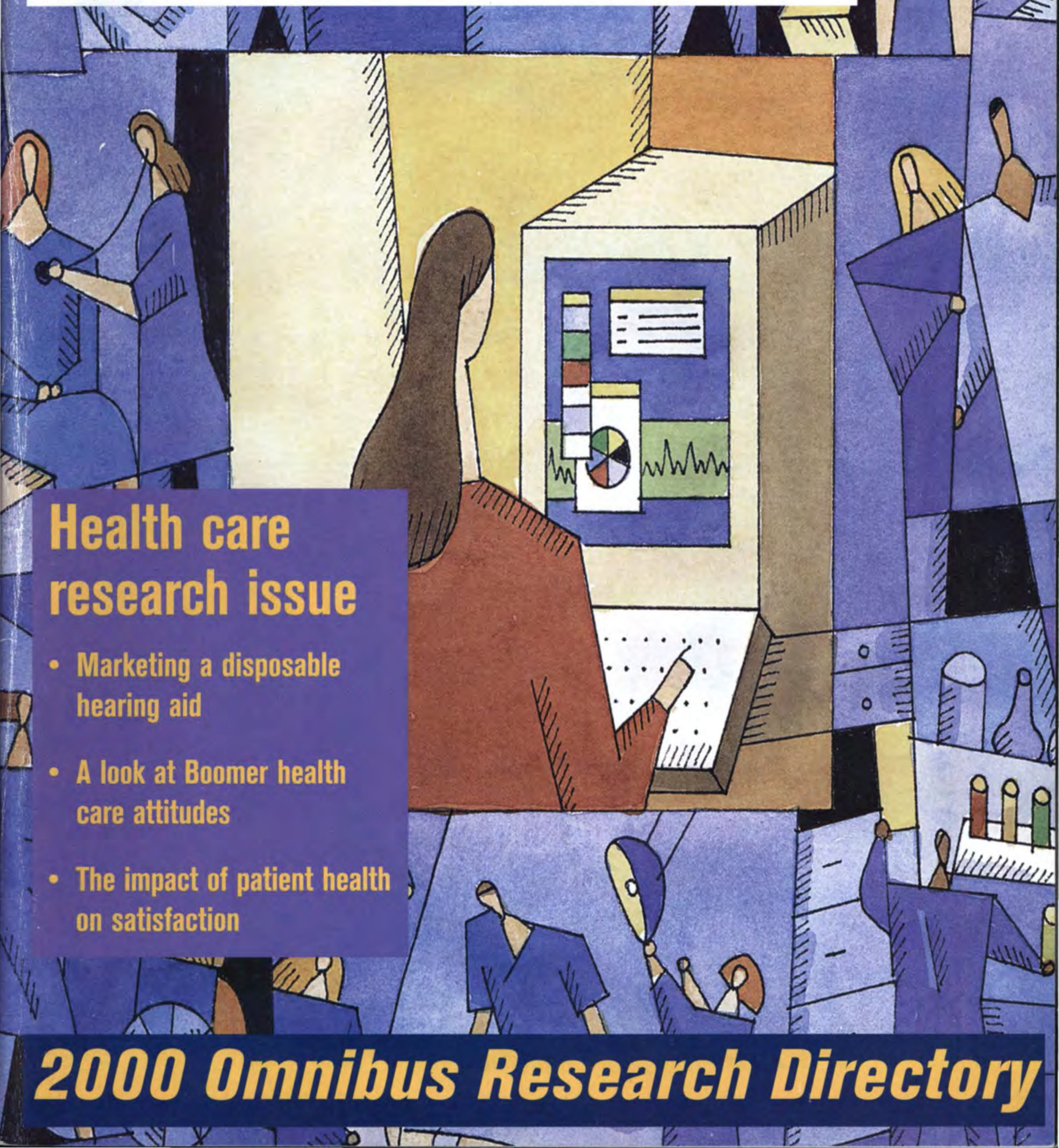
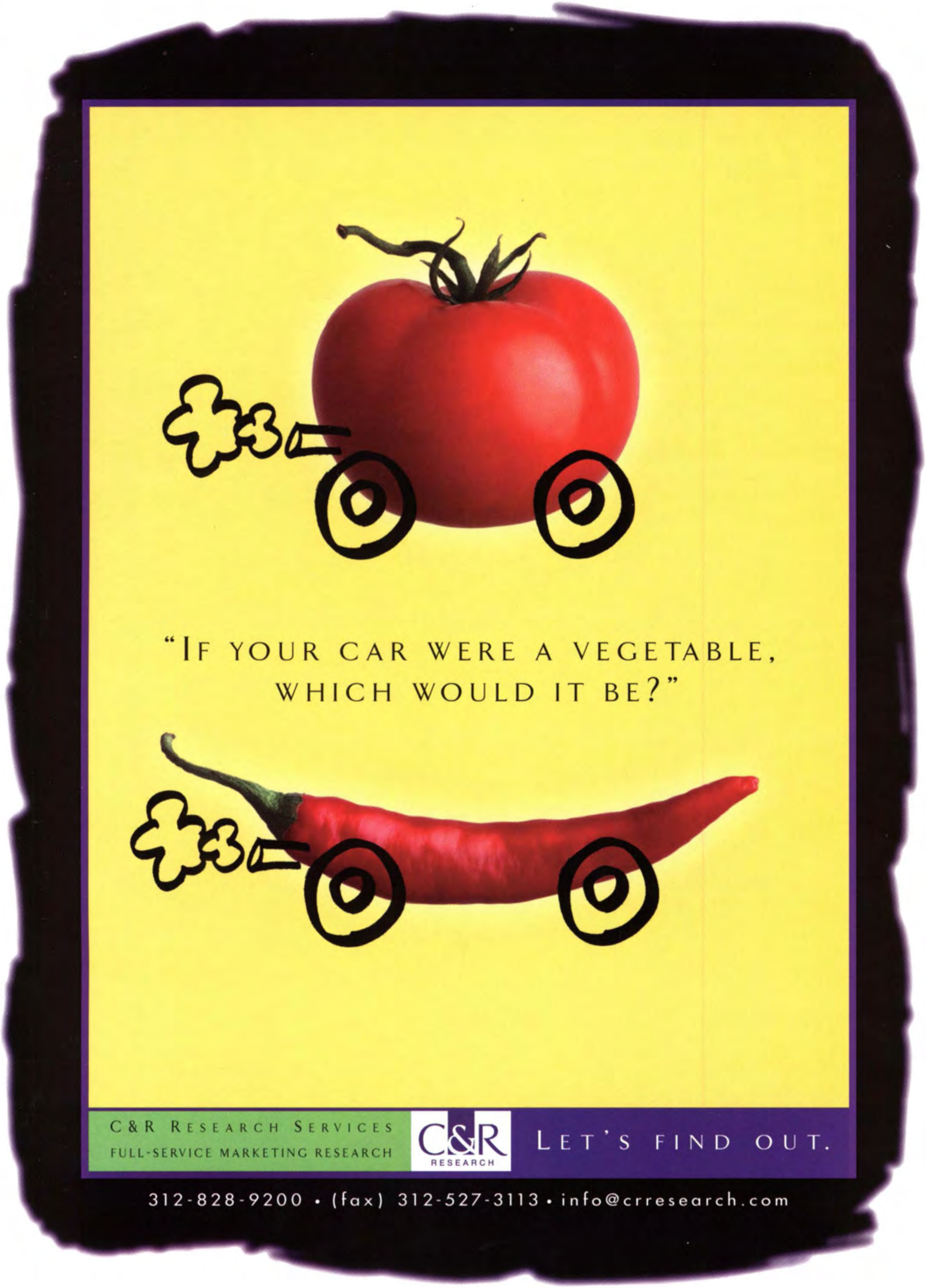


Health care research issue

- Marketing a disposable hearing aid
- A look at Boomer health care attitudes
- The impact of patient health on satisfaction

2000 Omnibus Research Directory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C O N T E N T S

F E A T U R E S

Case Histories

Techniques

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D E P A R T M E N T S

Interest high in managing medical benefits on-line

A majority (78 percent) of Internet users covered by health insurance say they are interested in managing their benefits through an insurance carrier's Web site, according to research from New York-based Cyber Dialogue. This makes on-line benefits management among the most-desired activities for on-line health users, ahead of applications like on-line drug stores and personal medical records.

The impact on health insurance carriers' revenues could be substantial. In fact, 90 percent of Internet users have health insurance, and among the 10.3 million Internet users who anticipate changing insurance carriers over the next 12 months, 37 percent report that they would be very or somewhat likely to switch carriers in order to manage their benefits on-line.

"This high level of interest reflects deep levels of consumer frustration with health care red tape and bureaucracy," says Scott Reents, manager of health care strategies at Cyber Dialogue. "It also presents an enormous opportunity — on-line benefits management is a strong candidate to become the 'killer app' for Internet health."

In particular, on-line users are interested in having the ability to check the extent of their coverage for various procedures and physician office visits, with 67 percent of on-line users with insurance saying that they were very or somewhat interested in this feature. Other features showing high user interest include checking status of filed claims, finding in-network doctors and hospitals, and looking up information on alternative or supplemental health plans.

At this time, one major barrier to on-line benefits management appears to be the insurance industry. Despite the high levels of consumer interest, only 8 percent of insured Internet users are actually using their insurer's Web site, and 68 percent aren't even aware that their insurer has a Web site.

"Consumers want this convenience, but insurers either aren't offering the functionality consumers desire, or they aren't effectively marketing it," says Reents. "This looks like a case where insurers will be forced to choose either to invest in the Internet or to lose business to competitors who do."

Findings from Cybercitizen Health are based on in-depth interviews with more than 2,700 U.S. adults. The study

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Interest in On-line Benefits Management Capabilities (Among On-line Users with Health Insurance)

Check coverage	67 percent
Check claim status	56 percent
Find doctor/hospital	47 percent
Look up info on other plans	47 percent
File claims	40 percent
Enroll	26 percent

Moving carries a host of expenses

A survey by Boston-based movecentral.com finds that homeowners who move spend $9,400 on purchases during the three-month relocation period, while renters spend $3,700. Conducted by movecentral.com and Boston-based Atlantic Marketing Research, the survey polled 22,000 relocating Americans and yielded an average response rate of 4.1 percent.

During 1998 and 1999, 42 million Americans moved, spending $102 billion on move-related goods. Homeowners spent an average of $9,400 on purchases; renters spent $3,700. Fifteen percent of homeowners and 12 percent of renters stated that they bought a computer within the eight weeks surrounding their move; homeowners spent an average of $2,160, and renters spent $1,340. Twelve percent of all moving homeowners bought a car; 66 percent of these car buyers made the purchase within four weeks after moving. Over half (57 percent) of owners and 37 percent of renters bought furniture within the 12 weeks surrounding their move; homeowners spent an average of $3,500 and renters spent $1,220. Thirty-five percent of owners and 40 percent of renters bought bedding; of these individuals, 72 percent did so within three weeks after their move. Owners spent an average of $420 and renters $240. Fifty-five percent of moving homeowners purchase at least one appliance when they move, and 57 percent of homeowners buy furniture. Twelve percent of all respondents with Internet access researched moving companies on the Web; 8 percent researched real estate sites, 7 percent researched appliances/furnishings and 2 percent researched electronics, computers and banking services. Six percent of movers using the Internet for research actually made on-line purchases; those buying goods and services spent an average of $600.

Seymour Sudman, a professor at the University of Illinois and a pioneer in the field of survey research, died on May 2nd from complications of a stroke.

FGI, Inc., a Chapel Hill, N.C., consulting and research firm, has expanded its Customer Research and Quality Consulting (CRQC) client services teams, naming **Don Hume** senior research methodologist, **Daniel J. Mosrie** senior account manager and manager of research operations for the CRQC, and promoting **Joe Bates** to senior account manager, **Carla Penel** and **Jennifer Lewis** to account manager, **Greg Newman** to associate account manager, and **Jackie Malik** to senior market research assistant.

Hollywood, Fla.-based homebuilder Web site *American Home Guides* has named **David Gold** corporate marketing director. Gold will be responsible for market analysis, market research, publicity, advertising, and coordinating the sales and marketing aspects of the company.

Catalyst International, Inc., a Milwaukee supplier of warehouse management technology, has named **Mia Scaffidi** as director of marketing communications and research.

Socratic/Modalis Research Technologies, San Francisco, has named **Gary Nicholas** vice president, accounts; and **Jeff Berg** and **Edward Erickson** account executive.

St. Louis research firm *Marketeam Associates* has named **Yvonne Filla** account representative.

MarketTools, Inc., a Sausalito, Calif., research firm, has named **Nigel Hopkins** to its executive team. Hopkins will lead MarketTools' Advanced Products Group.

Cleveland research firm *The Pat Henry Group* has promoted **Jennifer Rozic** to focus group manager.

Rozic

Van Scoy

Greg Van Scoy has been promoted to account executive at *Burke Customer Satisfaction Associates*, Cincinnati.

Integrated Research Associates, Inc., Cincinnati, has named **Thomas Schmidt** vice president.

Schmidt

San Jose, Calif.-based *Survey.com*, has named **Jack Mohally** chief financial officer. The firm has also named **Calvin Carr** vice president of sales and business development for the company's IT research division. Also, the company has announced that **Elliot King** will serve as the editor-in-chief

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Ted discovers the hard way what some research facilities mean by full service.

Product & Service Update

Database houses credit card mailings

BAIGlobal Inc., a Tarrytown, N.Y., research firm, has launched a new Web site that provides credit card issuers with competitive intelligence to improve customer retention and usage among cardholders. The site, Inside Track Online, features images of actual credit mail pieces sent to cardholders over the past 13 months. Inside Track Online is updated twice a month with the most-recent scanned images of communications sent to cardholders by their issuers. Since a nationwide sample of 4,500 households sends in their direct mail to BAIGlobal, the service displays mailings from all major credit cards and issuers. As of May, the database contained a full year of archived mailings. To access a free demo go to www.baiglobal.com/ITDemoNote.htm.

Update of Web collaboration tool

San Francisco-based Facilitate.com has released version 6.0 of its Facilitate.com Web-based collaboration tool. New to version 6.0 is an integrated Web server and over 100 features that enable non-IT professionals to establish ad-hoc or ongoing collaborative workspaces. It builds upon a core set of brainstorming, categorizing, prioritizing, and action-planning tools by adding new survey capabilities, control panels, and template customization. Version 6.0 also includes new options that enable integration with corporate or departmental Web sites. New features allow work teams to collaborate more effectively in both face-to-face and virtual meeting environments. For more information visit www.Facilitate.com or call Julia Young at 800-423-8890.

QuickTake.com now offers Palm VII functionality

QuickTake.com, an on-line, do-it-yourself survey tool, is now offering a wireless capability that allows individuals to download real-time survey results anywhere Palm VII service is available. QuickTake.com is a Web-based tool designed to gather digital opinions. It enables customers to use a question template, or customize their own, to create a survey and launch it onto the Internet. Each survey is saved

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Research Industry News

Research Calendar

ADVANCED TECHNIQUES FORUM: The American Marketing Association will hold its Advanced Research Techniques Forum (ART Forum) on June 4-7 at the Marriott Hotel in Monterey, Calif. For more information visit www.ama.org.

FROST & SULLIVAN CONFERENCE: Frost & Sullivan will hold its third annual Advanced Marketing Research Conference and Exhibition on June 5-8 at the Alexis Park Resort and Spa in Las Vegas. For more information call Bruce Hirsch at 212-964-7000 ext. 275 or visit www.frost.com/conferences/MRT.

MRA ANNUAL CONFERENCE: The Marketing Research Association (MRA) will hold its 42nd Annual Conference on June 7-9 at the Westin Hotel in Seattle. For more information visit www.mra-net.org.

PMRS ANNUAL CONFERENCE: The Professional Marketing Research Society (PMRS), North York, Ontario, will hold its annual conference from June 5-9 at the Westin Harbour Castle Conference Centre, Toronto. For more information call 888-815-PMRS or visit www.pmrs-aprm.com.

TRAVEL RESEARCH CONFERENCE: The Travel and Tourism Research Association will hold its annual conference on June 11-14 in the San Fernando Valley, Calif. For more information call Mark Okrant at 603-535-2364 or visit www.ttra.com.

WEB/ON-LINE SURVEY SEMINARS: The Institute for International Research will hold an installment of its Web-based Surveys and Online Research Seminar Series at the Hilton San Diego on June 12-14. Core issues such as reliability, validity, response rates, projectability and anonymity will be addressed. For more information call

The Marketing Research Association has launched a new and improved Web site at www.mra-net.org. The new site allows members to access an on-line directory of MRA members and their organizations. Using a personal password, members create a profile and can update their information or access the read-only information of a colleague. Members can also link their company's Web site to the MRA's site at no cost.

Angus Reid Group, a Vancouver, B.C.-based research firm, has agreed to be bought out by French marketing research company **Ipsos**. In Ipsos's first expansion into Canada, a North American unit of the company will be created and named Ipsos-Angus Reid. It will be run by Angus Reid's current management. Ipsos will pay about C$100 million ($68.9 million) for the Canadian company, which has 11 offices, 300 full-time and 800 part-time employees.

Eastern Research Services, Springfield, Pa., has opened a new division, Bilingual Research Services. Located in El Paso, Texas, the division features a bilingual staff and a 90-station facility for data collection in CfMC and Quantime. The branch manager is Jack Morales. The personnel manager is Grace Hernandez.

Boston-based **Mature Marketing & Research** has opened an office at 1180 East Broadway, Suite 6, Hewlett, N.Y., 11557. Phone 516-374-4908.

Socratic/Modalis Research Technologies, San Francisco, has expanded the international compatibility of its proprietary interface test equipment, the Socratic Usability Lab. The new lab configuration allows it to be used with VHS, NTSC or PAL video formats and is built to be compatible with both U.S. and European

888-670-8200 or visit www.iir-ny.com.

FOCUS GROUP BOOT CAMP: On June 16-17, the Greeley Institute will present the "Focus Group Boot Camp," a workshop for managers who use or authorize use of focus group research. For more information call 617-946-0755.

CLARITAS CONFERENCE: The annual Claritas Precision Marketing Conference will be held on July 16-19 at the Loews Coronado Bay Resort in San Diego, Calif. With the transfer of National Decision Systems (NDS) to an operating division of Claritas, each company's annual users' conference will be combined. Breakout sessions will feature success stories, case studies and industry-specific marketing solutions for automotive, financial services, media, retail, real estate, restaurant, telecommunications, utilities and more. For more information contact Melissa Barry at 800-866-6510, ext. 575, or at mbarry@claritas.com or visit www.claritas.com.

CONSUMER INSIGHT SERIES: The Institute for International Research will hold Consumer Science: Measuring Consumer Motivation & Shopping Behavior, the third event in its Consumer Insight Series, on July 24-26 at the Omni Parker House in Boston. For more information visit www.consumerinsightseries.com.

ON-LINE RESEARCH SUMMIT: IQPC will hold an on-line research and Web survey summit on June 27-28 at the Ambassador West, Chicago. For more information call 800-882-8684 or visit www.iqpc.com

ETHNIC MARKETING CONFERENCE: The European Society for Opinion and Marketing Research (ESOMAR) will hold its Ethnic Marketing Conference on July 2-4 at the Paris Hilton Hotel. For more information visit www.esomar.nl.

power standards.

STAR Market Research, Hayward, Calif., is now offering a new focus group room. The room, which measures 30x26, can be set up classroom-style, theater-style, with booths, or configured to other special needs. The attached viewing room seats 12 clients. For more information call 510-476-0940.

U.K.-based **Consumerdata** has launched web-satisfaction.com, its Web-based customer satisfaction and surveying solution. Services include survey definition, Web page design and hosting, and data retrieval. Additional analysis, reporting and data cleaning services complete a total service package. For further information, please contact Mark Hodgson at +44-1372-278999 or visit www.web-satisfaction.com.

Total Research Corporation, Princeton, N.J., is acquiring **Romtec plc**, a London-based Internet research

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How large did you say the sample has to be?

By Don Minchow

Editor's note: Don Minchow is president of Inquire Market Research, Inc., Santa Ana, Calif. He can be reached at 800-995-8020 or at don.Minchow@inquireresearch.com.

Some of you are old enough to remember when Bill Cosby was a stand-up comedian and his routines could be heard on record albums. (For those of you born after the introduction of CDs, a record album is a large vinyl disk that was played on something called a turntable.) One of his famous bits involved wondering how Noah must have felt when instructed by God to build an ark. It went something like this:

God: "Noah, I want you to build an ark that is 300 cubits by 500 cubits."

Noah: "Right. What's a cubit?"

I was reminded of this interchange when a client requested a proposal for a research study to demonstrate the effects of various lens coatings on visual acuity. Of course, his first question was, "How large a sample do I need?" From there, our conversations went something like this:

Me: "How confident do you want to be of your research findings?"

(Unlike some of my clients, this on had an answer.)

Client: "Quote me at 99 percent, 95 percent, and 90 percent confidence levels."

Me: "That's a great start. How much of a difference do you expect to see between the mean readings for each coating?"

Client: "Not sure, why don't you figure a range from .02 to .1, in increments of 0.2."

Me: "Now we're cooking; we've got the confidence levels and the differences in the means. All we need now is the standard deviation. What do you want to use?"

It was at this point that I flashed back to Cosby's routine. My client got the look of a deer caught in the headlights of an oncoming car, and he mumbled something to the effect of, "Right. What's a standard deviation? And

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Sounding out

Qualitative/quantitative combo assists

First there was Kleenex. Great idea — why carry a handkerchief around anymore? Then came disposable razors. Makes sense — when the blade goes dull, toss it out. Later, single-use contact lenses hit the market. How convenient — no more soaking and cleaning.

