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DTC ads growing more effective

Some things get better with age. Direct-to-consumer (DTC) advertising appears to be one of them, according to new research by Ipsos PharmTrends. Over time, drug comFirst, the proportion of prescription brand buyers claiming to have asked their doctors for branded prescription drugs because of DTC is higher for the most recently launched brands than for brands launched earlier. Newer brands (such as Clarinex and Nexium) have a higher percentage of requests due to



panies have developed a better understanding of patients, their attitudes and habits. They've learned to use DTC advertising more wisely and appropriately, says Fariba Zamaniyan, director of Ipsos PharmTrends, a syndicated service that tracks consumer purchase behavior of both prescription and nonprescription drugs. Strategies have become more focused and targeted; executions have improved. Media plans have become more powerful and effective.

Some findings:

• DTC awareness levels are higher for brands that launched DTC in 2001 and beyond, compared to the early DTC years.

• For DTC launched before 2001, the average first year ad awareness was 56.0 percent.

• Comparatively, for brands introduced in 2001 and 2002 that used DTC, ad awareness during the first year was 69.9 percent.

The effect of DTC in encouraging consumers to talk with their doctors and ultimately, fill prescriptions has also improved in two different ways. DTC (10.9 percent, net average of leading DTC Rxs with a DTC launch after 2000) than older brands such as Lipitor and Pravachol (3.9 percent, net average of leading DTC Rxs with a DTC launch before 2001). The exceptions were Prevacid and Singulair, which had 6.2 percent and 5.9 percent respectively of its buyers requesting the drugs because of DTC.

Second, DTC advertising is impacting consumer/patient persistency levels, generating more scripts among self-reported ad aware vs. not ad aware prescription brand buyers. Newer DTC launches, such as Nexium and Advair, have prompted on average one additional script fill in their first year of DTC among those buyers who selfreported they were aware of advertising for that drug in any medium (television, radio, print, etc.).

On the other hand, older products on average experienced about half as much additional script fulfillment among those who were aware of DTC advertising for their respective brands. The exception to this pattern was Singulair, one earlier brand that matched the success of later brands in generating higher consumer persistency levels among DTC influenced patients/consumers.

Before 1997, television DTC with both brand names and indications (the conditions they are designed to treat) was not permitted in the marketing and promotion of prescription drugs. In 1997, U.S. Food and Drug Administration guidelines were changed. Since then, TV DTC promotional campaigns have fewer restrictions, changing how drug manufacturers market their products to consumers. Beginning in 1999, the FDA guidelines mandated coordinated TV, magazine, Web site and toll-free numbers in all campaign executions. FDA interventions such as this ensured better integration of multiple media vehicles and as a result, encouraged development of more effective and consistent campaigns that made information easily accessible to patients and consumers. In the early days, DTC advertising reflected a lack of drug company and ad agency experience in this area. For more information visit www.ipsosnpd.com/business/pharm/rx.html.

Co-pay concerns drive patient PPI switching

Concerns about high co-pay costs lead 25 percent of patients each month to ask their doctors or pharmacists to re-evaluate their PPI prescriptions, according to the new "Impact of Co-Pays on PPIs" study from Market Measures/Cozint, East Hanover, N.J. About half of these re-evaluations



result in a switch to a lower-cost alternative. When switches do occur, patients are able to save about \$22 per prescription.

The vast majority of the time, patients must take the initiative to start the discussion about lower-cost alternatives. In about 80 percent of cases, patients begin the co-pay conversation

continued on p. 62

FocusVision introduces a new low cost option for Videostreaming live focus groups over the internet.



Announcing FocusVision Basic. It's not just basic, it's FocusVision Basic.

Two Service Options

Select the new Basic service for a single camera view and the lowest price in the industry. Or choose the Premium service and get a FocusVision technician on-site at the facility operating a moving camera system for close-ups and full group views.

Crystal Clear Audio and Video

Regardless of the option you choose, you get crystal clear picture and sound because FocusVision uses its own dedicated equipment specifically designed for video transmission and perfectly positioned for the best viewing and listening experience.

No Short Cuts

FocusVision never takes short cuts by hooking into the focus facility's in-house video system. So, you'll never get a dark, behind-the-mirror picture, sky high camera position, or muffled sound. Focus facility A/V systems are fine for making video tapes, but they are not designed for the demands of video transmission.