What's the next innovation in disposability? Try a hearing aid.

Say what?

You heard right. Songbird Medical Inc., Cranbury, N.J., has introduced the Songbird disposable hearing aid, a $39 device with a battery that's designed to last 40 days (when used 12 hours a day). When it wears out, you toss it out.

The Songbird may be disposable, but it's on par with other, more expensive hearing aids, says Fred Fritz, president and CEO of Songbird Medical Inc. "By building it to be disposable we can use designs and materials which are unavailable to conventional hearing aid makers. They have to build it to last for years; we have to build it to last for six weeks, so we can use softer materials and innovative designs which let us make a product that compares favorably to top-end hearing aids at a tiny fraction of the price."

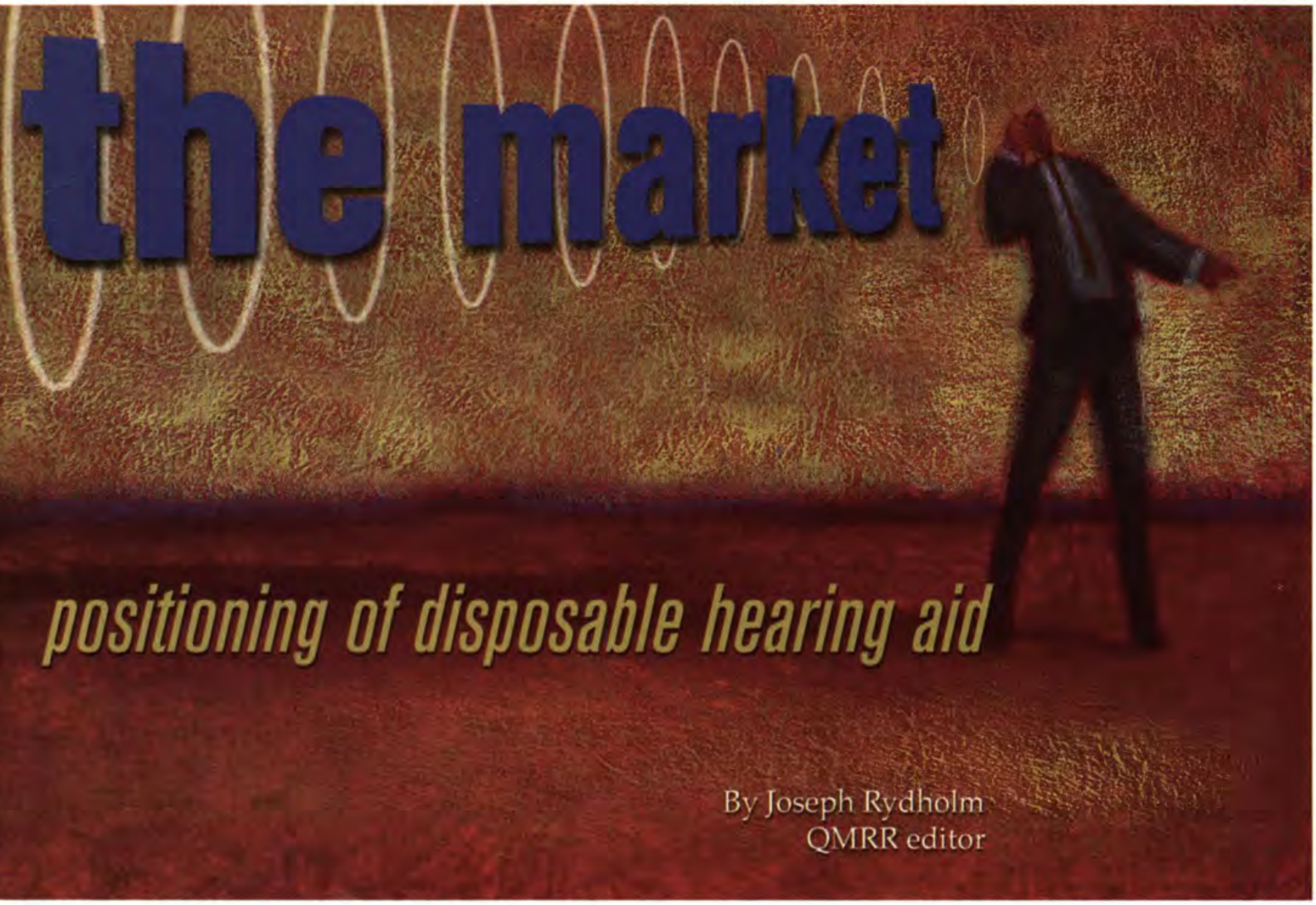
Most of the space in the front of a conventional hearing aid is consumed by the battery compartment door, Fritz says. The Songbird's battery is sealed into the device, freeing up space on the faceplate for a bigger microphone, one that's seven times larger than that of a standard hearing aid. Plus, Songbird's tip is made of softer rubber than more durable tips of conventional hearing aids so it fits deeper into the ear canal, resulting in improved sound quality. "You're getting the sound closer to the eardrum. Therefore it sounds louder and the high frequency sounds, which are so important to hearing, are better delivered to the eardrum," Fritz says.

In another departure, the Songbird can be fitted and purchased with one visit. "You don't have to go through the fitting process of a conventional hearing aid, which typically takes four weeks and requires multiple trips to the audiologist," Fritz says.

Crowded market

The Songbird concept came from the Sarnoff Corporation, Princeton, N.J. Formerly RCA Labs, the R&D facility has given us such technological marvels as color TV and the liquid crystal display.

In exploring the viability of creating a high-tech hearing aid, Sarnoff talked with audiologists and others in the industry and learned that such a product would be subject to intense competition, as several firms were working toward the same goal. The crowded market didn't need another high-



priced entrant.

But what about a low-priced, high-tech hearing aid? That would be something new and different. But would it be too different? And how would people respond to the disposability factor?

A look at the potential market indicated it might be worthwhile to find out. Fritz says 80 percent of people with hearing loss don't use hearing aids, meaning there are 23 million potential customers in the U.S. alone. (He estimates 300 to 400 million people worldwide with some level of hearing impairment.)

Research from the hearing aid industry gave Songbird Medical a better understanding of the demographics of hearing loss and hearing aid usage. "It helped us determine who our audience is. It's a male Boomer in the 45-65 age group who says, 'Yeah, I might have some hearing loss but it's not that bad and I certainly don't need a hearing aid.' Our job was to identify how to talk to that guy or his significant others and help change their minds and to get them to try the product."

Naturally, marketing research was ready to help. Fritz says a "pretty classic array" of research was used, including a combination of quantitative and qualitative. From focus groups and one-on-ones with hearing aid users and non-users, Songbird Medical learned how both market segments talk about hearing aids, how they perceive them, and, in the case of hearing aid users, what are some of the problems associated with hearing aid use. One-on-ones were relied upon more heavily than focus groups because they allow respondents to talk freely about their hearing loss, away from the potential embarrassment of doing so in a focus group setting. The qualitative component of the research also gave the company some ideas for how to appeal to the non-user.

From there, a Market Facts mail panel was used to locate households with a hearing-impaired family member. Through a number of mail panel survey waves, concepts and positioning options were tested using conjoint analysis. Respondents were asked about the importance of a money-back guarantee, brand name alternatives, the believability of certain performance claims, and pricing. "We consistently tested different price points and the 'under-a-dollar-a-day' price point was very important for non-users of hearing aids. At that point they felt they could give it a try," Fritz says.

In-home testing

The first two rounds of research resulted in a solid, well-tested concept. Songbird Medical had a good idea of how to position the product and its price point, so the next phase involved

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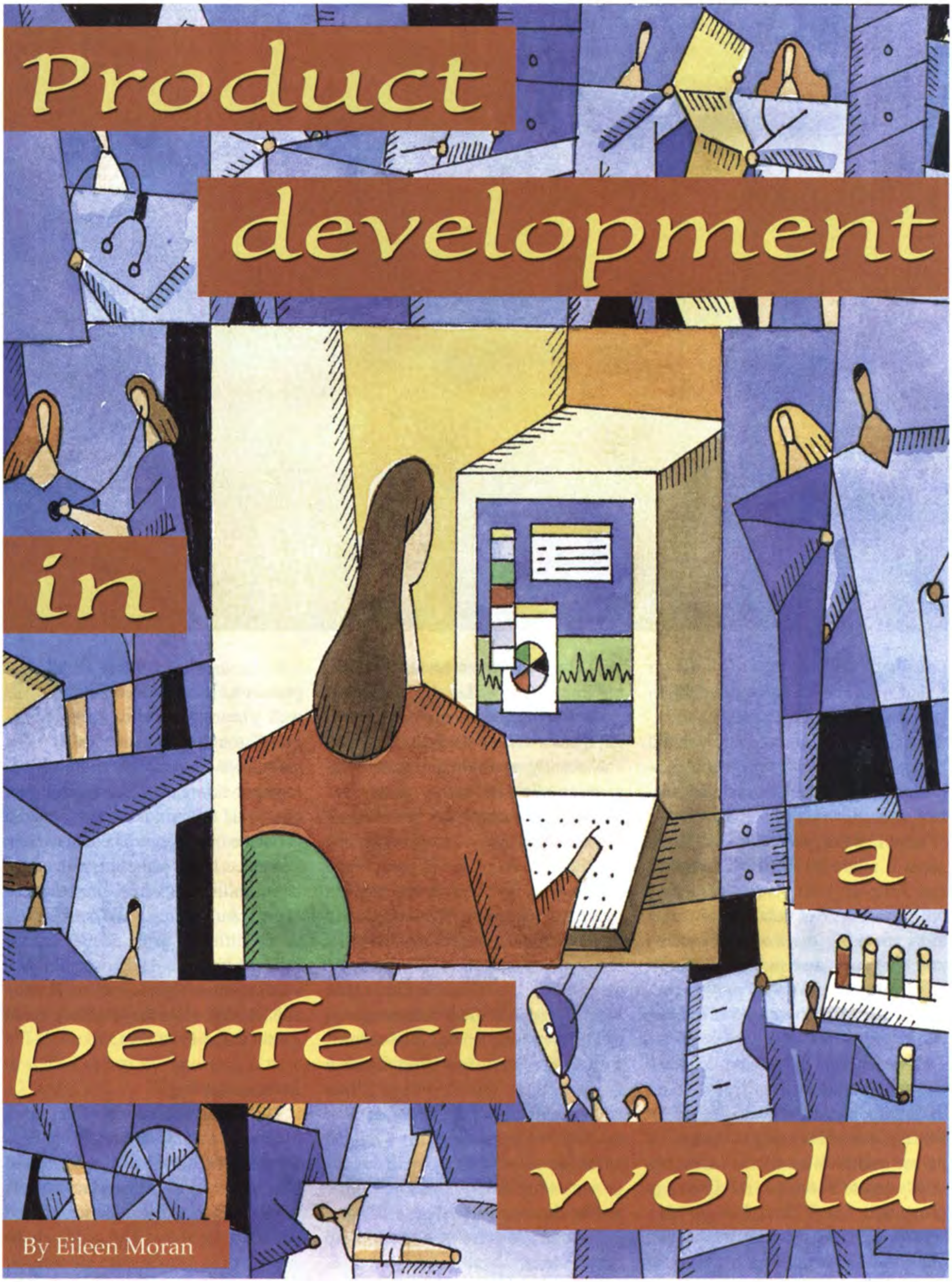
Product development in a perfect world

By Eileen Moran



How a medical diagnostics company incorporated customer input at every step

Editor's note: Eileen Moran is a principal at Applied Marketing Science, Inc., a Waltham, Mass., research firm. She can be reached at 781-684-1230, x127 or at emoran@ams-inc.com.

When Tom Gavin (a pseudonym) was called into the division president's office at Global Diagnostics (company name changed) and was told to start work on developing a major new product from scratch, he was incredulous. It was a really busy time — the company had several successful products on the market and was about to launch another one. Now the president was giving Gavin an assignment that seemed almost too good to be true. "It was like product development in a perfect world — I had a clean slate to work from and sufficient time to do things right."

However, a few weeks into the assignment, Gavin was struggling with where to begin. Representatives from all of the functional areas insisted that they knew what customers wanted and which features needed to be implemented in the next-generation product. The problem was, none of those functional areas, let alone any two individuals, had the same vision for the product. Gavin knew that people's perception of what customers want was based on anecdotal data, heard either secondhand or from one or two conversations with customers. It was definitely not data collected in a systematic way. Gavin also knew he didn't want to base his next-generation product on this type of information and he definitely didn't want to incite any turf battles about who was right. He wondered, "Where do you begin when you're developing a product from a clean slate?"

Global Diagnostics is a world leader in the hospital-based diagnostics market. It designs and manufactures high-tech diagnostics systems used primarily in hospital settings. To take a long-term view of product development, the company began investigating its next generation of products two to three years before it anticipated actual market entry. It sought to open the door to innovation by taking a very broad, customer-focused approach to product development. The company made no assumptions about the areas that were most important to customers. Instead, it wanted to examine the business as a whole, letting customers identify the areas with the greatest need for improvement. This meant focusing not just on the diagnostic equipment itself but also on the whole relationship between the customer and Global Diagnostics (including the sales process, technical support, customer service, etc.). It contacted my company, Applied Marketing Science, Inc., a research and consulting firm, for assistance.

Global Diagnostics clearly sought to make customers the focal point for inspiration in this next generation of products. However, the customer was a moving target. In some cases, the customer was the director of the laboratory; in other cases, it was a nursing manager or a physician on an individual unit. This dynamic meant that it was important not only to ferret out the wants and needs of each customer group but also to understand how purchase decisions are made under various hospital models.

Selecting the techniques

We settled on a multi-step approach to move Global Diagnostics from the formative stages to concrete new product concepts (see flow chart). The first step would be to gain a thorough understanding of customer wants and needs (i.e. the voice of the customer via the VOCALYST process). The second would be to use quality function deployment (the "house of quality") to translate those wants and needs into internal performance measures (or metrics) and ultimately into potential features or solutions that tie directly back to the voice of the customer (VOC). The last step would be to go back to customers and test the top features and solutions to determine which concepts were most attractive to them.

Note: I will elaborate more on the quality function deployment (QFD) process later in this article. But for a more exhaustive explanation of the technique, please refer to a paper co-authored by one of our company's co-founders, Professor John Hauser at the MIT Sloan School of Management. It is called "The House of Quality" (*Harvard Business Review*, May-June 1988) and reprints can be ordered from http://www.ams-inc.com/readings/publications.htm.

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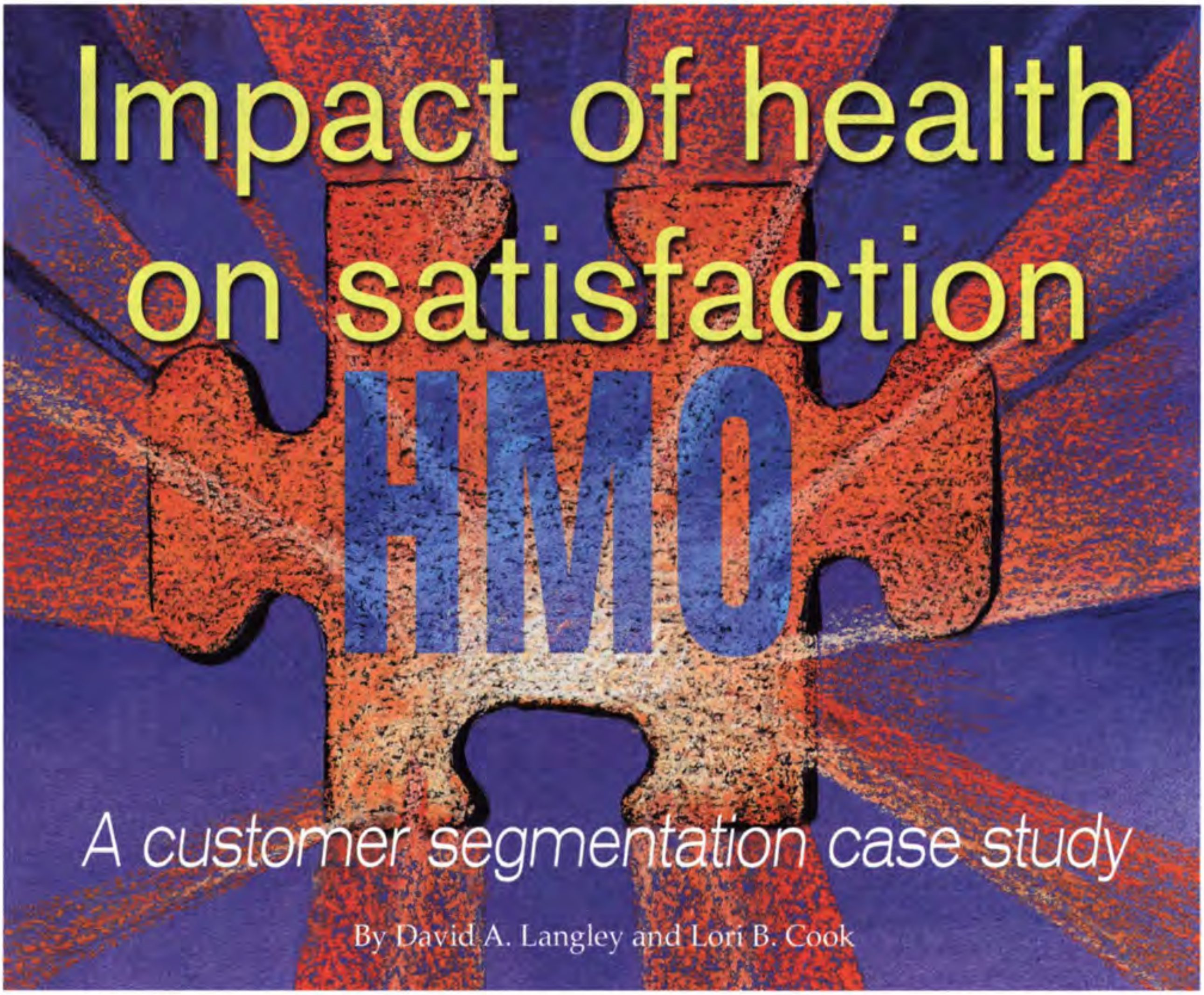


Impact of health on satisfaction

A customer segmentation case study

By David A. Langley and Lori B. Cook

Editor's note: David Langley is director of strategic research & analysis, and Lori Cook is a senior project manager, at Blue Cross Blue Shield of Maine, Portland. They can be reached at david_langley@bcbsme.com and lori_cook@bcbsme.com. This article is the third in a three-part series designed to provide real-world business examples of the effective use and application of research and statistical tools for supporting resourcing and priority-setting decisions. These research application issues have arisen through the authors' work with regional and national studies in health care and other industries. Each of the three articles in the series provides a summary review and example of how marketing research techniques, when approached as a credible discipline and with a clear view of specific decision support needs, can inform executive decision making. The first article in this three-part series, "Effective uses of 'effect size' statistics to demonstrate business value" appeared in the October 1999 issue of Quirk's. *The second article, "Consumers' contradictions: 'value' and other brand attributes" appeared in the March 2000 issue of* Quirk's.

Many organizations have longstanding experience using customer segmentation for marketing purposes (e.g., decision-making and resource allocation around product design, sales, promotional strategies). In this context, "...segmentation is the process of partitioning markets into segments of potential customers with similar characteristics who are likely to exhibit similar purchase behavior."[1]

This article outlines a recent health care case study of the use of segmentation tools and techniques for developing and refining service delivery through satisfaction-based quality improvement initiatives. In this case study, health plan customers (i.e., members[2]) are distinguished and segmented by their health status through a multi-method process for classification and assessment.

Health status and satisfaction

Numerous national and published health care studies have demonstrated a link between health status and satisfaction with health care and health plan. Consistently, these data

point to differences in individuals' ratings of their health care, providers, and health plan, based on health status. For example, individuals in poorer health report lower overall satisfaction with their health plans, more problems with health plan administrative services, lower satisfaction with access to health care, and lower satisfaction with quality and outcomes of care. Examples of research findings include the following:

• Field tests with a standardized national health care survey — Consumer Assessment of Health Plans (CAHPS)[3] — have demonstrated that "consumer ratings about health care were consistently higher for those in better health. Health status correlated with overall rating of health care, rating of personal doctor or nurse, and rating of the health plan, respectively, in a sample of chronically ill adults."[4] As a result of these finding, CAHPS data, when used for comparing health plans on the basis of the ratings by individuals covered by those plans, is case-mix adjusted to minimize systematic bias based on this patient characteristic.

• Similarly, results of a national study (based on a longitudinal survey of 5,700 employees) indicated that employees in poorer health were less satisfied with their health plans than employees in better health. Relative to those in poorer health, healthier respondents were 5 percent more satisfied at baseline (1993), and 4 percent more satisfied at remeasure (1995).[5]

• Hall, Milburn, Roter and Daltroy, in a 1998 study of patient satisfaction with medical care, cite more than 15 studies demonstrating the finding that "patients in poorer health, either emotionally or physically, tend to be less satisfied with their medical care."[6]

Although there is no definitive understanding of why individuals in poorer health are less satisfied with their health plans and their health care than healthier individuals, the consistency and prevalence of these findings points to the importance of taking health status into consideration as a critical characteristic when assessing and addressing the needs and satisfaction of member/patient populations.

Health status as a segmentation variable for service quality improvement

In this health plan's case study, health status is effectively used as a segmentation variable for health plan service quality improvement. The methods used in this case study for classifying health status include self-reported data from member surveys as well as the use of medical claims data. For purposes of establishing dichotomous "segments," members who report being in poorer health or who are associated with medical claims for selected health conditions are distinguished from members who do not have these characteristics.

A multi-method approach to health-based service quality improvement includes the following assessment methods:

• Statistical analysis of quantitative

research findings to: a) define and assess experiences and perceptions of members by health status; and b) define and understand key satisfaction drivers relevant to the population of members in poorer health. Analytic tools include: crosstabulations, significance testing (t- and z-tests), factor analysis, regression analysis, and cluster analysis.

• Use of claim-based operational data to segment and analyze customer inquiry rates/reasons by health status.

• Qualitative validation through member and staff focus groups to further understand the needs and experiences of the population of members in poorer health.

<u>A. Quantitative analysis</u>

1. HEDIS[7] 3.0 Member Satisfaction Survey

A segmentation analysis of the relationship between health status and member satisfaction was conducted using 1998 HEDIS 3.0 Member Satisfaction Survey data. This annual mail survey of managed care members, administered through the National Committee for Quality Assurance (NCQA) standardized study design, provides comparable member satisfaction and health status data to health plans, purchasers, and regulators. The 1998 version of the survey included a battery of self-reported health status items, including the SF-12[8] and a chronic illness checklist.

Analyses of the data (i.e., statistical significance testing) were conducted to determine whether survey results of respondents in poorer health differed from those of healthier members. Physical health status and mental health status were considered separately. For the purposes of these analyses, "poorer physical health" was defined as 25th percentile on the SF-12 physical health scale and/or one or more chronic conditions based on the chronic conditions checklist; "poorer mental health" was defined as 25th percentile on the SF-12 mental health scale.

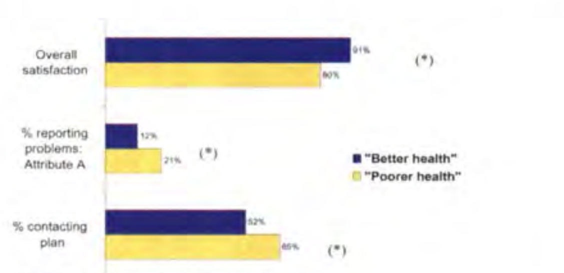
Findings of these analyses pointed to a clear and significant link between health status and plan satisfaction (see Fig. 1):

• Respondents in poorer physical health were statistically significantly

Figure 1

Health Status and Plan Contact/ Satisfaction

1998 HEDIS 3.0 Member Satisfaction Survey (Selected Measures)



(*) Statistically significant difference less satisfied overall with the plan, and less satisfied with:

- quality of health care;
- access to health care;
- plan administration.

• These respondents also reported significantly more contact with the plan, and were more likely to have contacted the plan specifically with a complaint or problem.

This analysis also identified unique differences in respondent satisfaction based on mental health status.

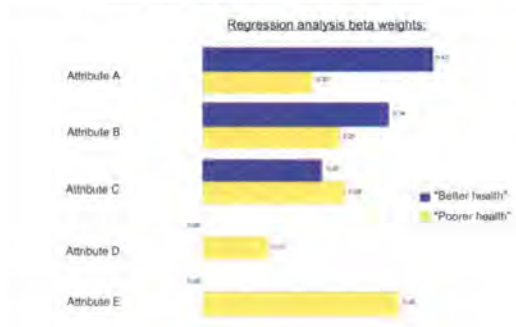
2. Key drivers analysis

A drivers analysis was conducted with the 1998 HEDIS 3.0 data to develop differential models of satisfaction drivers based on health status. This statistical modeling included factor and regression techniques to identify significant predictors of satisfaction.

Based on this analysis, the following key drivers sets were developed (see Fig. 2):

• Satisfaction drivers for healthier members include the following:

Figure 2
Satisfaction Drivers: By Health Status
HEDIS 3.0 1998 Member Satisfaction Survey



- benefits, costs, plan administration (including paperwork, availability of information about costs and benefits)(*this was the most important driver*);
- plan coordination of care (delays/difficulties receiving care, referrals);
- health care (quality, access, outcomes).

• These items are also drivers for members in poorer health. However, they become less important as additional drivers emerge for this population; in particular, the role of "service" takes on added importance:

- satisfaction with problem resolution when contacting the plan;
- perceived change in plan performance re: service, access to care, and quality of care (e.g., service provided by customer service reps, problem resolution, claims problems, ease of choosing a personal physician, satisfaction with overall quality of care and services, availability of information about costs and benefits, and wait times for appointments for chronic conditions).

3. Other health plan survey data

Further statistical analysis of the relationship between health status and satisfaction was conducted with health plan data from another available satisfaction study to validate HEDIS 3.0 findings, as well as gain additional information regarding the relationship between health status and plan experience/satisfaction in areas not covered by the HEDIS survey.

Despite limitations in this survey's number of health status questions, in comparison to the HEDIS 3.0 survey's battery of health status items, analysis of this 1998 dataset identified marginally significant findings through statistical significance testing. These findings were directionally consistent with those of the HEDIS 3.0 analysis in terms of identifying a link between health status and satisfaction/experience with the plan:

• Respondents in poorer health were generally less satisfied with:

- access to care;
- plan costs;
- claims;
- information and communications provided by the plan.

• These respondents were also less likely to be knowledgeable about plan procedures and benefits (as indicated by several questions in the survey that "tested" member knowledge about specific plan procedures and benefits).

Additional analyses with this dataset included:

• An aggregated analysis of two years of survey data (1997 and 1998) to assess the impact of health status on satisfaction. This analysis indicated that, despite the sparse measurement of health in this survey, the aggregate impact of health on satisfaction was significant, and that respondents in better health were roughly 10 percent more satisfied than respondents in poorer health.

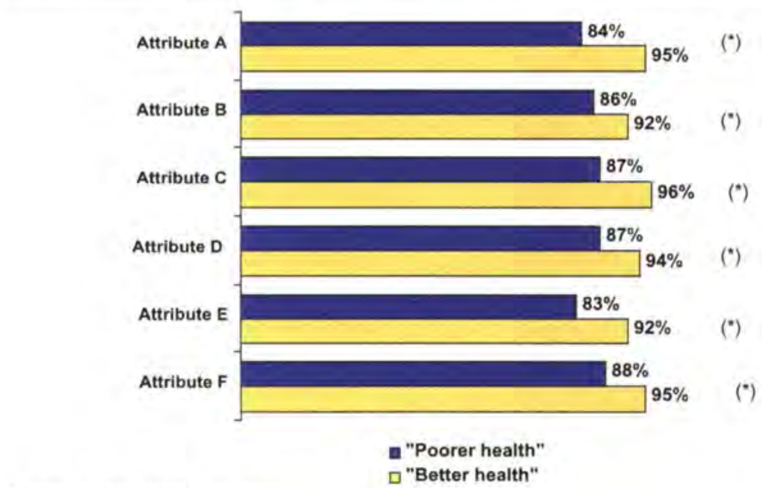
• A cluster analysis that clustered respondents based on reported problems with the plan and overall plan satisfaction. This analysis determined that the segment of respondents reporting the most problems and least satisfaction with the plan also had significantly lower health status ratings than other segments.

In 1999, NCQA replaced the HEDIS 3.0 survey with the HEDIS/CAHPS 2.0H instrument: this new instrument no longer contained the battery of health status items included in the HEDIS 3.0 instrument. Therefore, in order to be able to continue to identify and monitor the impact of health on satisfaction, the 1999 version of this additional health plan study was enhanced to include five of the 12 SF-12 items, as well as a chronic illness/risk checklist that focused on identifying high-cost/high prevalence medical conditions (as noted above, the 1998 version of this survey contained only a limited set of health status measures). Analysis of these data provided a more robust view of the differences in satisfaction by health status (see Fig. 3).

Figure 3

Plan Satisfaction

by Health Status (Selected Measures)



(*) Statistically significant difference

B. Operational data

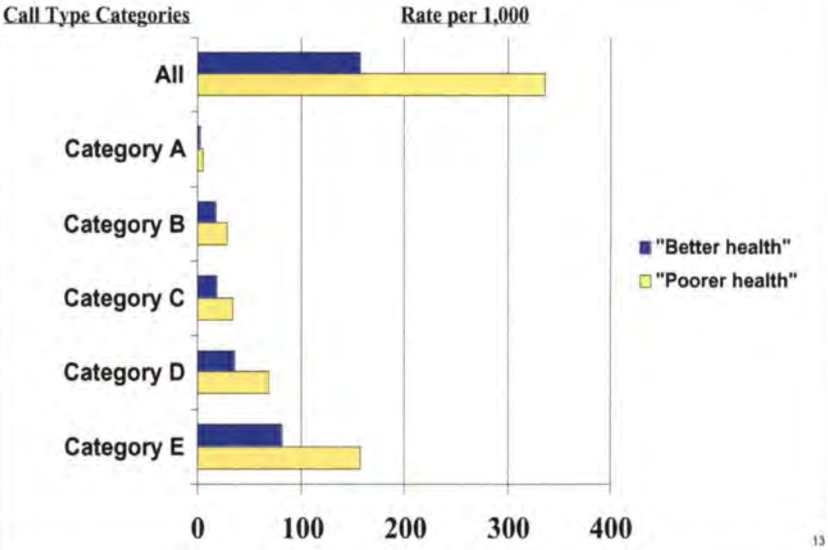
In addition to analyses of quantitative research findings, an analysis of plan operational data was conducted to: a) identify the population of members in poorer health; and b) determine specific needs and issues of this population through analysis of inquiries.

As a starting point, claim-based data was used to identify members with selected high-cost/high-prevalence illnesses or health risk. With this claim-based data then linked to the health plan's on-line customer inquiry system that tracks and categorizes all member contacts, further analyses were conducted by health status using inquiry rates and reasons for these inquiries.

Results indicate that members in poorer health call the health plan at approximately twice the incidence rate of healthier members (see Fig. 4). Discussion and feedback from ser-

Figure 4

Member Inquiry Rates



vice staff regarding these data further suggests that this differential contact rate is not simply attributable to this population using more services (and therefore requiring more contact with the plan), but that this population has unique needs and experiences with the plan that contribute to this higher contact rate.

C. Qualitative validation

Focus groups of customers and service staff were used in 1999 and 2000 to gain a more in-depth understanding regarding the needs and experiences of the population of members in poorer health by structuring the discussions to: validate survey findings, validate and operationalize the key drivers sets identified through statistical modeling, drill down on experiences and issues of this population, and explore potential solutions for effectively addressing dissatisfiers.

Primary learnings from these focus groups included the following:

• Members in poorer health appear to have varying experiences with the system: While some members report few problems (e.g., they appear to be highly educated about their health plan and its procedures and have good working relationships with their health care providers), others appear to have a more difficult time understanding how their health plan works and how to negotiate the health care system.

• There are a number of barriers to smooth care for this population. Some administrative procedures that work smoothly for members in good health and for those who are informed and pro-active regarding their health care can create "hoops" for the very sick.

• The time of needing health services is often a time of crisis. Effective education and communication is critical for this population; this segment appears to need access to information at the point of needing services.

• This population for whom administrative procedures are problematic has a need for a more coordinated approach to care and health plan services.

Implications/next steps

Learnings from this multi-method assessment process have clearly pointed to the differential experiences and satisfaction levels of the segment of members in poorer health. Relevant findings and implications for targeting service improvement include:

• Members in poorer health contact the health plan service center at approximately twice the incidence rate of healthier members; they also report lower satisfaction and more problems with their health care. Although service is important for all members, the role of service takes on added significance when members experience problems with their health.

The experiences of members in poorer health appear to vary based on a number of factors (e.g., education, working relationships with providers). In general, however, the time of needing services is often a time of crisis. These members need:

- effective, timely access to information about plan benefits and procedures;

- access to smooth delivery of care and services;

- these members need to experience a simplified, easy-to-understand, and coordinated process when interacting with their health care providers and health plan.

In order to address these issues, health plan initiatives have been implemented to further integrate and coordinate the delivery of care and services. As part of the efforts and to effectively target improvement activities to specifically meet the needs of the target population, further analytic work is being implemented:

• *What is the specific and actionable causal relationship between health status and satisfaction?* Although numerous data point to the association between health status and satisfaction, to date there is no clear evidence in the literature regarding why individuals in poorer health are less satisfied. Examples of present hypotheses include the following:[9]

- These individuals give poorer ratings in general.

- Some individuals are likely to give negative ratings about anything, including their health and medical care they receive (correlated error).

- Individuals in poorer health get worse care.

- Patient complexity makes it harder to deliver care to those in poorer health.

- Members in poorer health have more contact with plan/providers.

- Plan utilization review discriminates against those in poorer health.

- Good health outcomes lead to increased satisfaction, while poor health outcomes lead to decreased satisfaction even when medical treatment is caring and competent.

- Good patient-doctor relationships product good outcomes, which lead to increased satisfaction.

•*What is the appropriate definition of the member population in poorer health?* Although the classifications and the resulting segmentation used in this case study offer a clear direction for improving service delivery and for shaping further analytic work, they are operationally problematic, and do not identify a specific population that can be actionably targeted for improvement activities.

• *What particular set of plan experiences and contact contributes most to dissatisfaction?* Although drivers analysis and qualitative data have provided insights into the types of issues that cause dissatisfaction, more definition is needed around the specific processes or events that contribute to an overall pattern of difficult interactions between member and plan.

Be attentive

This work, both analytic and applied business decision making, is instructive for understanding how marketing research tools (customarily used to support marketing initiatives) can be effectively used to guide understanding of customers' service needs. Delivering appropriate, competitive, and best-practice levels of customer satisfaction is clearly dependent on service functions that meet each customer's unique set of needs. For this work to be useful and relevant, the researcher must be attentive to the careful use of correct analytic methods and the current literature regarding these tools. Likewise, the business decision maker must be thinking analytically about the direction being offered by study findings and integrating these with their practical, day-to-day understandings of customers' needs and expectations.

Suggested readings on market segmentation tools and techniques

Weinstein, A. *Market Segmentation: Using Niche Marketing to Exploit New Markets.* Chicago, Ill.: Probus Publishing Company, 1987.

Blankenship, A.B. and Breen, G.E. *State of the Art Marketing Research.* Chicago, Ill, : American Marketing Association; NTC Business Books, 1993.

Etzel, M.J., Walker, B.J., and Stanton, W.J. *Marketing,* 11th Edition . McGraw Hill Higher Education, 1997. (See Chapter 7.)

DSS Research Inc. Web site: www.dssresearch.com/library/Segment/understanding.asp.

References

[1]Weinstein, A. *Market Segmentation: Using Niche Marketing to Exploit New Markets.* Chicago, Ill.: Probus Publishing Company, 1987, p. 4.

[2]The term "member" is a convention in widespread use by managed care organizations and other health plans. A "member" is an insured person, whether policyholder, dependent, or other.

[3]The CAHPS survey was developed by a consortium of Harvard Medical School, RAND, and the Research Triangle Institute and sponsored by the Agency for Health Care Policy and Research (AHCPR).

[4]Agency for Healthcare Research and Quality Web site: www.ahcpr.gov/qual/cahps/faqdata.htm.

[5]Allen, H. and Rogers, W. (1997). "The Consumer Health Plan Value Survey: Round Two." *Health Affairs*, 16(4), 156 – 166.

[6]Hall, J.A., Milburn, M.A., Roter, D.L., and Daltroy, L. H. (1998). "Why are sicker patients less satisfied with their medical care? Tests of two explanatory models." *Health Psychology*, 17(1), 70-75.

[7]HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

[8]The SF-12 is a standardized 12-item measure of health status that assesses concepts related to physical and psychological functioning such as role limitations due to physical or emotional problems, bodily pain, general health, vitality, social functioning, and psychological distress/well-being. Physical and mental health subscales are generated from the SF-12. (Ware, J.E., Kosinski, M., Keller, S.D. *SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales.* Boston: The Health Institute, New England Medical Center, Second Edition, 1995).

[9]Hall, J.A., Milburn, M.A., Roter, D.L., and Daltroy, L. H. (1998). "Why are sicker patients less satisfied with their medical care? Tests of two explanatory models." *Health Psychology*, 17(1), 70-75; Agency for Healthcare Research and Quality Web site: www.ahcpr.gov/qual/cahps/faqdata.htm.

The marketer's conundrum: managing health care's negative demand

By Diana F. Bartlett

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How does a marketer market a product in negative demand state? That's the challenge facing the health care strategist today.

Health care is a classic example of negative demand, in which "a major part of the market dislikes the product and may even pay a price to avoid it — vaccinations, dental work, vasectomies, and gallbladder operations, for instance...The marketing task is to analyze why the market dislikes the product and whether a marketing program consisting of product redesign, lower prices, and more positive promotion can change beliefs and attitudes." (*Marketing Management*, The Millennium Edition, Philip Kotler, Prentice Hall, 2000, p. 6.)

Historically, governmental subsidies from Medicare and Medicaid have cushioned the health care market from this unpleasant reality. However, the steady drop in reimbursement from these two sources, plus the willingness of Baby Boomers to look for "positive demand" offerings, deflates this cushion.

Unless health care organizations (HCOs) can reshape their image, the next 50 years of peak Baby Boom demand potential will be merely a long half-century of squeezing out dribs and drabs of revenue here and there.

To shift their industry from negative to positive demand response, health care marketers must understand the perceptual "place" health care occupies in the Baby Boomer mind. Because this place is shared with numerous other activities — commuting to work, shopping for groceries, investing in stocks — the "10,000-foot view" of how Boomers choose to spend their time must be analyzed.

Sorelli B is mapping this perceptual location with our national Boomer Consumer Quarterly Health Care Attitudes and Tracking Panel. In this panel, which began in February 1999, adults aged 36-54 utilize a scale of one to five to rank each of the following activities on dimensions of ease, convenience, satisfaction, control, choice, and importance:

- purchasing tires for my car;
- renting a video;
- completing my income taxes;
- going to an M.D./D.O. (doctor of osteopathic);
- commuting to work;
- taking a vacation;
- going to a dentist;
- asking my boss for a raise.

Then, responses are compared to create a perceptual map of health care

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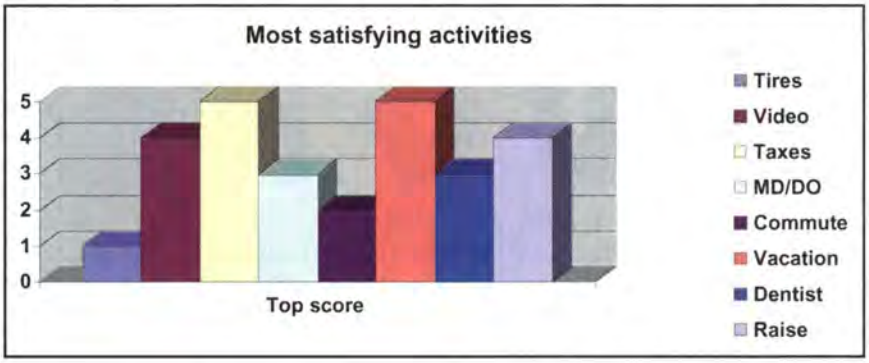
coordinates vs. the coordinates of other uses of time.

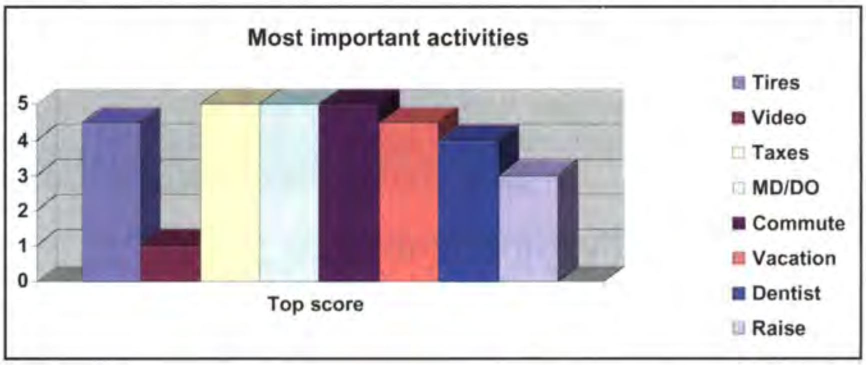
Results appear to confirm that health care carries no inherent appeal, and that the 50-something will purchase care to avoid sickness, but for no other reason.

Selected results

Boomers say that health care is less satisfying than completing income taxes, but more satisfying than purchasing automobile tires.



It's more important than renting a video, but no more so than commuting to work.



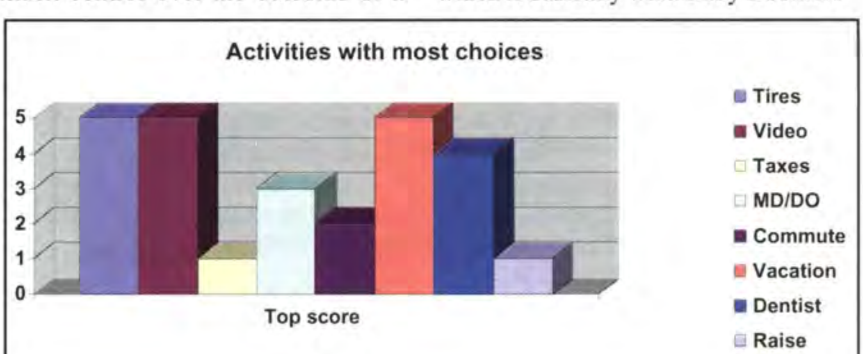
Adults in the study claim that they have greater selection when performing such mundane tasks as shopping for tires and going to the dentist than they do in visiting an M.D. or D.O.