The World Leader

With over 250 focus facilities worldwide, FocusVision is the only company that can offer you videostreaming and videoconferencing solutions and the choice between a moving camera system and the lowest price in the industry.

More than 500 companies, including two thirds of the top 100 U.S. advertisers, use FocusVision regularly. Maybe you should, too.





Arlington, Va.-based research firm BioInformatics, LLC has named Jim Brady senior science analyst, and Karen Gliwa and Matthew Scherer have been named senior business analyst.

Tony Eggers has been named vice president strategic/interactive technology for Bellomy Research, Inc., Winston-Salem, N.C.

Marc Huzansky has been named east coast account manager at G & S Research, Carmel, Ind.



Huzansky

DeSanto

Walker Information, Indianapolis, has named Michael DeSanto senior director of marketing communications.

New York-based Arbitron Inc. has named Sam Millstone to the new position of vice president, finance.



SSD helps improve your Web site's usability. Don't send your Web traffic off on the wrong track ... he Socratic Site Diagnostic (SSD)⁵⁶ technology is an online testing system that produces a comprehensive measurement of

In addition, John Kuyasa has been named to the new position of national accounts manager, Arbitron Advertiser Marketing Services.

ImpactRx, Inc., a Mount Laurel, N.J., health care information firm, has named Martin Glogowski vice president, market research.

SPSS MR, New York, has named Dan Coates vice president of SPSS MR Online. In his new role, Coates joins SPSS MR's global management team. In addition, Mike Billingsley has joined the SPSS MR Online team as senior director of operations and David Biernbaum has been promoted to director of sales SPSS MR for North America.

Invoke Solutions, Inc., Tenafly, N.J., has expanded its board of directors, adding Robert Kamerschen, former chairman and CEO, Advo, Inc.; Michael Krupka, managing director, Bain Capital Ventures; Jeffrey Schwartz, managing director, Bain Capital Ventures; and Charlie Federman, managing director of BRM Capital.

ICR/International Communications Research, Media, Pa., has named Graham H. Lane vice president. Lane will head up a new office in Southlake, Texas.

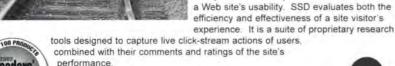
Larry Mock, former president and CEO of The Council for Marketing & Opinion Research (CMOR) has been named president of the expanded Brand & Advertising Division of Horsham, Penn.-based TNS. He will also work to support TNS' commitment to CMOR and maintain his position on CMOR's board.

Jim Laiderman has joined Integras, the newly-formed, advanced analytical services division of San Diego-based Claritas Inc., as vice president of customer and locational research.

Keith Gunn and Tim Kelsall have been named associate account director at Millward Brown UK.

Melissa Russell Clendenen and Rick Swindlehurst have been named vice president, client development at GfK-CRI, Minneapolis.

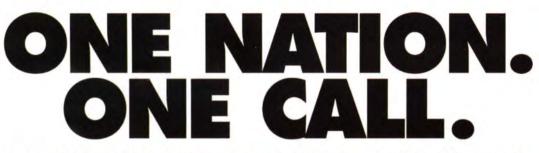
Interviewing Service of America, Los Angeles, has announced a number of personnel changes. Frank Weimer has been named senior CATI programmer in the firm's Chicago office. At the Los Angeles office, Francine Carfachia has been named senior project manager; Hector Leyva has been named CATI/Web programmer; Heather Catallo has been promoted to CATI programmer; and Suzette Raymundo has been named projects coordinator. Kathy McNeil has been named CATI programmer and will operate in Oregon.



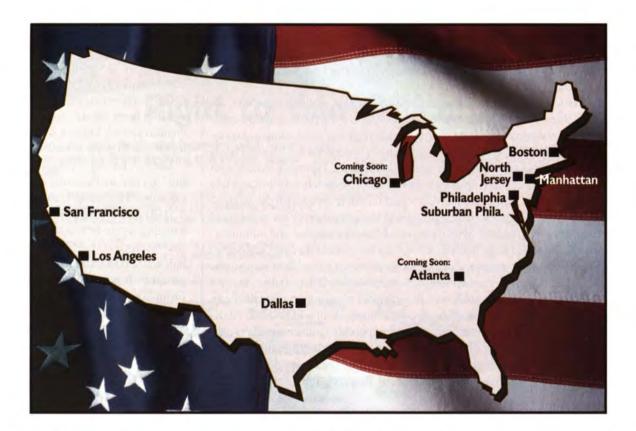
tools designed to capture live click-stream actions of users, combined with their comments and ratings of the site's performance.