Boomers tell us they have about as much control over the outcome of a physician visit as they do over their income taxes or a trip to the dentist. Despite feeling relatively in control, almost 40 percent of the Boomer Panel report that they would rather treat themselves than see a physician.

The curious thing is that even though Boomers appear interested in care to fix sickness, they are not convinced the care will work! The panel members are almost evenly split about their expectations for a cure: half is rather pessimistic, noting that they do not expect a physician to cure them; the other half is optimistic, anticipating that they will be healed.

It's the product

Not a lot of selection, not a lot of satisfaction, not outstandingly important...not too hot, not too cold. In total, a good description of a commodity, which is basically what Baby Boomers



view health care to be.

Health care marketers who have invested in branding campaigns over the years apparently haven't made a dent in the vast Boomer consciousness because no amount of fabulous brand work will make up for a product that is, well, boring.

It's the product that's the problem. Boomers equate traditional health care with frustrating waits, paternalism, bad news, and poor doctor-patient communication — all to "fix" what ails* them but for nothing more. (*This is not meant to denigrate remedying disease. But which is more valuable to a consumer: repairing a flat tire or having a tire that never goes flat? Repairing a flat tire or owning one that runs more smoothly than another? Repairing a flat tire or having a tire that makes driving easier than it was before? These are the bigger picture realities health care should address.) Practitioners and institutions need to revamp their offerings drastically to engage and entice Boomer brains.

Recommendations

How should marketers approach the transformation from negative to positive demand? Here are several suggestions — some unconventional, some less so.

1. Strategy leaders should refrain from regarding health care as a matter of life and death. "That's absurd," you object, noting that health care *is* a matter of life and death.

Not really. Perhaps mortality hangs in the balance for segments of the Medicare population and for a small percent of individuals suffering from fatal illness or injury. But the vast majority of Boomers lead normal lives, do not face life-or-death decisions, and thus have no reason to view health care as compelling.

That creates a huge expectation gap between providers and consumers. Instead of gearing up for the sickest of the sick, health care organizations should invent products and services to enhance the lives of people with normal health. In this way, health care will be selling a positive instead of hustling the absence of a negative.

This is not a new idea! Pharmaceutical companies have begun this with "lifestyle" drugs such as Rogaine and Viagra. So, perhaps health care organizations should offer "scientific" how-to information about personal grooming and sexual behaviors.

2. Since most of their healthy Boomer clientele have no need for their services, health care marketers may want to lure them to traditional products and services with the "bait" of activities that are inherently interesting.

For example, we are part of the development team creating a golf neurology clinic in Chicago. This unique clinic will use golf as a hook to get people interested in learning about their neurological diseases and disabilities, and as a carrot to keep them on track with a care plan. The same can be done with other sports and hobbies such as fishing, gardening, and traveling.

In similar fashion, health care organizations (HCOs) can reposition health care as a support for the Boomer value system. For example, Boomers are the "me" generation, with high autonomy needs. How can health care organizations take advantage of these characteristics? Certainly, the service aspects of health care can be modified to put the Boomer squarely in the center: customized health profile plans are one way to do this.

But even the content of care can be adjusted to benefit this ego-driven generation. A practitioner might propose two or three approaches to rehabilitation and allow the Boomer patient to select the one that best satisfies his/her comprehensive needs.

Boomers also value the good life. So the gastroenterology department might specialize in gourmet nutrition therapy based on the work of great chefs, fine vineyards, and progressive dietetic science. An optional out-of-pocket offering might be home-cooked healthy gourmet meals, customized grocery shopping, or a month of nutritionist planning services.

3. Leaders in health care strategy must remember that our health care product is an information product. Whether contemplating a diagnosis, a plan of care, a lifestyle modification, even a drug or medical device, the Boomer resonates to the content, the meaning, the "so what?" Our 50-something panel ranks information among the best things about their health care encounters:

- 99 percent of respondents said that having their questions answered was the best aspect of a doctor visit;
- 98 percent said that receiving treatment to restore health was the best aspect;
- 95 percent agreed that learning their health is fine was the best aspect;
- 89 percent thought that obtaining health care information was the best aspect;

Thus, one simple way to make health care offerings more Boomer-appealing is to formalize and make available medical records and other such information in patient-friendly form. For example, patients released from the hospital should return home with a personalized folder or CD-ROM chock-full of information about what happened to them during their inpatient stay (including photographs and graphics, if desired), additional (on-line and print) resources for further information, references, comparisons to other patients' results, etc.

4. Health care organizations should identify ways to capture out-of-pocket spending. Boomers are willing to spend discretionary dollars on health care. Thirty-three percent of the panel reported having spent more on out-of-pocket health care costs in 1999 than in the prior year, and 44 percent spent about the same amount. Out-of-pocket spending ranged from $0 to $10,000.

Perhaps even more significant, less than half the panel thought that the "cost of encounter" was the worst aspect of an M.D./doctor's office visit. This is down and holding from past quarters (41 percent, August '99; 63 percent, May '99).

So, rather than haggling with insurers over charges, HCOs should develop pricing strategies with upsell potential. Perhaps the basic PCP office visit is covered for $35 with $10 co-pay; but maybe there is an optional massage therapy or nutritionist consultation available at the same time for $50/half-hour. Perhaps high-end dietary supplements, OTC medical devices, sexy orthopedic shoes, and other products the practitioner endorses could be available for purchase.

5. Health care thought leaders need to re-conceptualize health care offerings to be more Boomer-relevant. For example, today's cardiac program is about the heart, not about the patient. Cardiac care serves up features (availability of heart transplants, angioplasties, experimental drugs, doctors with certain credentials, etc.), but is mute on benefits. Benefits are for the patient, and may include increased stamina, quick return to normal activity, enhanced energy, renewed self-worth, and a myriad of other "WIIFMs." And, oh yeah, happiness, hope, joy, stuff like that.

Granted, stamina is a lot trickier to define than angioplasty. But what would a benefit-oriented cardiac program look like? Let's consider the fairly concrete benefit of quick return to normal activity. First, a heart program emphasizing quick return to normal activity would operate according to the individual patient's definition of normal activity. For some, that might mean being able to work 60-hour weeks, and for others, it might mean returning to weekend tennis matches in time for the summer season.

Second, cardiology departments could take a cue from the financial services industry and develop personalized health portfolios that identify each individual's health goals. This is the sort of information-rich document Boomers love. And because it's customized, because it requires their involvement to shape, it might just increase compliance and spur efficient resource use.

Third, once these goals have been identified, a specific plan of recovery would be established. Essentially a contract between patient and practitioner, this document would specify for each pre-event, event, and recovery week how many work hours would be pursued, what interim goals would be measured, how the medication and follow-up visit regimen would function, etc. The contract would be lifestyle-based and would cover nutrition/hydration, stress management, exercise, sex, child care, mood, smoking, and other elements.

Additionally, the workaholic's plan might include provision of space for an assistant to toil alongside the patient in the hospital, a step-down unit adjacent to the patient's office, and a network of check-up facilities in all the towns in which the hard-charging Boomer operates.

What's more, the Boomer cardiac patient would be so exhaustively educated on her own signs and symptoms that she could triage herself anywhere, any time.

6. Promotional and communications strategies should be targeted to specific Baby Boom segments. For example, younger Boomers (36-45 years old) still working voraciously may desire maximum convenience. Creative messages should emphasize this, and media choices should be those that can be consumed on-the-go — radio, beeper, cell phone, transit.

Older Baby Boomers (46-55), conversely, are approaching retirement with its mortality baggage; they seek to maximize youth and vitality. Creative messages should stress renewal, with media selection weighted in favor of "muse-heavy" print.

7. Mix mind with body. It's not for nothing that the 50-somethings popularized Eastern religion and "gee whiz" metaphysics. Don't simply mend their hearts, but talk of the heart as a symbol of courage (with corresponding books, movies, CDs, games, and family outreach on themes and stories of courageous deeds). Don't simply treat Boomer epilepsy, but educate them about the famous people and events intertwined with the con-

dition.

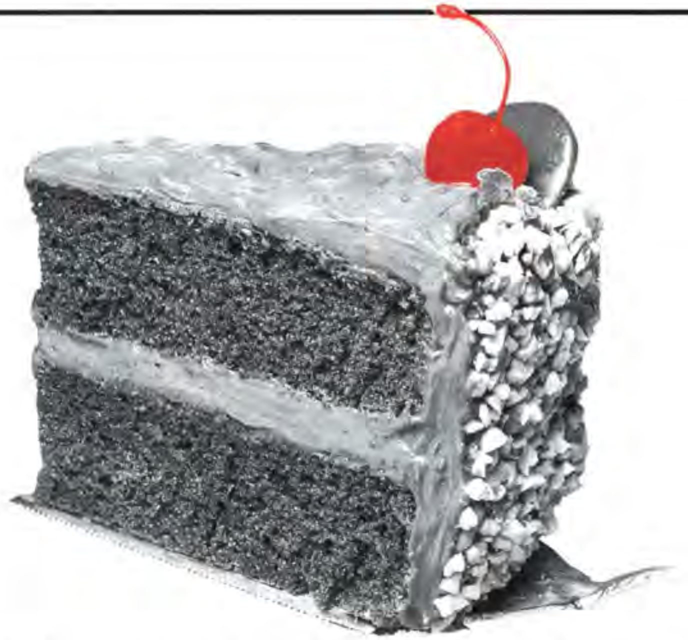
Practitioners should spend time describing their philosophy of care. Baby Boomers want to understand what's behind an aggressive model or a conservative approach. They research companies before investing, so why not help them research providers and systems before they "invest" in them? Provide information about a doctor's mentors, a hospital's founders, or a laboratory's start. Offer data about the organization's beginning of life, quality of life, and end of life values. Give Boomers intellectual stimulation and you will be rewarded. If nothing else, this distinguishes a practitioner or institution and diminishes commoditization.

8. Integrate complementary and alternative medicine (CAM). Boomers may rely as much on complementary and alternative therapists as on traditional medical doctors for their care. In the Sorelli B tracker, massage therapy (MT) was the fourth-most frequently utilized category over the past 12-month period, tied at 15 percent with emergency room usage. MT was used more often than hospital outpatient services (8 percent), behavioral health professionals (7 percent), and freestanding ambulatory surgery centers (6 percent).

Many other studies echo CAM's ascendancy. Inforum's recently-released 13th annual PULSE survey documents that alternative medicine is growing in usage and in acceptance by the general population. Seventeen percent of households visited a chiropractor last year and 5 percent visited a massage therapist, homeopath, acupuncturist, or nutritionist. Why so many visits? PULSE found that 40 percent of households claimed traditional medicine was not helpful.

Richly rewarded

Baby Boomers are the best-educated generation in history, according to *American Demographics* magazine. They also control trillions of dollars of wealth. Give them something besides negative demand, and your health care organization will be richly rewarded.



Linking health care research methodologies

Qualitative + quantitative = greater value

By Wayne Howard

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Focus group and survey research services gradually have emerged as the two most popular examples of qualitative and quantitative research. Choosing between surveys and focus groups can require seemingly little thought because typical applications, benefits and limitations of either are widely recognized by research suppliers and buyers.

Not so widely understood however is that superior results often can be achieved more cost-effectively by avoiding the tendency to pit quantitative against qualitative in a manner that assumes their mutual exclusivity and forces users to choose between them.

Most decision-makers probably would not argue with the assertion that a combination of focus group and survey research can produce better results compared to using either approach separately. Strong arguments would likely come with a second assertion that a combined approach can be more cost-effective.

A final aspect of a combined approach, sure to be an issue for many, involves time constraints for conducting research. As we consider the possibility of combining qualitative and quantitative approaches to produce research that generates better quality information that is more cost-effective, examples based on actual case histories may be helpful.

Deciding which benefits to reduce

Our client, a Medicare HMO, needed to reduce benefits but didn't know which ones to target. Interestingly, a major competitor had recently cut certain benefits, supposedly after having done some research on the matter.

The results of the competitor's benefit cuts were disastrous and soon after making the reductions and experiencing substantial member disenrollments, Advertorial

In-store studies grow in importance

In the retail environment shoppers don't have to "remember," they're already there. The store shelf and shopping experience can be part of the stimulus.

By William J. Hruby

Editor's note: William Hruby is a market research and advertising consultant with nearly two decades of packaged goods marketing experience.

A quandary exists for packaged goods marketers: Consumers often think about crucial product or marketing issues only while they stand at the shelf. Yet research is most commonly conducted in malls, mail panels and other locations far removed from the point-of-sale. The fact that 100% of all buying decisions are ultimately made at the shelf favors the case for in-store research.

Go where the shoppers decide to buy. To capture those fleeting points which translate into product A being selected over product B, consumers must be intercepted in the store where top-of-mind issues are present. Meet that same consumer in a mall two weeks later, and, **IF** you can get them to speak with you at all, it is highly unlikely they can remember their purchase decisions, awareness of brand options, motivations for purchase, etc. And certainly not with the same degree of accuracy as an interview conducted at the point-of-purchase.

Participation is a major and growing problem for traditional research methods. Mall wave-off rates (shoppers who refuse to even be approached) hover around 90%, compared to in-store wave-offs which are more typically 30-50%.

In a recent issue of *Marketing Research* (Spring, 1998), authors Bearden, Madden and Uscategui summarized this point. In their report they emphasize that the pool of qualified respondents is drying up. Their concern: "Lack of representativeness resulting from refusals to participate . . . jeopardizes the accuracy of survey results. Evidence suggests that the *decline in participation rates is already occurring and may accelerate.*"

Three questions you should ask: Prior to going to field, cutting edge market researchers ask themselves three questions, according to Dr. Herb Sorensen of Sorensen Associates

1) What information is needed?

2) Who has that information?

3) Where are they; and are most capable of providing the information?

For packaged goods researchers involved in concept, prototype and related phases of product development who rely on Product Guidance Research, the answers often point to in-store research.

Sorensen Associates has available over 40,000 retail locations in the U.S., and the technology to execute fieldwork in a few days. This infrastructure is at the foundation of the firm's reputation for conducting demographically structured studies at the neighborhood level.

Researchers now have new and better options for collecting consumer information - *at the point of purchase.* ■

the competitor rescinded its changes. Our client asked for a proposal for a survey research project that would help it avoid a similar error.

After some discussion, we prepared a research plan based on a combination of qualitative and quantitative research that we had previously found to be effective — a series of small group discussions at local senior centers as a prelude to a mail survey. The small group discussions were organized and conducted in a fraction of the time and cost that regular focus groups would have entailed.

This qualitative component of the research ensured that we asked the appropriate questions in our proposed survey and asked them in the best possible way. This effort also helped us better anticipate responses to some open-ended questions and guide us in the interpretation of such responses. Additionally, we were able to use the discussions to refine our respondent incentives for the planned survey.

The next step was a stratified random sample survey that exceeded a 40 percent response, resulting in a wealth of needed information from health plan members and non-members. Our client was pleased with the relative ease with which certain benefits were clearly identified as ideal candidates for reduction while others were recognized as potential causes for disenrollments and likely barriers to new enrollments.

The cost of the overall research, using linked methodologies, was little more than a typical mail survey and completed within a comparable time frame.

Resolving hospital market information needs in multiple segments

A well-established hospital, part of a relatively large non-profit system, had experienced some abrupt changes in its top management. Subsequently, many doctors were reported to lack confidence in the hospital and its seemingly unstable management.

Employee morale was said to be low and a new hospital had just opened nearby and had quickly gained patients via effective managed care contracting. All of these events happened quickly, compounding a rather challenging situation.

We were asked to provide an appropriate research design, conduct the research, report our findings and make recommendations. The situation immediately suggested a research approach that would address all relevant market segments and generate critical information needed for strategic and tactical decision-making.

It was also apparent that the research plan would require linked methodologies, closely coordinated, to assure that quality information would be obtained and that all research would be accomplished on a timely and cost-effective basis.

The research plan involved two focus groups, a random sample telephone survey of 400 community residents, a dozen physician interviews and a survey of about 700 hospital employees.

Focus groups were needed to initially identify and clarify certain issues and feed other research components conducted on an almost concurrent basis. Using this approach, data collection was completed in about six weeks, a timeline necessary for meeting target dates for presenting findings and recommendations.

Throughout the research effort we evaluated the linkage of the research methodologies to assure that what we learned from one segment could be used to our advantage in another. For example, doctor comments found application in the community phone survey, as did employee inputs. This synergistic approach also facilitated the interpretation of the end results for this successful study.

The scope of the research possibly could cause some concern about cost-effectiveness. We stated earlier that linked methodologies could achieve improved cost-effectiveness. A key assumption is that the research buyer is dealing with a single research supplier capable of supplying both quantitative and qualitative services.

Typically, this can reduce total costs and improve cost-effectiveness in several ways. First, if a single research firm is responsible for all research, this enables a consolidation of research administration and other efforts as opposed to two different firms involved with a set of parallel tasks.

This time-saving translates to lower costs via using linked methodologies for overall assessments as compared to research micromanagement that addresses each element independently. Another important gain of this approach is the savings of managerial time in dealing with a single research vendor rather than multiple vendors.

The cost-savings associated with the preceding factors can be dwarfed by the value derived from having a single qualified research firm responsible for integrated research planning, data collection, analysis and interpretation of quantitative and qualitative research results. We recommend four steps as a framework for linking methodologies:

• Plan and prioritize overall research goals within well-defined constraints.

• Choose a single research supplier properly qualified for all research needed.

• Identify and exploit important opportunities to enhance quality and cost-effectiveness.

• Assure that analyses and findings reflect an appropriate balance of methodologies used.

Using on-line focus groups for e-commerce research

By Winslow "Bud" Johnson

Editor's note: Winslow "Bud" Johnson is president of the Stamford Marketing Group, a Stamford, Conn., consulting firm specializing in qualitative research. He can be reached at 203-348-2356 or at smgemail@aol.com.

E-commerce represents an unprecedented direct-to-customer marketing opportunity. The emerging information technology can put your marketing effort in front of people all over the world with lightning speed. Customers and prospects are all neatly segmented by their special interests, and all of this is done at a tremendous cost savings. At first glance, e-commerce appears to be a marketing manager's dream. Unfortunately, it is not quite as easy as it appears.

The problem with e-commerce in the New Millennium is the large number of players. Customers and prospects are saturated with dot.com messages. Virtually every business segment is competing for their attention. Marketing on the Internet is like advertising to television viewers who all have thousands of channels to choose from. Today's e-commerce marketers must identify clever ways to lure Internet surfers to their Web sites, and then motivate them to fully participate in the interactive opportunities they have carefully created.

The purpose of this article is to show you how on-line focus groups can be used to learn what motivates your Internet customers and prospects. We will discuss how this technique can help you determine how your target audience gathers information on the Web, and how they feel about the messages you are sending. We will present some of the perceived benefits of on-line focus groups as well as some of the concerns. Finally, we will provide a few key tips for the use of this new technique.

Traditional methods of e-commerce feedback

There are a number of ways managers are now measuring their e-commerce efforts. To quantify results, many are monitoring Web site traffic, and quantifying sales made directly from e-commerce. For qualitative measurements, some are taking on-line surveys, reviewing Web site ratings, and reviewing e-mail sent in by customers. Some are using traditional focus groups and one-one-one interviews to gain insight into the attitudes of e-commerce customers and prospects.

Ginger Atwater, Web manager at Burlington Coat Factory, is doing a lot of business on the Internet. She uses e-mail as a frequent indicator of how her customers feel about the Burlington Web site. "We get at least as much positive as negative feedback on the site. The Internet is a medium that lends itself well to communication. Customers have more access to the right people in our organization through e-mail than through many other means," she says.

Kirsten Smith, marketing manager – Internet at Black & Decker, describes an on-line contest the firm conducted in which participants who answered a survey were eligible to win a free power tool. "We got 3,000 responses in three weeks on that. It was tremendous. All of the data fell within certain categories. I felt that it was a good survey for us. We didn't get a lot of repeats," she says.

Go deeper

On-line focus groups represent an opportunity to go much deeper than on-line surveys or e-mail. This technique goes behind the Web site traffic numbers and sales counts to determine why things are or are not happening. Because the Internet is the communication vehicle, the research targets the Internet user, and presents the questions in a format directly related e-commerce.

On-line focus groups take place over the Internet with text comments similar to a chat room. Like traditional focus groups, there are separate chat rooms for the respondent waiting room, the respondent discussion room, and the client viewing room. As with traditional research, audio and video files may be played to respondents, which is useful in researching off-line advertising designed to attract e-commerce.

Unlike traditional focus groups, respondents and clients can log in from geographically dispersed locations.

Researching e-commerce with on-line focus groups

One of the benefits of using on-line focus groups for e-commerce research is that you can show respondents material in the same way that they would actually see it over the Internet. Rossella Clark of the wholesale marketing department of Select Energy feels that this represents a significant advantage. "You could use traditional groups, where you can get everybody set up with a PC, but that will cost a lot of money, and it would be a lot easier through on-line groups," Clark says.

Julie Beggs, director of marketing information services at Bloomingdale's, feels that on-line focus groups could be ideal for testing the functionality of a Web site. "We are moving to selecting merchandise for e-commerce. We want to ask people if they want to shop by trends versus just looking for shirts or skirts. We want to see their reactions to how easy or difficult this is. We also want to see reactions to pop-up messages or targeted responses, and I am trying to determine how we can target information to a person based on purchasing behavior," she says — all applications for which on-line focus groups could work well.

Joan Emmer, research and planning manager for Philips Lighting Company, sees potential applications for on-line focus groups beyond e-commerce. "I think they could also be appropriate for non-computer related products and services if your target is people who are on the Internet a lot. For example, if you have a very young target audience, or college students who are Internet-literate, it would be very appropriate for that," she says.

Benefits of on-line focus groups

Many researchers see unique advantages to on-line focus groups over other more traditional methods of qualitative research. Some of these advantages are specific to e-commerce, while others could apply to any research. For example, Ellen Brown, global market research manager - polishes for Reckitt Benckiser, feels that on-line focus groups are ideal for reaching certain professional respondents. "They would be really great for going to businesspeople who use the computer for their day-to-day work. Also, in the past I've had experience trying to recruit doctors and pharmacists. This would have been a great tool to get to them in their office, on their schedule, where they don't have to take time out to travel to a facility. It is very difficult to get a three-hour block of their time."

Philips' Joan Emmer sees on-line focus groups as a potential money saver. "Doing traditional focus groups with the expense of traveling all over the place and taking the time out of the office is really overwhelming. For some specific applications on-line focus groups could be a very good option," she says.

In addition, Select Energy's Rossella Clark feels that on-line focus groups could be a significant time saver. "It takes a long time now between the time you decide to have a focus group and the time the groups are completed. The fact that you come up with an idea and then can get it done in a matter of days, and then get quick results, is a good thing. Also there is the fact that there is no travel involved and you can do it at your convenience."

Burlington Coat Factory's Ginger Atwater sees on-line focus groups as reducing Web site downtime. "The turnaround on the feedback is probably faster than the traditional way, and this shortens the time frame for making changes on your Web site," she says.

Maritza DiSciullo, research manager for AT&T's Customer Sciences, feels that a key advantage of on-line focus groups is that they can be conducted with people who are scattered around the country. "A good example is business-to-business research where you are trying to get in touch with CEOs. These people are scarce in number and short on time. It also applies to people who travel a lot. You are going to have a hard time nailing these people down to do a traditional focus group. If they know that they can be responding while one is in Italy and one in Mexico, then that works out well," she says.

Select Energy's Rossella Clark feels that on-line focus groups make it possible for key people to watch the research, which might not be possible with traditional focus groups. "An executive who's on the road can log on from wherever they are. They don't have to worry about being in the focus group location physically. Now a person doesn't have to miss the group because they are in another location and can't be in two places at once."

Concerns with on-line focus groups

Researchers also voiced a number of concerns with on-line focus groups. One of those concerns was the inability to actually see the respondents during the focus groups. "Sometimes our marketers like to go to the groups because they like to see the respondents," says Ellen Brown of Reckitt Benckiser. "They want to see how they react. What you don't get on-line is the tone of voice and the inflections in the voice. When a respondent says she loves something, how do you know that she really

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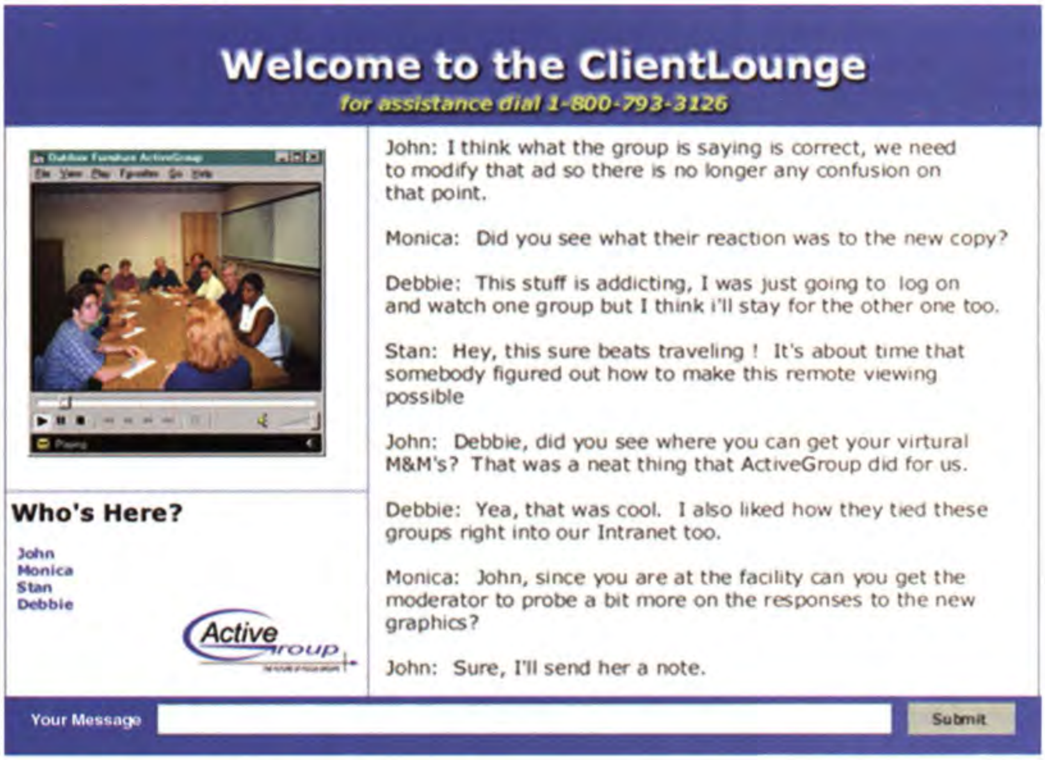

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Jill Nass, vice president of market research with the Chase Manhattan Bank, is concerned about a loss of control by not being able to see the respondents. "I worry about believing that the people are who they say they are in an on-line focus group," she says. In a traditional group a client can see the respondents and send in a note to dismiss one if, for example, they are obviously not the age they said they were or if they are "professional respondents" who have been seen in other recent focus groups.

AT&T's Maritza DiSciullo feels that in some cases there could be a problem with market representation. "Most people use the Internet for e-mail first. Then they branch out to doing information searches on the Web, such as for news or future purchases, and don't usually get involved in long chat sessions until after that. On-line focus groups are basically a chat room, so you are dealing with a smaller population of Internet users. I think the people who tend to get recruited for on-line focus groups are probably somewhat more advanced Internet users."

Rick Rocchi, marketing manager – Internet at Hershey Foods Corporation, is concerned about the credibility of on-line focus groups. "The people I am selling my results to internally are typically not passionate about the Internet," he says. "Telling them you tested this for 90 minutes with some people on the Internet is going to lessen the likelihood of them believing the results."

Julie Beggs of Bloomingdale's agrees. "The credibility factor might come into play. Research is always questioned anyway. We have gotten to a comfort level with doing focus groups for some things where you don't need a sample of a thousand people. When you put together a small group over the Internet, however, the question is, how credible is this?"

AT&T's Maritza DiSciullo feels that one of the ways of reducing the concerns about the use of on-line focus groups is to run parallel studies. "I ran a few parallel studies where we ran a traditional focus group and then did the same topic on-line. We had to show people some advertising media alternatives. We got the same reactions in both types of research, right down to verbatim responses and emotions," she says.

Look for a good fit

Here are some tips for conducting on-line focus groups.

• Make sure the research fits the Internet language and culture. The Internet has its own language, one which Web-savvy consumers speak fluently and which may be alienating to others. "In my opinion, on-line focus groups are like dealing with an intercultural setting. It is like trying to compare focus groups with American consumers to those with Japanese consumers," says DiSciullo. These language and culture differences should be considered when designing and interpreting the research.

Where possible, match the responsible students' levels of Internet experience. Ideally, all of the respondents in the same on-line focus group should have similar chat room experience. "A chat room can be overwhelming to a novice," says DiSciullo. "An inexperienced respondent could have excellent feedback, yet may not be able to respond simply because the other, more experienced people are going too fast."

• Include a hardware profile in the screening questionnaire. "Find out what kind of computer the respondent has and how fast their modems are," says DiSciullo. "Those hardware problems can impact somebody's response rate. You can have somebody who is very intelligent, articulate, and has great opinions but if he is on a slow modem, he isn't going to be responding as quickly as somebody else. The conversation may just go past him," she says.

• Consider mixing on-line and traditional focus groups. "I could see mixing on-line and traditional focus groups in the same study," says Kirsten Smith of Black & Decker. "If you were launching a new product and you were trying to research the physical design of that product I would recommend traditional focus groups. If you were researching how to communicate the features and benefits of that product on your Web site, you could use on-line focus groups," she says.

• Make sure to involve technical as well as marketing people in the research. "The Webmaster should be involved for two reasons," says Ginger Atwater of Burlington Coat Factory. "First, because the site's technology is clearly going to affect the kind of feedback you get about the site. Second, the solution to whatever problems consumers identify is going to be developed by marketing in conjunction with the IT people. When you have a marketing person working with an information technology person the balance is better."

• The best way to get started is on a small project. "It's a matter of getting your feet wet, and getting some experience with it," says Joan Emmer of Philips. "You just have to try it. I would suggest starting off with a simple study, something that is not too complicated and is not a difficult recruit and that won't have an earth-shattering business result. If you have the budget to do it, run your own parallel study using a traditional focus group and an on-line one," she says.

Quality feedback

On-line focus groups can be an effective way to learn in-depth what customers want from e-commerce efforts. With them you can obtain quality feedback on Web sites, and can follow-up on traditional methods of gathering e-commerce feedback. Many researchers feel on-line focus groups can save time and money over traditional research techniques. Many also believe that they can be the best way to communicate with Internet customers in far-flung locations. Used properly, this qualitative research technique can help marketers better understand their opportunities in the ever-expanding e-commerce marketplace.

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into a library that can be immediately accessed through a Palm VII. For additional information call 800-799-3072 or go to www.quicktake.com.

New Web survey service targets point of purchase

Burlingame, Calif.-based Active Research, a provider of Web-based market research automation services, has announced ActiveFlash, a custom Web survey service that surveys e-commerce consumers as they decide what products to buy across the Internet. Businesses can pose questions on any subject and receive market feedback to aid day-to-day decision making. ActiveFlash is administered by Active Research through its partner network, which includes e-commerce destinations such as GO.com, iWon, mySimon, ShopNow, Productopia, and Lycos. ActiveFlash surveys rely on a research method similar to mall intercepts by intercepting consumers at the virtual product shelf — the point of decision on-line. For more information visit www.activeresearch.com.

BioNutritional reports available on-line

Lansdale, Pa.-based BioValidity has partnered with MarketResearch.com to market and distribute more than 300 scientifically-based vitamin, mineral, and botanical reports generated from the BioNutritional Encyclopedia (BNE) knowledgebase. The BNE is the first in a series of health-related databases to be licensed by BioValidity. The BNE supplement reports have been included in the MarketResearch.com print catalog and Web database, a source of health care, pharmaceuticals, personal care, demographics, industrial goods, and food and beverages industry reports.

Each of the BNE reports contains supplement overviews, descriptions, interactions and precautions, and benefit statements developed by a university research team and approved by the BNE advisory board. The university research team has reviewed more than 50,000 articles in over 800 medical and technical journals to date to develop the BNE content. All supplement benefit statements in BioValidity's BNE are graded as strong, substantial, limited or minimal to reflect the strength of science supporting them. Reports have also been developed and indexed by body system (e.g., heart) and health concern (e.g., cancer). For further information call 215-393-9800 or visit www.biovalidity.com or www.marketresearch.com.

SPSS product aimed at managed care industry

Chicago-based SPSS Inc. is now offering VentoMap for Managed Care Organizations (MCO), a business intelligence solution expressly designed for the managed care industry. The packaged analytical application provides health care executives with views of the trends affecting their business.

Executives receive information in the form of key performance indicators (KPIs) that match the way decision makers think about their business and their approach to solving problems. Examples of managed care KPIs include per member medical cost, members, medical loss ratio, per member revenue, cash balance, per member administrative cost, claims received, claims processed, claim backlog, hospital days per thousand.

Beginning with a packaged analytical application that includes a library of managed care-specific KPIs, SPSS health care and technology consultants work with business users to determine what is important to their managed care organization. They apply a methodology, which includes a health care-specific data model, to set up the data warehouse, map source data to that warehouse, customize the software view and manage the job flow. The resulting solution delivers information, such as KPIs, trend views, and reports that are unique to each business for decision making. The KPIs meet users' specific information and decision-making needs and are updated daily. For more information visit www.spss.com.

On-line reports profile Michigan markets

Southfield, Mich., consulting firm BBK, Ltd. has launched an e-commerce service for businesses in Michigan and across the U.S. MichiganMapper.com offers Internet access to customized market report packages that include presentation-quality maps and detailed market analyses. The market report packages show businesses where their customers are located, how much money they spend, and how close they are to a retail location.

MichiganMapper.com is targeted to retail firms analyzing their sales areas, manufacturers selecting new business sites, and businesses striving to direct advertising efforts to the most profitable market segments. Reports include custom maps of specific business locations within the state of Michigan, along with: drive-time areas showing what areas can reach the location within 10 minutes; the amount of money a typical household in the area spends on cars, clothing, food, sporting goods and other goods and services; where new customers will be moving over the next five years; demographic information, including population, income, age and other data that helps to identify clusters of customers fitting a particular profile. For more information visit www.michiganmapper.com.

Product classifies U.K. Web users

Arlington, Va.-based CACI International Inc. announced that its U.K.-based Marketing Systems Group has launched eTypes, a classification of on-line consumers and their behavioral habits in the U.K. ETypes leverages the knowledge behind ACORN and CACI's related consumer classification systems to produce a consumer profiling system. ETypes provides five stages and 20 types of behavior, giving users such information as how long consumers stay on one site, how frequently they purchase, what products they are buying, and more. ETypes is the product of a data collaboration between CACI and Fletcher Research, the U.K. subsidiary of Forrester Research, Inc., and supplier of on-line market research data in the U.K. and producer of the UK Internet User Monitor, a survey of on-line U.K. behavior.

Qualitative study of desktop management

Enterprise Management Associates (EMA) and *InformationWeek* magazine are partnering to conduct a new qualitative market research study on maximizing the business value of desktop management. Based on in-depth interviews with IT professionals responsible for desktop and server management, EMA's study will provide market information on desktop and server management practices and products. The study will focus on all areas of desktop management including electronic software distribution, inventory and asset management, licensing, metering, and remote control. EMA's research also will examine how service providers employ desktop management tools and what role the Internet plays in managing remote and mobile workers.

The research will identify purchasing and deployment plans, while uncovering the selection criteria companies use to purchase desktop management products and services. EMA will analyze the results and compile a detailed picture of the customer requirements and acquisition plans for managing client desktops and servers. The upcoming analysis will be delivered to study sponsors in July 2000. For more information visit www.enterprisemanagement.com.

Harris offers results from ongoing media study; debuts kids research site

Rochester, N.Y., research firm Harris Interactive Inc. is now offering information from its IntermediaPulse, a monthly study that tracks usage of all major media (television, radio, magazines, newspapers and the Internet) as well as time spent with each medium, level of attentiveness to each medium, advertising effectiveness and related supportive behaviors.

Using more than 120,000 respondents annually, the study uses a digital diary based on self-reporting that allows each individual respondent to be taken through an entire day from waking up in the morning to prior to going to sleep at night. This survey is administered on the Internet to Internet users and on the telephone to non-Internet users. For each day measured, the product tracks key behaviors such as magazine categories read, TV networks viewed, newspaper reading habits, radio listening location, viewing of a previously recorded television program, rented video viewing and movie attendance, as well as reasons for choosing one media over the other. For more information visit www.harrisinteractive.com.

Separately, Harris Interactive Inc. has launched The Harris Kid Zone at www.HarrisKidZone.com, an opinion polling site for 8-12-year-old children. Through this site, Harris Interactive will recruit a representative panel of kids who have parental permission to take part in polling and market research projects. The Web site is an extension of HarrisZone.com, a similar site for the more than 400,000 teenagers in the Harris Interactive on-line panel. At launch, children can only join the Harris Kid Zone with the expressed permission of a parent or guardian. The site does not accept advertising and complies with all regulations relating to on-line privacy.

Joint venture tracks tech product movement at distributor level

NPD INTELECT, a Port Washington, N.Y.-based joint venture of The NPD Group, Inc. and GfK AG, will track distributor-level product movement for the technology industry. By tracking sell-through at the distributor level, NPD INTELECT can provide situation analyses "one step back," offering perspectives in areas including the business-to-business market that flows through the value added reseller (VAR) channel. The new NPD INTELECT Distributor Report complements INTELECT's suite of marketing information services that track sell-through data in the retail, dealer and mail-order channels. The monthly service samples the largest distribution channel players, including Ingram Micro, Tech Data, Merisel, Pinacor, Custom Edge (formerly Inacom) and Hall-Mark. NPD INTELECT's distributor projection methodology leverages this sample to represent a universe of organizations doing $250 million or more in sales annually. This universe represents better than 90 percent of the $60+ billion in annual sales that circulate through technology distributors. The NPD INTELECT Distributor Report will help technology product manufacturers and distributors pinpoint opportunities and prepare or refine product strategies. Market-, brand-, feature- and item-/model-level sales in units and dollars and distributors' average prices are available for core technology categories, with additional categories to be named in the future. For more information visit www.npd.com.

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was fielded in July 1999 and is accurate within ±1.9 percent at the 95-percent confidence interval. For more information contact Joe Farris at 212-651-7043.

Use of frequent shopper programs on the rise

The number of U.S. households participating in frequent shopper programs (FSPs) increased for the fourth consecutive year, reaching 70 percent in 1999 — double the number of households that participated in 1996, according to the fourth annual Frequent Shopper Survey, conducted by ACNielsen U.S., an operating unit of ACNielsen Corporation.

As the number of retailers offering FSPs continues to grow, so does the number of households participating in more than one program. "Fifty-nine percent of households that belong to a frequent shopper program now belong to two or more — up from 57 percent in 1998," says Jane Perrin, managing director, ACNielsen global services. "This is putting pressure on retailers to further differentiate themselves from their competition. The retailers who are doing the best job with their frequent shopper information are those that are using it to proactively foster loyalty among their best customers."

The market with the highest percentage of households belonging to an FSP is Chicago, with 97 percent enrolled. Other top markets include Phoenix (96 percent), Los Angeles (92 percent), Charlotte (92 percent) and Denver (91 percent). Buffalo/Rochester, N.Y. — where Tops introduced a new program — experienced the highest growth rate in 1999 (+16 percentage points to 89 percent). The nation's largest city, New York, has a participation rate of 73 percent — the same rate that it had in 1998. Even with 70 percent of all households enrolled in frequent shopper programs, the study indicates that there is still room for growth in certain markets. One-third of all respondents stated that there is a grocery store they would shop at more often if it offered a FSP, and the most common reason for not belonging to a program is that the store where non-members shop does not offer one. Markets with the lowest FSP enrollment rates include Miami (6 percent), Columbus (14 percent), St. Louis (17 percent), San Antonio (20 percent) and Houston (51 percent).

Among other key findings:

• Saving money is the number one reason why people join and participate in an FSP.

• Eighty-three percent of FSP members use their card every time they shop.

• Demographically, FSP member households tend to be slightly larger than non-member households, more affluent, better educated and employed in professional/white collar professions.

Nearly 38,000 households in the ACNielsen Homescan consumer panel participated in the study, which was conducted in October and November 1999. For more information visit http://acnielsen.com.

Doctors going on-line

Research by Princeton, N.J.-based Total Research Corporation has found that the majority — 74 percent — of primary care physicians (PCPs) in the U.S. have Internet access. As an increasing number of their patients are going on-line to research diseases, drugs and medical conditions, most PCPs are reportedly doing the same thing — accessing the Web from their homes in the evening. PCPs are spending an average of seven hours per week on-line. The main reasons they are reportedly using the Internet are for medical purposes, e-mail, news and shopping.

Of those PCPs who do not have on-line access, 31 percent expect to be on-line in the year 2000, while another 35 percent say they never intend to be hooked up to the Internet. It was found that among those PCPs who do not have on-line access, 29 percent are over 60 years of age.

The results are based on a survey of 217 primary care physicians, of whom 154 were interviewed on-line and the remaining were interviewed over the phone between November 11 and December 31, 1999.

Total Research also found in the phone-Internet study that 37 percent of primary care physicians believe that the health care reform measures currently being debated in Congress will have a positive impact on their practice. When asked what kind of positive impact health care reform would have on their practice, 70 percent of these physicians said that health care reform would improve the quality of patient care. Another 37 percent of PCPs indicated that health care reform would have no impact on their practice, and 11 percent speculated that health care reform would have a negative impact on their practice, while 15 percent had no opinion.

The right to sue an HMO received overwhelming endorsement from these doctors. The survey found that 89 percent of PCPs strongly believe that patients should have the right to sue their HMO for denying care, while 6 percent said patients should not have that right, and 16 percent had no answer.

The physicians who said they believe patients should be able to sue their HMOs gave multiple reasons:

• 35 percent said HMOs need to be held responsible;

• 21 percent said patients have a right to medical care;

• 17 percent said no one should be without legal recourse;

• 14 percent said doctors should be making decisions, not HMOs;

• 13 percent said denying medical care based on cost is unacceptable.

Most of the respondents learned about health care reform issues from newspapers, TV and medical journals. About a quarter of respondents reportedly learned about health care reform issues from the Internet, by talking to colleagues and listening to the radio. The study found that significantly more PCPs without Internet access believe health care reform will have no impact on their practice than respondents with Internet access. For more information call 609-520-9100 or visit www.total-res.com.

Depression is top gay health concern

Depression tops the list of health concerns for lesbians and gay men, according to a gay health survey released by GayHealth.com. The site, created and operated by lesbian and gay medical professionals, is a source of health and wellness information for the gay community.

The survey ranked depression as the top health concern, even surpassing HIV, for both lesbians (35 percent of those surveyed) and gay men (32 percent of those surveyed). This figure is even more striking when compared with a similar survey of heterosexuals also conducted for GayHealth.com. Results showed that gay men and lesbians are approximately two times more likely than their heterosexual counterparts to be concerned about depression.

According to the survey, prostate and testicular problems, HIV, sexually transmitted disease (STDs) and hepatitis followed depression respectively as the top five health concerns of gay men. For lesbians, breast cancer, cervical cancer, menstrual pain and estrogen replacement followed depression as major health concerns. For more information visit www.gayhealth.com.

What about re-gifters?

In the past year, 96 percent of American consumers purchased at least one item defined as a gift, according to a market research report published by Unity Marketing, Stevens, Pa., entitled "Gift Consumer Market: Drives, Motivations, Purchasing Patterns and Trends."

Despite its name, the gift market is largely made up of consumers buying items for their personal use. "Our latest survey reveals that the gift market is misnamed. While some product categories that are included in gifts, such as greeting cards and stationery, are primarily purchased to give to others, the majority of products encompassing gifts are self-purchased," says Pam Danziger, president of Unity Marketing.

Fifteen product categories comprise the gift market, including aromatherapy and potpourri, art/prints, candles, Christmas decorations, dolls, figurines and sculpture, garden/outdoor items, gift baskets, greeting cards and stationery, lamps and lighting accessories, linens/pillows/throws/rugs, personal care, picture frames, plush/stuffed and bean bag toys, wall decor.

"The most-purchased category in gifts is personal care, including special soaps, lotions and skin care products," Danziger says. "This category is booming now because it taps into the consumer trend toward buying personal indulgence products that make the consumer feel special."

Candles, Christmas decorations, linens/pillows/throws/rugs, and picture frames round out the top five product categories in terms of consumer purchases.

Among the top sources for gifts, according to the 1,017 American adults surveyed by telephone in February 2000, are department stores and mass merchants, used by 87 percent of the consumers as a source for gift products. The survey also reveals that specialty retailers are losing market share in gifts to competing retailers.

"One of the most significant findings from the survey in terms of its impact on the health of the gift industry is the shift of consumer sales out of specialty retailers and into other channels," Danziger says. "Just two years ago, some 62 percent of gift consumers made purchases at specialty retail stores, but this year only 46 percent of consumers purchased gifts through specialty retailers. While specialty retailers are losing market share, catalogs and mail order are being used more frequently by consumers, from 15 percent in 1998 to 34 percent in 2000, and the Internet is now used by 14 percent of the consumers to purchase gifts."

Included in the new report are profiles of five segments of the gift market that are characterized by different attitudes and motivations behind gift giving, gift shopping and home decorating.

For example, the Decorators segment primarily purchase gift products to decorate their homes, while the Obligated Gifters purchase gifts out of duty and a feeling of obligation. The Extravagant Gifters buy gifts both for themselves and as gifts and are the highest-spending segment on gifts. Both the Disenfranchised and Just Looking gift segments are turned off to the gift shopping experience, but the Just Looking gifters are also interested in decorating their homes.

The report examines the giftware consumer market and is based upon a telephone survey to a representative sample of American consumers. It examines gift-consumer demographics and their buying behavior, including shopping, purchasing and spending levels, where purchases are made and what items are bought. For more information call Pam Danziger at 717-336-1600.

Research Industry News

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and marketing services firm specializing in the IT and telecommunications markets. For its fiscal year ended January 31, 2000, Romtec reported revenues of approximately $6,600,000 and net income of approximately $300,000. Romtec's stock is publicly traded on London's Alternative Investment Market. The acquisition price consists of cash and notes amounting to a maximum of $7,200,000. Romtec will continue to operate under its own name as a wholly-owned subsidiary of Total Research Holdings, Ltd. Romtec Chairman Russ Nathan will become chairman of Total Research Holdings, Ltd., a wholly-owned subsidiary of Total Research Corporation.

A new organization, the **Interactive Marketing Research Organization** (IMRO) is being formed with the goal of "providing an open forum for the discussion of best practices and ethical approaches to research being conducted via the Internet." Its other stated objectives are: as a confederation of world leaders among firms involved in new technology marketing research, to lead in the development, dissemination, and implementation of interactive marketing research concepts, practice and information; through demonstrated competence of its members, to be the primary source for interactive research information technology interests of business, consumers, education, government, and other institutions; to stimulate ethical research principles so that marketing knowledge and practice are used toward legitimate ends.

For those interested in receiving more information about membership (including information on dues, committee work and organization activities) a Web site has been set up to take contact information at www.imro.org. People registering at the site will receive membership information as soon as details are officially released. A formal announcement is expected early this summer.

Skokie, Ill.-based **RFL**

Earnings Watch

ACNielsen Corporation, Stamford, Conn., reported a strong first quarter, with earnings of $7.1 million, or $0.12 per diluted share, compared with $6.0 million, or $0.10 per diluted share, in the prior year. The 2000 results exclude a pretax charge of $11.3 million for Operation Leading Edge, the company's accelerated growth plan, while the 1999 results are before the cumulative effect of an accounting change. Including the charge this year, reported earnings were $0.2 million. The company said its core operations delivered earnings of $9.9 million, or $0.17 per diluted share. These core earnings exclude the charge for Operation Leading Edge and $4.7 million of start-up expenses for ACNielsen eRatings.com, the company's Internet measurement business. On the same basis, core operating income more than doubled, to $15.5 million, and core EBITDA came in at $38.1 million, 34 percent ahead of last year.

NetRatings Inc., a Milpitas, Calif., Internet audience measurement and analysis firm, announced results for its first quarter ended March 31. Net revenue for the first quarter of 2000 was a record $3.1 million, up 100 percent from the $1.6 million reported in the fourth quarter of 1999. Net loss for the first quarter of 2000, exclusive of amortization of non-cash stock-based compensation, was $1.2 million or a loss of ($0.04) per share on approximately 31.6 million shares outstanding, compared with a loss of $4.2 million or a loss of ($0.32) per share on approximately 12.9(a) million shares outstanding in the fourth quarter of 1999. NetRatings reported revenues of $170,000, a net loss of $2.18 million, and a loss of ($1.05) per share on 2(a) million shares outstanding in the first quarter of 1999. Including the amortization of non-cash stock-based compensation, net loss for the first quarter of 2000 was $4.0 million, or a loss of ($0.13) per share on approximately 31.6 million shares outstanding, compared with a net loss of $7.2 million, or a loss of ($0.56) per share on approximately 12.9(a) million shares outstanding during the fourth quarter of 1999. [(a) All outstanding shares used in the computation of net loss per share assume conversion of all preferred stock, as if the conversion to common stock occurred at the beginning of the period or at the date of issuance, if later.]

Rochester, N.Y.-based research firm **Harris Interactive** reported revenues of $14.2 million for its fiscal third quarter ended March 31. This represents an increase of 118 percent compared with $6.5 million reported for the third quarter of fiscal 1999. For the nine-month period ended March 31, the company reported revenues of $36.0 million, an increase of 81 percent compared with $19.9 million reported in the same period in fiscal 1999. Internet revenues expanded in the third quarter to $6.5 million. This is an increase of 778 percent compared with the third quarter of fiscal 1999 and 44 percent compared with the $4.5 million recorded in the last quarter. Net loss for the three-months ended March 31 was $5.5 million or ($0.17) per share, compared with $2.8 million or ($0.29) per share in the third quarter of fiscal 1999.

Princeton, N.J.-based **Total Research Corporation** reported third-quarter revenues of $10,273,085, compared with $9,968,696 for the same quarter of 1999, a 3 percent increase. For the nine-month period ended March 31, the company reported revenues of $36,176,327 compared with $29,663,767 for the same period of 1999, a 22 percent increase. Net income for the fiscal third quarter was $412,515, or diluted earnings per share of $0.03, compared with $511,470, or diluted earnings per share of $0.04, for the same quarter of 1999. For the nine-month period ended March 31, net income was $1,668,282, or diluted earnings per share of $0.13, compared with $1,571,889, or diluted earnings per share of $0.13, for the same period of 1999. The number of diluted shares outstanding increased from 12,579,815 in the fiscal third quarter of 1999 to 13,808,754 in the fiscal third quarter of 2000.

Communications, Inc., has introduced the RFL Market Research New Products and Services Library on its Web site at www.rflonline.com. The Library will provide a centralized repository of new products and services of interest to market researchers.

London-based **Virgin Radio** has become the first international Webcaster to join **Arbitron's** InfoStream ratings service. Virgin Radio's Internet channel, www.virginradio.co.uk, recorded a monthly audience of 205,000 listeners in December. This would have placed the Webcaster as number one in the rankings had it joined the InfoStream service in time to be included in the ratings. Additionally, "streamies," on-line listeners who tuned into the Web channel, spent an average of 50 minutes listening on-line to Virgin Radio in December.

Rochester, N.Y.-based research firm **Harris Interactive Inc.**, and **Witeck-Combs Communications**, a Washington, D.C.-based marketing firm specializing in marketing to the gay, lesbian, bisexual and transgender (GLBT) communities, have teamed up to develop marketing information on the GLBT consumer segment.

Information services company **Computerworld Inc.** is using Austin, Texas-based Catapult Systems Corp.'s Inquisite product to conduct research. Computerworld currently uses Inquisite for on-line market research on career topics like the IT Job Satisfaction survey and the National Survey of IT executives. *Computerworld* magazine is currently using the product to survey companies for its 7th annual "100 Best Places to Work in IT" study.

Venture capital firm **Novestra** has exercised its warrants to increase its ownership in Swedish Internet research firm **Netsurvey** from approximately 24 to 30 percent. Through the private equity issue, Netsurvey will receive additional capital to continue the ongoing international expansion. Already present in the U.K., Netsurvey will continue expanding in the rest of Europe and explore expansion into Asia.

Subsequent to approval by shareholders of Greenwich, Conn.-based **NFO Worldwide, Inc.**, the Interpublic Group of Companies, Inc. has completed its acquisition of NFO Worldwide.

Information Resources, Inc., Chicago, has introduced CPGNetwork.com, a new information service that uses Internet technology to provide a decision support network for consumer packaged goods companies.

Under an agreement between **Taylor Nelson Sofres**, a Horsham, Pa., research firm, and Norwegian software company **The Firm**, Taylor Nelson Sofres Interactive, the company's Internet research division, has licensed The Firm's software package, Confirm, on a worldwide basis.

In a study conducted by **Cheskin Research**, Redwood Shores, Calif., of the habits, attitudes, and usage patterns of digital technology and the Internet within the U.S. Hispanic population, www.quepasa.com, an on-line community for the U.S. Hispanic market, ranked as the most preferred Hispanic Web site. Cheskin Research based its findings on a nationally representative survey of 2,017 Hispanic households. Key household measures of the study included the presence of computers and computer users, technology penetration and adoption. Key individual measures included, but were not limited to computer brand awareness, e-commerce attitudes, future purchase intent and usage of Internet services. Overall, Yahoo! and AOL were the most used Web sites.

Shareholders of **ACNielsen Corporation**, Stamford, Conn., have elected four directors to new terms, and ratified the selection of independent public accountants at the company's 2000 annual meeting. Shareholders approved new three-year terms for Donald W. Griffin, Robert M. Hendrickson, Brian B. Pemberton and

Nicholas L. Trivisonno — all of whom are Class I directors. Trivisonno is chairman and chief executive officer of ACNielsen. Shareholders also ratified the appointment of Arthur Andersen LLP as independent public accountants for 2000.

Greenfield Online, a Wilton, Conn., research firm is forming a strategic partnership with Adlink, a cable advertising sales firm serving Southern California, which will enable advertisers focusing on the Los Angeles market to obtain a package of research and marketing services pertaining to the on-line activities of L.A. cable viewers.

New York-based **Nielsen//NetRatings**, the Internet audience measurement service of Nielsen Media Research and NetRatings, Inc., and New York-based °, have formed a strategic alliance to provide customers with information on how consumers are using the Internet on a local market level. Internet usage information by DMA (designated market area) will include detailed demographics and lifestyle profiles. Under this multi-tier agreement the two companies will work together on the following initiatives: development of new measurement and analytical services specifically covering local market multimedia usage; Scarborough will market Nielsen//NetRatings services to local newspapers in 20 U.S. markets, thus extending the range of information available to these customers from Scarborough; Scarborough will use Nielsen//NetRatings data on leading Internet sites as the basis for expanding the information it gathers via surveys on local media usage.

Separately, Nielsen//NetRatings announced that it has expanded its range of services to provide information on on-line usage and advertising in the top 20 local Internet markets.

In addition, ACNielsen eRatings.com, a venture between ACNielsen Corp., Stamford, Conn., and NetRatings Inc., has announced that 55 clients in the U.K., Australia, Singapore, Ireland and New Zealand subscribed to the Nielsen//Net Ratings Internet audience measurement service in the first quarter.

New York-based research information firm **USADATA.com** has teamed with **cPulse LLC**, an Internet satisfaction monitoring firm, to monitor and measure customer satisfaction through the use of 60-second interactive interviews. Data from surveys will be collected from random Web interviews with customers, who will be asked to rank USADATA.com's customer service on a scale ranging from poor to excellent. Customers also will be asked questions such as how important customer service is when specifying marketing information, and how USADATA.com compared to other Web sites.

Decision Insight, Inc., has moved to new offices at 106 W. 14th St., Suite 2500, Kansas City, Mo., 64105. Phone and fax numbers remain the same.

Opinion Research Corporation, Princeton, N.J., announced that a global technology company has awarded it a total of $2.5 million in new contracts. Among the awards, the company has received a $1.9 million contract to create an Internet-based business-to-business panel. The panel, which consists of approximately 5,000 IT decision-makers among medium and small businesses in the United States, Europe and Asia, will be used to track the attitudes and behaviors of the participating executives over time. The initial term of the contract is for one year, but is expected to be multiyear.

The National Retail Federation (www.nrf.com) and Cambridge, Mass.-based **Forrester Research, Inc.**, in conjunction with **Greenfield Online**, a Wilton, Conn., research firm, have announced advances made in the NRF/Forrester Online Retail Index methodology. Survey data has expanded to include detailed analysis of big-ticket purchases. The improved Retail Index will provide greater insight into consumers' spending patterns.

Data Use

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more importantly, how should I know what it is for this study?"

Me: "Well, in simple terms, the standard deviation is the measure of dispersion."

Client: "Right. What's dispersion?"

I don't know what I was thinking. This explanation didn't mean anything to *me* the first time I heard it from a statistics professor. What made me think it was going to be any more meaningful for my client? So I backed off a little, and gave him an explanation.

Me: "Let me give you an example: What is the average of two, six, and 10?"

Client: "It's six."

Me: "Right. Now, what's the average of five, six and seven?"

Client: "That's six also."

Me: "Right. The average of both series is six, but you can see that one group of numbers stretches from two to 10 and the other is limited to a much smaller range, from five to seven. So, in this case, the first range of numbers, from two to 10, is widely dispersed, and has a standard deviation of 3.3. The second range is narrowly dispersed, and has a much smaller standard deviation, it's only 0.8. The same principle holds true for much larger samples. If each of the numbers in a series is close to the overall average, the standard deviation is small. If the numbers are all over the map, the sample has a large standard deviation."

Client: "That makes sense. But how am I supposed to know what it will be for this study?"

Me: "That's a tough one. Usually we rely on findings from similar studies. Have you ever done this type of study before?"

Client: "Well no, but we do have the raw data from a number of exams that have been done by one of our customers over the past year."

Me: "Perfect! Get me the raw data and we'll enter it into the computer. If we can assume the population we'll be testing in this new study is similar to the one your historic data is based on, then it will work in our formula."

Crunching the numbers

Fast-forward three weeks. We have received the exam sheets, entered the data into the computer, calculated the mean and standard deviation. We have concluded from this pilot study that the standard deviation for this sample population is .33. Now it's time to give the client some insights into the sample size necessary to provide him the results he needs.

All I can say is, thank God for automated spreadsheets. We started the process by using the formula for Z tests. *(Shown on next page.)*

We selected a range of differences for the means, and we chose a range and interval of sample sizes to calculate the Z values. Once the values were calculated, they were examined for reasonableness, and to see where we were for sample size. The table we generated is shown below.

Table of Z Values for Given Sample Sizes and Differences Between the Means

$$Z = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{S_1^2}{N_1} + \frac{S_2^2}{N_2}}}$$

Where:

$\bar{X}_1$ = Mean of the first sample

S_1 = Standard deviation of the first sample

N_1 = Sample size of the first sample

$\bar{X}_2$ = Mean of the second sample

S_2 = Standard deviation of the second sample

N_2 = Sample size of the second sample

The Z values corresponding with a level of confidence are:

99% = 2.58	90% = 1.64
98% = 2.33	85% = 1.45
95% = 1.96	80% = 1.28

While this is a good first step, and it is possible to search the table and find the appropriate Z value, this table is difficult to read. So I created a second table *(opposite page)* to interpret the results of the first. Using the "@IF" function, I tested each value to determine the confidence level for the Z value in the cell. Redundant responses have been eliminated as you read across the table from left to right, just to make the table easier to read.

The results were very readable, and the table would have served our purposes nicely. However, never one to leave well enough alone, I decided to graph the findings so we'd have a simple exhibit to use as a quick reference the next time we encountered a study with similar variables.

The graph plots the sample size for each of the Z values associated with the levels of confidence. For example, the top line on the graph is for the Z value 2.58, and the 99 percent confidence level. If we want to be 99 percent confident that a difference in the means of 0.025 represents a real difference in lens performance and not a random occurrence, we'll need to test a minimum of 2,320 subjects.

In order to plot these figures, we have to solve the above formula for N. In other words, we are solving for the sample size that represents the threshold value, or the sample size for a given standard deviation and Z value that marks the end of one level of confidence and the beginning of another. In the above example, the sample size of 2,320 is the threshold, or the lowest sample size, where a difference of 0.025 in the means of two samples, and a standard deviation of .33, is significant at the 99 percent level of confidence.

Since we're assuming the sample size and standard deviation for each lens tested will be the same, the formula is:

Sample Size = $2(S^2 * Z^2)/\Delta\bar{x}$

Where:

S is the assumed standard deviation for both samples;

Z is the Z value;

$\Delta\ \bar{x}$ is the difference between the mean readings for each lens coating.

The resulting graph is shown on the opposite page.

Not rocket science

Obviously, this is not rocket science. And there are probably statisticians among you who will find something about this approach to criticize. But I find that my clients are less concerned about the subtle distinctions to be made between various statistical approaches and are more interested in answering their business questions. The preceding

Table of Z Values for Given Sample Sizes and Differences Between the Means

Sample Size	Difference Between the Means									
	0.010	0.015	0.020	0.025	0.030	0.035	0.040	0.060	0.080	0.100
1500	0.83	1.24	1.66	2.07	2.49	2.90	3.32	4.98	6.64	8.30
1475	0.82	1.23	1.65	2.06	2.47	2.88	3.29	4.94	6.58	8.23
1450	0.82	1.22	1.63	2.04	2.45	2.86	3.26	4.90	6.53	8.16
1325	0.78	1.17	1.56	1.95	2.34	2.73	3.12	4.68	6.24	7.80
1200	0.74	1.11	1.48	1.86	2.23	2.60	2.97	4.45	5.94	7.42
1175	0.73	1.10	1.47	1.84	2.20	2.57	2.94	4.41	5.88	7.34
1150	0.73	1.09	1.45	1.82	2.18	2.54	2.91	4.36	5.81	7.27
1125	0.72	1.08	1.44	1.80	2.16	2.52	2.87	4.31	5.75	7.19
975	0.67	1.00	1.34	1.67	2.01	2.34	2.68	4.01	5.35	6.69
950	0.66	0.99	1.32	1.65	1.98	2.31	2.64	3.96	5.28	6.60
925	0.65	0.98	1.30	1.63	1.96	2.28	2.61	3.91	5.21	6.52
900	0.64	0.96	1.29	1.61	1.93	2.25	2.57	3.86	5.14	6.43
875	0.63	0.95	1.27	1.58	1.90	2.22	2.54	3.80	5.07	6.34
750	0.59	0.88	1.17	1.47	1.76	2.05	2.35	3.52	4.69	5.87
725	0.58	0.87	1.15	1.44	1.73	2.02	2.31	3.46	4.62	5.77
700	0.57	0.85	1.13	1.42	1.70	1.98	2.27	3.40	4.54	5.67
675	0.56	0.84	1.11	1.39	1.67	1.95	2.23	3.34	4.45	5.57
650	0.55	0.82	1.09	1.37	1.64	1.91	2.19	3.28	4.37	5.46
575	0.51	0.77	1.03	1.28	1.54	1.80	2.06	3.08	4.11	5.14
550	0.50	0.75	1.01	1.26	1.51	1.76	2.01	3.02	4.02	5.03
500	0.48	0.72	0.96	1.20	1.44	1.68	1.92	2.87	3.83	4.79
475	0.47	0.70	0.93	1.17	1.40	1.63	1.87	2.80	3.74	4.67
425	0.44	0.66	0.88	1.10	1.33	1.55	1.77	2.65	3.53	4.42
400	0.43	0.64	0.86	1.07	1.29	1.50	1.71	2.57	3.43	4.29
375	0.41	0.62	0.83	1.04	1.24	1.45	1.66	2.49	3.32	4.15
350	0.40	0.60	0.80	1.00	1.20	1.40	1.60	2.41	3.21	4.01
325	0.39	0.58	0.77	0.97	1.16	1.35	1.55	2.32	3.09	3.86
300	0.37	0.56	0.74	0.93	1.11	1.30	1.48	2.23	2.97	3.71
275	0.36	0.53	0.71	0.89	1.07	1.24	1.42	2.13	2.84	3.55
250	0.34	0.51	0.68	0.85	1.02	1.19	1.36	2.03	2.71	3.39
225	0.32	0.48	0.64	0.80	0.96	1.12	1.29	1.93	2.57	3.21
200	0.30	0.45	0.61	0.76	0.91	1.06	1.21	1.82	2.42	3.03
175	0.28	0.43	0.57	0.71	0.85	0.99	1.13	1.70	2.27	2.83
150	0.26	0.39	0.52	0.66	0.79	0.92	1.05	1.57	2.10	2.62
125	0.24	0.36	0.48	0.60	0.72	0.84	0.96	1.44	1.92	2.40
100	0.21	0.32	0.43	0.54	0.64	0.75	0.86	1.29	1.71	2.14
25	0.11	0.16	0.21	0.27	0.32	0.37	0.43	0.64	0.86	1.07

Assumes a standard deviation of .33.

Table of Significance Levels for Given Sample Sizes and Differences Between the Means

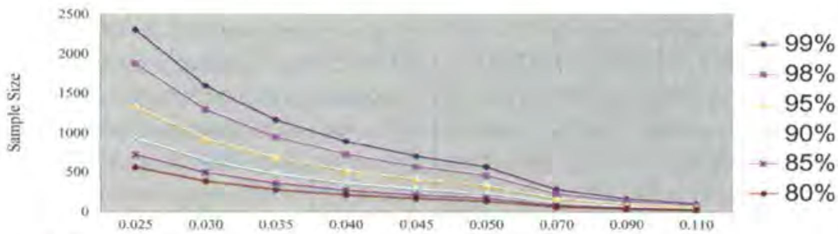
Sample Size	Difference Between the Means									
	0.010	0.015	0.020	0.025	0.030	0.035	0.040	0.060	0.080	0.100
1500	Not		90%	95%	98%	99%				
1475	Not		90%	95%	98%	99%				
1450	Not		85%	95%	98%	99%				
1325	Not		85%	90%	98%	99%				
1200	Not		85%	90%	95%	99%				
1175	Not		85%	90%	95%	98%	99%			
1150	Not		85%	90%	95%	98%	99%			
1125	Not		80%	90%	95%	98%	99%			
975	Not		80%	90%	95%	98%	99%			
950	Not		80%	90%	95%	95%	99%			
925	Not		80%	85%	90%	95%	99%			
900	Not		80%	85%	90%	95%	98%	99%		
875	Not			85%	90%	95%	98%	99%		
750	Not			85%	90%	95%	98%	99%		
725	Not			80%	90%	95%	95%	99%		
700	Not			80%	90%	95%	95%	99%		
675	Not			80%	90%	90%	95%	99%		
650	Not			80%	85%	90%	95%	99%		
575	Not			80%	85%	90%	95%	99%		
550	Not				85%	90%	95%	99%		
500	Not				80%	90%	90%	99%		
475	Not				80%	85%	90%	99%		
425	Not				80%	85%	90%	99%		
400	Not				80%	85%	90%	98%	99%	
375	Not					85%	90%	98%	99%	
350	Not					80%	85%	98%	99%	
325	Not					80%	85%	95%	99%	
300	Not					80%	85%	95%	99%	
275	Not						80%	95%	99%	
250	Not						80%	95%	99%	
225	Not						80%	90%	98%	99%
200	Not							90%	98%	99%
175	Not							90%	95%	99%
150	Not							85%	95%	99%

Assumes a standard deviation of .33.

exercise demonstrates a real-world approach to tackling one of the issues that frequently results in anxiety and procrastination.

If you would find this tool useful, these tables and graphs are available electronically by contacting me at don.minchow@inquireresearch.com. Please indicate if you would prefer Excel or Lotus formats.

Sample Size Calculation
Standard Deviation = .33



	0.025	0.030	0.035	0.040	0.045	0.050	0.070	0.090	0.110
99%	2320	1611	1183	906	716	580	296	179	120
98%	1892	1314	965	739	584	473	241	146	98
95%	1339	930	683	523	413	335	171	103	69
90%	937	651	478	366	289	234	120	72	48
85%	733	509	374	286	226	183	93	57	38
80%	571	396	291	223	176	143	73	44	29

Sample Size for Difference in the Mean Values and Various Levels of Confidence

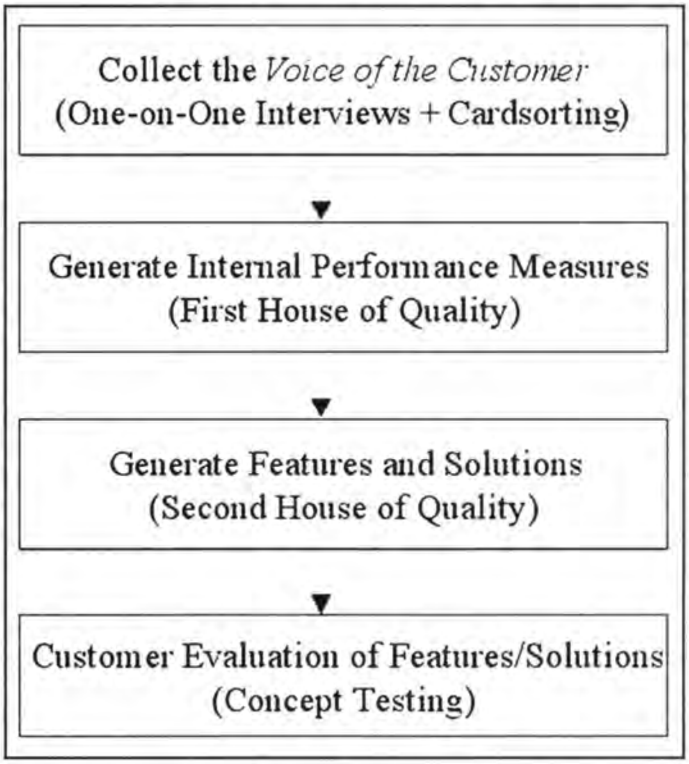
Perfect world

continued from p. 21

Step 1: Collecting and organizing customer wants and needs.

The first step was to determine the various groups that could be defined as customers or influencers of the purchase decision. For the type of equipment Global Diagnostics makes, the purchase decision is a complicated one. We decided to talk to a combination of both purchasers and users that included: laboratory directors, nurse managers, point-of-care coordinators, and in some cases, physicians and hospital administrators. Global Diagnostics relies on international markets for a large percentage of its total sales, so it made sense to make this research initiative a global one.

Once we had defined who the customer was, we recruited a respondent group, stratifying those various groups, to be interviewed one-on-one. Six key markets were chosen for interviewing. U.S. markets were chosen to reflect differing levels of managed care penetration. International interview locations represented key growth markets for Global Diagnostics. All interviewers were experienced in conducting in-depth, probing interviews. In other words, we placed great emphasis on unearthing the broad array of customer needs represented by the entire customer population. Respondents were constantly asked not just what they wanted, but why they wanted certain capabilities or why certain product features were important to them. This methodology meant that we were able to get beyond customer-generated solutions and engineering characteristics to the underlying needs that those solutions address — a key requirement for voice of the customer research.



In past research, we've found that, with the exception of a minority of "lead users," most customers are not particularly well-equipped to design or "spec" new products. When asked to do so, they will very often simply play back current features or solutions that are available already (e.g., "I want a system that can handle 10 samples at a time."). That type of information was of little use to our client, who was already aware of the current state of the art. Global Diagnostics was interested in the underlying customer needs that would help them innovate far beyond current solutions (e.g., "I want a system that's easy to use so people working on the intensive care unit can easily operate and maintain it."). Customers are very adept at articulating these types of needs, if given the opportunity in the appropriate interview setting. In short, it makes sense to collect wants and needs from customers, not solutions. After all, solving product problems is not the responsibility of customers; it's the obligation of companies interested in selling to those customers.

Once the broad base of customer needs is collected, it typically results in 80-120 detailed individual customer needs that are elicited from verbatim transcripts of customer interviews. In this case, customers articulated 104 unique needs. An example of a customer need would be: "I can perform multiple tests on one blood sample." This level of need is far too detailed for product development teams to work with. Therefore, it's important to get a sense (again, from customers) of how those needs should be grouped and prioritized. We accomplished that aggregation by recruiting a larger sample of customers (again including all customer groups: nurses, lab directors, physicians, etc.). They were asked to complete a card sorting procedure, with each card having one customer need printed on it.

The card sorting process consists of having customers group cards into piles that go together for whatever reason. Respondents were instructed to create as many or as few piles as they'd like. They were then asked to assign importance ratings to each pile of ideas, as well as performance ratings for how well the needs in each pile are being satisfied by current solutions. We created an aggregate card sort by performing cluster analysis to show the hierarchy of needs that best represented the typical card sort created by customers. This hierarchy shows customer needs at three levels: the detailed- or tertiary-level needs (the original 80-120 needs on the cards), the secondary-level needs (the 20-25 aggregated customer needs that are the optimal level for product development teams to work with), and the primary-level needs (extremely high-level needs, good for strategic-level communications messages).

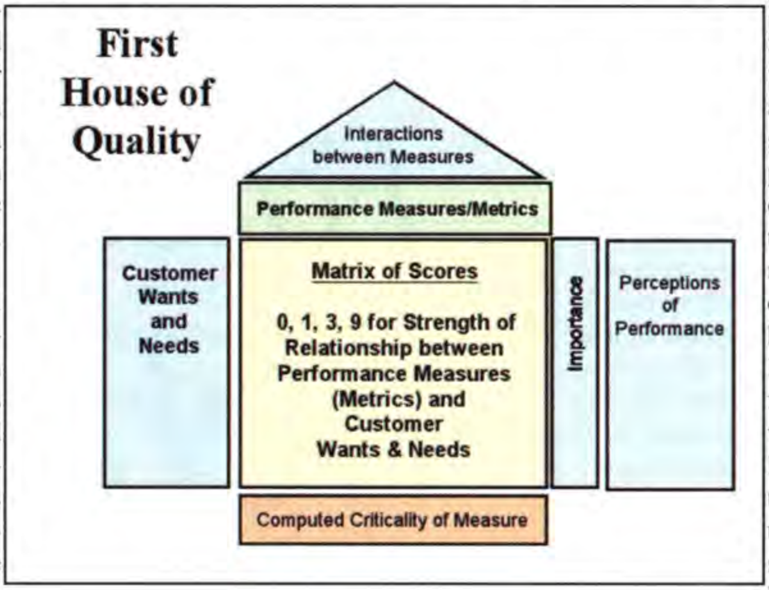
The output of the voice of the customer research was an affinitized list of customer needs, aggregated into three levels. Customers also assigned importance ratings and performance grades to the secondary-level needs. This meant that the product development team assembled by Tom Gavin was able to determine the areas that were most important to customers and with which they were most dissatisfied. This ensured that Global Diagnostics put its limited product development resources to the best use possible. For example, does it make sense to put resources into making slight improvements in the accuracy of test results or should those resources instead be aimed at improving the level of technical customer support? Additionally, the voice of the customer process provided valuable qualitative data on how purchase decisions are made within hospitals, as well as enhancement ideas for the current generation of products.

Step 2: Translating needs into performance measures (first house of quality).

This next step (see "First House of Quality" figure) helped Global Diagnostics take the organized and prioritized voice of the customer and translate it into internal performance measures or metrics that directly address key customer needs. This process was an internal one, carried out by a cross-functional team led by facilitators who were keenly familiar with the voice of the customer as well as the QFD process. The cross-functional team consisted of members from R&D, information systems, sales, marketing, manufacturing, technical support, and industrial design. Though not an actual team member, Tom Gavin remained in touch with the team's progress, while still allowing them the freedom to make the decisions they felt were best.

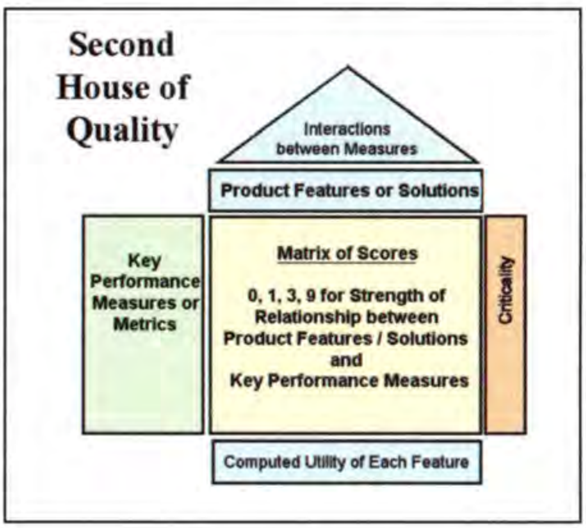
First, team members generated a list of internal performance measures, which, when moved in the appropriate direction, would positively impact customer satisfaction on the customer wants and needs resulting from the VOC process. This process of brainstorming internal metrics took the team a long way toward their goal: thinking about how to measure these items internally was the first step toward creating the actual product features or solutions that would ultimately increase customer interest in and satisfaction with the product. This was a creative, "blue sky" approach that helped the team move away from their traditional way of thinking.

Over the course of several days, team members completed a large matrix with customer wants and needs listed along the left-hand side of the matrix and internal performance measures (generated by the team) listed along the top of the matrix. This was a painstaking process in which the team had to determine how strong the relationship was between each customer need and each performance measure. The purpose of this exercise was to determine which performance measures are most critical in satisfying customer needs. Performance measures become "key" by being strongly related to multiple needs that customers considered very important (as measured in the VOC process).



Step 3: Translating performance measures into product features or solutions (second house of quality).

Many teams end the QFD process after completing the first house of quality (QFD matrix). But this team had lost some momentum after the first house of quality due to some internal organizational changes. A good jumpstart for getting the product development team refocused on their next-generation product turned out to be completing the second house of quality (see "Second House of Quality" figure). The team was reconvened. The second house of quality is very similar to the first, except that now the key performance measures or metrics are listed along the left side of the matrix and product features or solutions are listed along the top of the matrix. As before, the product features or solutions were generated by the team by looking at each of the key performance measures (again, those performance measures that had the greatest impact on the needs most important to customers). Team members were instructed to think about possible product features and solutions that would positively impact the key performance measures.



Again, the most cumbersome, but most insightful part of the process was when team members completed the center of the matrix. This is when the strength of the relationship between each performance measure and each product feature or solution is evaluated by the team. Once again, the interaction between the cross-functional team members proved to be invaluable. For example, the marketing people became more aware of the manufacturing constraints involved in creating a system with a footprint as small as they'd like to see. The sales people made the biochemists aware of the impact that multiple required chemical solutions had on user-friendliness. The output from this process was a prioritized list of product features and solutions that were most strongly related to key performance measures. Again, the key performance measures had strong ties to the most important customer needs from the VOC process.

The QFD process yielded several benefits, the most important of which were:

- Product features that went beyond gut-feel and me-too solutions and which resulted from methodically examining the relationship between customer needs, internal performance measures, and finally product features and solutions. Many of these features were considered breakthrough for this category of products.
- A collective memory and audit trail of why key decisions were made, so teams do not need to constantly re-visit certain "great new product hunches" from senior managers.
- Buy-in and internal support of the new product that can only come from a collaborative cross-functional process that enlists the input of all functional areas

• A "translation" system for making market research usable and actionable for engineers and technical staff to help them make design decisions.

Step 4: Concept-testing the winning ideas.

The last step in this process was to complete the circle by going back to customers with the winning product features and solutions for one last reality check. The team-based QFD process yielded many exciting potential features, but it was clear that they could not all be incorporated into the next-generation product at a price customers would be willing to pay. Global Diagnostics needed customers to evaluate its ideas and help identify the concepts that would truly wow the market.

We chose a combination of qualitative and quantitative research to be performed in-person among purchasers and users (or influencers). Again, six key markets were chosen, including three international markets. Interviews were done in both one-on-one and mini-group settings. This process also provided customer input on how best to describe the benefits of each of the features in sales and marketing materials. Because most every feature tested (15 in total) was considered positive by customers, the quantitative data helped us to determine which ones were the most positive in the eyes of customers and would likely yield the greatest reaction from them.

The process in review

I've outlined some particular methods for how we chose to incorporate customer input in a very structured manner into the product development process. There are many other valid methods available for accomplishing the same objectives. The main point is that customers may see things very differently from the way you as a company do. It's vital to get their input at every step of the process. Global Diagnostics' resulting product would likely have looked much different, had customer input not been elicited throughout the process.

As you can see from the in-depth nature of the research described, this process clearly takes time. Our client began with the right mindset; it had the forethought and long-term commitment that this process requires. In the end, though, the payoff will likely be an extremely innovative product that truly addresses the key needs of customers. As the product is still "in process," we're not yet able to report how successful it's been. We can, however, report that the voice of the customer and the output of the QFD process was the foundation of this whole endeavor. Gavin reports that every time the product development team is temporarily at a loss for how to proceed, they dig out the findings from the voice of the customer project and their QFD matrix and use them as guiding documents for how to move forward. This means little expensive re-work and it provides guidance from a definitive expert that no one can dispute — the customer.

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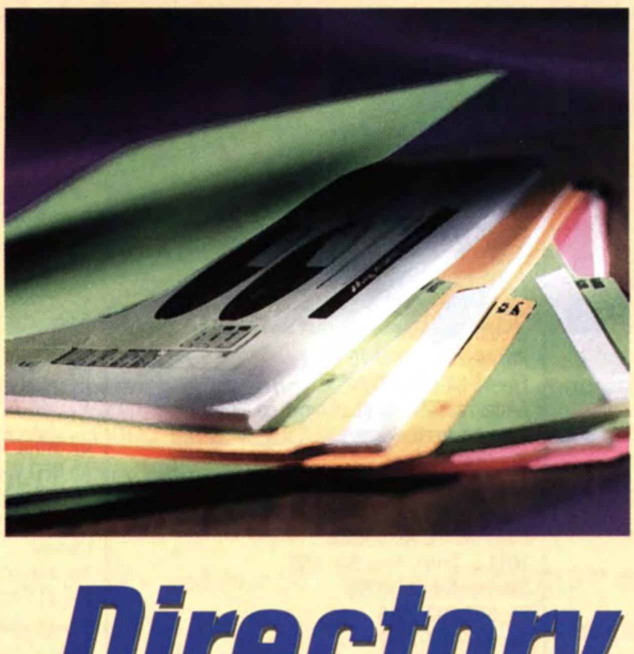

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Studies:
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James Vaughn, President
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Michael LoPresti, President/CEO
Studies:
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Fax 416-962-0505
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www.decima.ca
Dave Crapper, Chairman
Studies:
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World Report 2000 - Emerging Economies
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www.marketfacts.com
Peter Greensmith, Sr. Vice President
Studies:
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National Superbus
TeleNation - Canada
TeleNation - Quebec
National Showcase
(See advertisement on p. 81)

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Fax 305-669-3901
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Poland
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Comp Pro (Study of Computer Professionals)

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Market Trends, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Roper Starch Worldwide Inc.
Solomon - Wolff Associates

Cable

Bruskin OmniTel
CENTRIS[SM]
Decima Research, Inc.
Epic/MRA
ICR/International Communications Research
Issues and Answers Network, Inc.
Market Facts, Inc.
Marketing Evaluations/TVQ, Inc.
Marketing Resource Group, Inc.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Carpeting

Bruskin OmniTel
Decima Research, Inc.
Market Facts, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.

Chemical Industry

Audits & Surveys Worldwide
Bruskin OmniTel
Decima Research, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute

Children

American Opinion Research
Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
Epic/MRA
IMI International
Macro International Inc.
Market Facts, Inc.
Marketing Evaluations/TVQ, Inc.
NIPO, The Market Research Institute
NOP Solutions
ORC International/Caravan
Peryam & Kroll Marketing and Research Corp.
Quadrant Research Services
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation

College Students

Bruskin OmniTel

Epic/MRA
Macro International Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
Roper Starch Worldwide Inc.
Strategy Research Corporation
The Wagner Group, Inc.

Computers

ACNielsen - DJC Research
Bruskin OmniTel
CENTRIS℠
Decima Research, Inc.
Epic/MRA
I.S.I.S.-Integrated Strategic Information Services
ICR/International Communications Research
IMI International
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Consumer-Canada

ACNielsen - DJC Research
CF Group Inc.
Decima Research, Inc.
Forum Canada Research, Inc.
IMI International
IMR Research
Market Facts of Canada
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Thompson Lightstone & Company

Consumer-Europe

BMRB International ltd
CF Group Inc.
Gfk SOFEMA International
I.S.I.S.-Integrated Strategic Information Services
Macro International Inc.
MarketResponse International USA, Inc.
Medical Data Management, sp.z.o.o.
NIPO, The Market Research Institute
NOP Solutions
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Taylor Nelson Sofres Intersearch

Consumer-Local

AMI International (Hong Kong)
Baltic Data House (Latvia)
Behavior Research Center (AZ)
Bruskin OmniTel (NJ)
CF Group Inc. (ON)
Decima Research, Inc. (ON)
Epic/MRA (MI)
Gfk SOFEMA International (France)
Market Analysis Ltd. (Greece)
Market Facts, Inc. (IL)
Market Trends, Inc. (WA)
Marketing Resource Group, Inc. (MI)
Mature Marketing and Research (MA)
NIPO, The Market Research Institute (The Netherlands)
NOEMA Ltd. (Bulgaria)
NOP Solutions (United Kingdom)
Northwest Research Group, Inc. (WA)
Northwest Research Group, Inc. (ID)
Roper Starch Worldwide Inc. (NY)
Southeastern Institute of Research (SIR) (DC, MD, VA)
Strategic Marketing Services (ME)
Strategy Research Corporation (FL)
WestGroup Research (AZ)

Consumer-U.S.

Audits & Surveys Worldwide
Irwin Broh & Associates
Bruskin OmniTel
CENTRIS℠
CF Group Inc.
Custom Research Inc.
Dittman Research Corp. of Alaska
Epic/MRA
ICR/International Communications Research
IMI International
IMR Research
Interviewing Service of America, Inc.
Issues and Answers Network, Inc.
Market Facts, Inc.
Mature Marketing and Research
MRCA Information Services
NFO Worldwide, Inc.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Solomon - Wolff Associates
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
Wirthlin Worldwide
Zogby International

Couponing

ACNielsen - DJC Research
Bruskin OmniTel
Decima Research, Inc.
IMI International
Leemis Marketing
Angus Reid Group, Inc.
Strategy Research Corporation

Credit Cards

Decima Research, Inc.

Dental

Bruskin OmniTel
Decima Research, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
Quadrant Research Services

Direct Mail

Bruskin OmniTel
Decima Research, Inc.
IMI International
Marketing Resource Group, Inc.
MRCA Information Services
Simmons Market Research Bureau
Strategic Vision, Inc.
Strategy Research Corporation

Energy-Petrochemical

Decima Research, Inc.

Entertainment

ACNielsen - DJC Research
Audits & Surveys Worldwide
Bruskin OmniTel
CENTRIS℠
Decima Research, Inc.
Epic/MRA
I.S.I.S.-Integrated Strategic Information Services
ICR/International Communications Research
Market Facts, Inc.
Marketing Evaluations/TVQ, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Environmental

American Opinion Research
Audits & Surveys Worldwide
Bruskin OmniTel
Decima Research, Inc.
Epic/MRA
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.

Executives

Bruskin OmniTel
IMI International
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Roper Starch Worldwide Inc.
Wirthlin Worldwide

Eyecare/Eyewear

Bruskin OmniTel
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Market Facts, Inc.
Market Trends, Inc.
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ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.

Financial Services

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Issues and Answers Network, Inc.
Macro International Inc.
Market Facts, Inc.
Market Trends, Inc.

Marketing Resource Group, Inc.
Mature Marketing and Research
MORPACE International, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
WestGroup Research

Food/Beverage

ACNielsen - DJC Research
Audits & Surveys Worldwide
Bruskin OmniTel
CF Group Inc.
Custom Research Inc.
Decima Research, Inc.
HealthFocus, Inc.
IMI International
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Leemis Marketing
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Market Analysis Ltd.
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
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NOEMA Ltd.
ORC International/Caravan
Peryam & Kroll Marketing and Research Corp.
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation

Gaming

Bruskin OmniTel
CENTRISSM
Decima Research, Inc.
Epic/MRA
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Service Research Corp.
WestGroup Research

Health Care/Medical

Advertising Research Corp.
Audits & Surveys Worldwide
Beta Research Corp.
Irwin Broh & Associates
Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
Epic/MRA
Issues and Answers Network, Inc.
Kadence Business Research
Leemis Marketing
Macro International Inc.
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
MarketResponse International USA, Inc.
Mature Marketing and Research
Medical Data Management, sp.z.o.o.
MORPACE International, Inc.
MRCA Information Services
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Service Research Corp.
Strategic Marketing Services
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
WestGroup Research

Hispanic

Behavior Research Center
Bruskin OmniTel
Market Facts, Inc.
The Market Segment Group
Marketing Resource Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation

Insurance

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Issues and Answers Network, Inc.
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Market Trends, Inc.
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MarketResponse International USA, Inc.
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NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

International

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IMI International
Issues and Answers Network, Inc.
Macro International Inc.
NIPO, The Market Research Institute
NOP Solutions
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
Wirthlin Worldwide

Internet/On-line Users

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Custom Research Inc.
Decima Research, Inc.
ICR/International Communications Research
IMI International
Issues and Answers Network, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
Mature Marketing and Research
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Quadrant Research Services
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Solomon - Wolff Associates
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Latin America

Decima Research, Inc.
Market Facts, Inc.
Roper Starch Worldwide Inc.
Strategy Research Corporation

Lodging Industry

Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
Epic/MRA
IMI International
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
Mature Marketing and Research
NIPO, The Market Research Institute
ORC International/Caravan
Roper Starch Worldwide Inc.

Management

Decima Research, Inc.

Manufacturers

Decima Research, Inc.

Media

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CENTRISSM
CF Group Inc.
Decima Research, Inc.
Issues and Answers Network, Inc.
Macro International Inc.
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategic Marketing Services
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Mothers

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CF Group Inc.
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Macro International Inc.
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NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services

Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategy Research Corporation

Office Products

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CF Group Inc.
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Market Facts, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.
Simmons Market Research Bureau

Pet Foods

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Decima Research, Inc.
Market Facts, Inc.
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NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.

Pharmaceutical

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Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
Issues and Answers Network, Inc.
Kadence Business Research
Market Facts, Inc.
Marketing Resource Group, Inc.
Mature Marketing and Research
Medical Data Management, sp.z.o.o.
MRCA Information Services
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Taylor Nelson Sofres Intersearch

Political Affairs

Audits & Surveys Worldwide
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Decima Research, Inc.
Epic/MRA
ICR/International Communications Research
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Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategic Marketing Services
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
Wirthlin Worldwide

Promotions

ACNielsen - DJC Research
Bruskin OmniTel
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Decima Research, Inc.
IMI International
Leemis Marketing
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.
Strategy Research Corporation

Public Policy Issues

Audits & Surveys Worldwide
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Decima Research, Inc.
Epic/MRA
ICR/International Communications Research
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategic Marketing Services
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Restaurants/Fast-Food

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Decima Research, Inc.
IMI International
Macro International Inc.
Market Analysis Ltd.
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
Mature Marketing and Research
MRCA Information Services
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation

Retail

ACNielsen - DJC Research
Bruskin OmniTel
California Retail Survey
CF Group Inc.
Custom Research Inc.
Decima Research, Inc.
IMI International
Issues and Answers Network, Inc.
Leemis Marketing
Macro International Inc.
Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
MarketResponse International USA, Inc.
MRCA Information Services
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategic Marketing Services
Strategy Research Corporation
WestGroup Research

Seniors/Mature/Elderly

Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
Issues and Answers Network, Inc.
Market Facts, Inc.
Marketing Resource Group, Inc.
Mature Marketing and Research
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Roper Starch Worldwide Inc.
Strategy Research Corporation

Shopping Malls

ACNielsen - DJC Research
Bruskin OmniTel
IMI International
Market Facts, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.

Small/Home Business

Bruskin OmniTel
Market Facts, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Roper Starch Worldwide Inc.

Sports

Irwin Broh & Associates
Bruskin OmniTel
Bruzzone Research Co.
Decima Research, Inc.
IMI International
Market Facts, Inc.
Market Trends, Inc.
Marketing Evaluations/TVQ, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Steel Industry

Jacobson & Associates

Technology

Audits & Surveys Worldwide
Bruskin OmniTel
CENTRIS℠
Decima Research, Inc.
I.S.I.S.-Integrated Strategic Information Services
ICR/International Communications Research
IMI International
Market Trends, Inc.

Marketing Resource Group, Inc.
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Solomon - Wolff Associates
Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Teens

Bruskin OmniTel
Decima Research, Inc.
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IMI International
Macro International Inc.
Market Facts, Inc.
Marketing Evaluations/TVQ, Inc.
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Roper Starch Worldwide Inc.
Simmons Market Research Bureau
Strategy Research Corporation
Teenage Research Unlimited
Thompson Lightstone & Company

Telecommunications

Advertising Research Corp.
Audits & Surveys Worldwide
Bruskin OmniTel
CENTRIS℠
Decima Research, Inc.
Epic/MRA
I.S.I.S.-Integrated Strategic Information Services
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Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
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Strategy Research Corporation
Taylor Nelson Sofres Intersearch

Textiles

Bruskin OmniTel
CF Group Inc.
Decima Research, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.

Transportation

Audits & Surveys Worldwide
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Decima Research, Inc.
I.S.I.S.-Integrated Strategic Information Services
Kadence Business Research
Market Trends, Inc.
Marketing Resource Group, Inc.
MORPACE International, Inc.
NIPO, The Market Research Institute
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Strategy Research Corporation
Taylor Nelson Sofres Intersearch
WestGroup Research

Travel/Tourism

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Market Facts, Inc.
Market Trends, Inc.
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Strategy Research Corporation
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Trucking

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Kadence Business Research
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Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.

Utilities/Energy

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CF Group Inc.
Decima Research, Inc.
Epic/MRA
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Market Facts, Inc.
Market Trends, Inc.
Marketing Resource Group, Inc.
NIPO, The Market Research Institute
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Roper Starch Worldwide Inc.
Service Research Corp.
Taylor Nelson Sofres Intersearch
WestGroup Research

Videos

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NOEMA Ltd.
ORC International/Caravan
Quadrant Research Services
Angus Reid Group, Inc.
Simmons Market Research Bureau

Songbird

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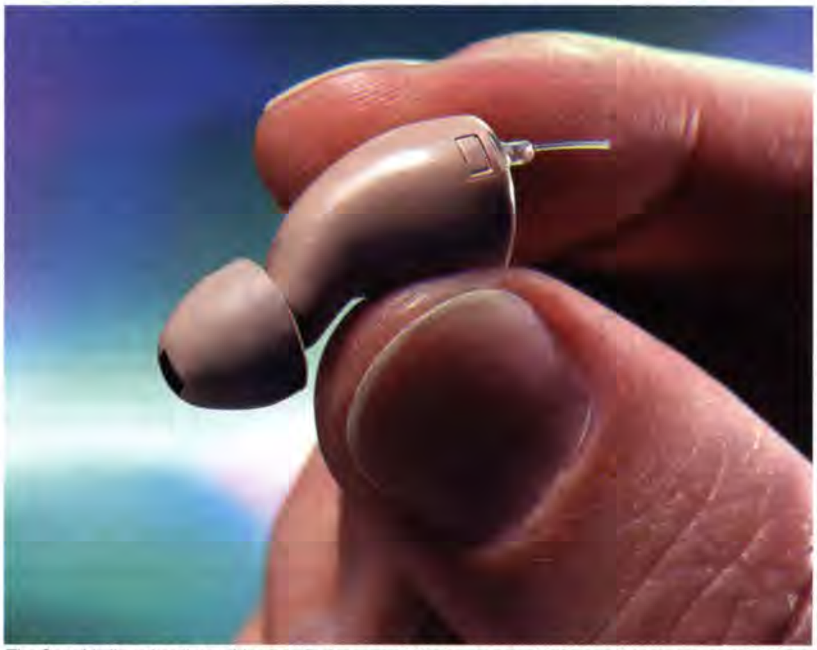
in-home testing. Respondents were introduced to the disposable hearing aid concept and went to an audiology clinic for a fitting. They used the product for two weeks and then completed a post-use telephone survey, which used attribute ratings to measure reactions to the product and purchase interest.

The research showed that the hearing aid industry has to do a better job of educating the public that hearing aids don't have to be obtrusive. When shown the Songbird, which Fritz says is medium-small compared to most hearing aids, respondents routinely were amazed at how small it was. "That leads me to conclude that they have a misperception of the size of hearing aids today," Fritz says. "They are remembering the old-fashioned big clunkers of old. Shame on the industry for not aggressively promoting the fact that there are small products widely available."



The Songbird's softer tip enables it to fit deeper into the ear canal, resulting in improved sound quality.

Environment, not age

Not surprisingly, the research showed that a stigma surrounds hearing loss and hearing aids. Non-hearing-aid users felt that hearing aids were for the old and the disabled, which presented a huge barrier to reaching the hearing-impaired Baby Boomer audience. "No Baby Boomer would admit to getting older and they certainly don't view themselves as disabled because they have some hearing loss, so hearing aids aren't for them. That viewpoint lead us to develop some positioning ideas to get past that perception, to make hearing loss and the product more acceptable," Fritz says.

Rather than focus on hearing loss as a part of the aging process, the marketing for the Songbird will focus on the effects of years of loud rock music and workplace noise as culprits in creating hearing loss. In other words, it's not you, it's the environment around you.

The disposability issue presented another hurdle. But the Boomer target audience was surprisingly comfortable with the idea, while older consumers balked at it. "People who lived through the Depression seemed to be non-disposable oriented," Fritz says. "Their experience shaped their thinking and lifelong reactions. We in the Boomer generation grew up in the age of disposability; it was kind of the norm. We are used to things that you use for a period of time and discard.

"And disposability no longer means cheap, so this age group is not at all turned off by the idea. They understand that it would be economical and convenient. Our focus is to communicate that it's also of a very high quality, which may not be immediately clear until you understand the design of the product."

In the research, non-hearing-aid users said they envisioned using the Songbird in certain situations — at a movie, a play or in a professional situation — but that they didn't foresee using it around the clock. But experience has shown that once a person hears what they've been missing, it's hard to give the devices up, Fritz says.

Direct-to-consumer

The firm began shipping the Songbird in May and has plans to begin selling it internationally next year. For now, marketing efforts are focusing on direct-to-consumer approaches, including mail, print advertising, and TV. Each ad will have a reference to an 800-number and a Web site where consumers can go for more information on hearing loss, the product itself, and where to buy it. The product will be sold through licensed audiologists and hearing centers.

From Kleenex to a disposable hearing aid. . . can a single-use computer be far behind?

Sales Offices

Headquarters: Evan Tweed, Quirk's Marketing Research Review, 8030 Cedar Avenue South, Suite 229, Minneapolis, MN 55425. Phone 952-854-5101. Fax 952-854-8191. E-Mail: evan@quirks.com.

West Coast: Lane Weiss, Lane Weiss & Associates, 10 Black Log Road, Kentfield, CA, 94904. Phone 415-461-1404. Fax 415-461-9555.

Listing Additions

Please note the following corrections for the May 2000 Telephone Interviewing Directory:

In the listing for M R & A Field & Tab on p. 92, the phone number should read 650-358-1480; the e-mail should read omegia@merrill.com; the contact should be Orlando Megia, Director of Business Development; and the last line of should read 30-30-30-30.

In the listing for M R & A Field & Tab on p. 104, the contact name should be Steve Miller, Operations Manager. Also, the last line should read 60-60-60-60.

In the listing for Mars Surveys on p. 96, the contact name should be Lois Stermer, Vice President. Also, the last line should read 30-30-30-20.

Please add the following firms to the May 2000 Telephone Interviewing Directory:

Innovative Medical Research, Inc.
11350 McCormick Rd.
Executive Plaza II, Ste. 1000
Hunt Valley, MD 21031
Ph. 410-785-2100
Fax 410-785-2140
E-mail: shocker@imrinc.com
www.imrinc.com
60-60-60-0

Irwin Research Associates
Div. of The Irwin Companies
1571 Palm Bay Rd.
Melbourne, FL 32901
Ph. 352-371-7800
Fax 352-371-0087
E-mail: dhenry@irwinservices.com
www.irwinservices.com
74-74-74-74

The Telephone Centre
30-00 47th Ave. 4th fl.
Long Island, NY 11101
Ph. 718-752-0300
Fax 718-752-1401
E-mail: afleischer@telectr.com
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Classified Ads

Index of Advertisers

Research tool

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to get funds to check out your theory, through a few in-depth interviews or a quick Internet or omnibus survey. Do just enough to get some credibility for a new way of looking at the same old issues.

Market research folks are typically bright and curious by nature and we tend to have more tolerance for ambiguity than our marketing counterparts. This personality profile positions us well to crack open dogma and invite our colleagues to consider fresh ways of thinking which have credibility because they are research-based.

• Integrity must guide the practitioner of research as well as the end user. We researchers must not do work we don't believe in. We must not waste our company's money on useless studies — the annual tracking study that hasn't shown anything new in years, the focus groups to "test" a question we already know the answer to. Our surveys have to make sense. Our questions have to be clear and easy to answer. We must treat respondents and vendors in a respectful way. We must praise diligent effort even if the outcome isn't what we hoped it would be. We must not tolerate lazy work or sloppy work. We must fight for the time and resources to do our work well. Some questionnaires need time for pre-testing — maybe not just once, but two or three times. Good research takes time. Bad research wastes time.

Don't tolerate petty tyrannies. Refuse to be micro-managed. If you hate your job, leave — or at least try to. Life is too good to waste. You're too good to sell yourself short. Remember, there's a labor shortage out there. You're the most important research tool: do your best, and insist on being valued.

Be authentic. If you're unsure of what to do, say so. Fess up when you make a mistake. Learn from it. Get help from seasoned colleagues. But if you're sure (that this method is best, or that city won't work for the research, or that the budget isn't enough) then stick to your guns. And always be respectful that other people have different styles. Stay open. Stay flexible.

• Then there's courage. Of course it's not so easy to tell the v.p. of marketing that what she wants to do doesn't make sense. But if we don't stand up for our knowledge and our expertise, what good are we? Yes, let's be politic. Let's be good listeners. Let's figure out another way to help our clients. But let's not roll over. We have to stand our ground in these frenetic times. Research requires disciplined thinking on complicated matters. Set your terms. Insist. Honor your own legitimate authority. If we can't get a commitment to the time and the money, let's not do the research. Let's stick with good judgement and do without the bad research.

• Trust — and its complement, knowing when to be mistrustful — are pivotal to good business and good research. Trust that most people are smart — whether those people are our senior management or our most downscale customers. Trust that most people want to do good work and want a good outcome. Trust that people don't expect research — or researchers — to be perfect. Trust your instincts. If a vendor tells you about his latest on-line research method (or diary panel, or business model) that sounds too good to be true — be mistrustful. Watch for the telltale lie. Worry.

If you're sitting in a brand strategy meeting and your instincts tell you that a central issue is being ignored because it's not expedient to look at it squarely — trust your instincts, then find your courage! Speak up and say what needs to be said at that meeting. Even if you're not the ranking marketing person, you'll be respected for saying what others were thinking.

And finally, our work should be fun, at least some of the time. Imagine this scenario. Your client comes to you with a question he must have the answer to ASAP. You're calm and unruffled in spite of the great hurry. You're respectful. You guide your client down his own road until he finds out that what he *thought* was the question wasn't the question he cared about at all. It was a different question, and you helped him find it.

That kind of give-and-take is fun. It requires a very high level of expertise. It's mutually respectful. It's professionally mature and it's enjoyable.

Survive and prosper in these fast-paced times. Trust your judgment. Support your integrity with courage. And remember that good research lights the way to a more profitable bottom line!

Names of Note

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of the E-Business Transformation Report (EBT), a new newsletter reporting on the ways information technology is transforming business.

IDC, a Framingham, Mass., IT information firm, has appointed **Vicki J. Brown** chief operating officer, and **Dennis Philbin** senior vice president, Internet products & partnerships.

Washington, D.C.-based information analysis firm *DFI International* has promoted **David Brinkley** and **Douglas Fagans** to associate, and **Tim Garnett** to senior analyst. The firm has also added **Diana Gulbinas**, **Chris Harris**, and **John Kenkel** as research analysts.

Neil Canter has been named executive vice president and general manager – business insights and analytics, at *Information Resources*, Chicago.

Debbie James has been named staffing coordinator for *MRT Services*, an Atlanta research support service. In addition, **Pat Cheshire** has been named administrative assistant.

Nancy Anthony has been named project coordinator at *Focuscope Market Research*, Oak Park, Ill.

Susan Swanson has been promoted to senior research analyst at *Eagle Research*, Atlanta.

You are the most important research tool

By Linda Fitzpatrick

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We research folks are especially challenged by the pace of change because research, by its very nature, is slow. And slow is a tough sell these days.

We have less time to do more research. Budgets and resources are stretched. The businesses that we're studying keep changing at a dizzying rate. How do we cope? By getting back to the basics. By digging deeper into our professional maturity — with judgment, integrity, courage, trust, along with having some fun once in awhile!

• Judgment has always been the key ingredient in designing and using market research — and now more than ever because of the escalating pace of change in the businesses we study. Increasingly, our research takes snapshots of fast-moving targets, so the judgment component weighs heavier than ever. Let's welcome every opportunity to convene our business team's good judgement to craft effective research. But if things don't work out as we'd hoped, let's not blame the research. We know market research is as much art as science. Let the research help us gain perspective — we're always too close to our own businesses. Challenge management to absorb all that's learned into its growing judgment base — judgement that's fluid and growing. Judgment that research feeds and nurtures.

• Listening becomes even more important as we work to serve management folks who are endlessly bombarded with complicated demands as their businesses evolve. We need to always raise the bar on our own listening skills, challenging ourselves to take in and own the others' point of view before we attempt to respond. Do we really appreciate how hard it is to listen profoundly? Do we notice our own lapses in listening, without judging or condemning ourselves? When are the lapses? Why do they happen then? Listening to our own reactions will help us hone these skills.

Perhaps we stop listening when management demands more or deeper research on issues that have been researched to death. Our challenge, then, is to continue to listen to figure out what isn't working, why the answer sought isn't the answer needed. At our highest level of professional maturity, we dig deep within ourselves to use patience and dedication to find the research that truly serves our management in these harried times.

• Innovation — that is, being open to new and different ways of collecting and presenting information — will help keep us fresh. It will help us have an ever-broadening set of tools to draw from to meet expanding needs. As we listen ever more carefully, we can target small bits of interesting research to inform judgment. Imagine that the marketing folks aren't satisfied with that "researched-to-death" issue. Imagine you or other colleagues have a theory. Take a risk

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Non Sequitur