More information and an animated demonstration of the SSD technology can be found at Socratic's Web site at www.sotech.com.





Introducing The All In One Call Focus Facility Network.



What used to take hours, now takes only minutes! With only one call:

- Get one consistent bid for all Focus
 Pointe facilities
- Save with discounts on multi-city bookings
- Our Focus Pointe Network
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any number of facilities... all at once... in one short phone call!

 Travel Plans or Project Timing changed? No problem - reschedule any project in one short call... while you wait!

Save hours of time fielding projects and have more time for doing research.





People you trust, Everywhere you need.





Update: Who's also who in online ad copytesting

Editor's note: Sometimes we fail to notice the obvious simply because it's sitting right there in front of us. Such is the case with Harris Interactive and Internet copytesting. Long known for its Internet research capabilities, Harris Interactive also conducts extensive Internet copytesting — a fact which was regretfully overlooked in compiling and editing Tim Huberty's article "Who's who in ad copytesting II – An overview of the major players doing copytesting online" in our March issue. Here then is Huberty's addendum on the firm's online copytesting services.

Overview: Harris Interactive Marketing Communications Research (MCR) has been testing ads on the Internet since it developed its Internet capabilities in the 1990s. During that time it has tested hundreds of finished and pre-finished television ads, as well as ads across all other media including print, interactive, radio, and outdoor.

How it works: Harris Interactive's technique involves recruiting on the Internet for a specific target and asking qualified respondents a series of normative questions after exposure to the test ad. For pre-finished ads, there is a normative quantitative portion from which some respondents are recruited to an online focus group. Here, those pre-finished ads are probed in depth. This pre-finished product is known as the Harris Interactive Qual-Quant Pre-Test. In addition, one key measure unique to Harris Interactive MCR is Purchase Intent with the diagnostic of Consumer Connection. This gets at how the consumer relates to the brand across the four dimensions of behavior, consideration, emotion and aspiration.

Special features: Harris Interactive is proud to point out that the Qual-Quant Pre-Test is a unique product which takes place over one week and is available for a competitive price. Furthermore, because all testing is done online, the systems to test any media are held constant on the key measures, so that television, print, Internet and radio can all be directly compared. In addition, the Harris Interactive multi-million member database of respondents contains specialty panels that are used for testing among hard-to-reach targets such as: the affluent; people with chronic illnesses; physicians; gay, lesbian and bisexual respondents; and more. FYI: Harris Interactive is the Official Research Provider of the U.S. Olympic Committee.

(Contact Judy Ricker, 585-214-7402, jricker@harrisinteractive.com.)

Access pharma sales and research at new site

Pharmaceutical executives can now access pharmaceutical sales and marketing research through www.cuttingedgepharma.com, a new research Web site managed by Cutting Edge Information, a Durham, N.C., pharmaceutical intelligence firm. The Web site is designed to meet the needs of pharmaceutical and biotechnology marketers who need access to data on a range of industry-related topics. The data housed at the site is based on marketing experience from executives at Pfizer, Merck, GlaxoSmithKline, AstraZeneca, Eli Lilly, Amgen, Chiron, Aventis and Novartis. Users can access information on current studies on topics including pre-launch pharmaceutical market research, pharmaceutical sales management, and early-stage market preparation.

Patient Disease Index from CPM

Customer Potential Management Marketing Group (CPM), Middleton, Wis., has released its Patient Disease Index (PDI) to predict the likelihood of individuals who have or have had certain diseases to develop other health problems. This comorbidity segmentation system offers health care providers more information for health and disease management as well as a segmentation method for patient communications.

CPM developed the PDI using millions of health care encounters, co-morbidity factors and disease states. Applied to a patient database, the PDI provides a disease management score for individuals based on their current health status. For example, the PDI may be used to determine how likely an individual is to develop heart disease when historical medical records indicate a diagnosis of diabetes or high blood pressure.

The PDI leverages the same artificial intelligence methodology as CPM's Consumer Healthcare Utilization Index (CHUI) segmentation system. CHUI is a scoring system for use with non-patient data that predicts the likelihood of each individual to require specific services or products. It is based on mathematical formulas and 20 million health care encounters. CHUI provides scores in the major diagnostic categories (MDC), diagnostic related groups (DRG) and ICD-9 groups. The PDI model is similar but is specifically for patient data. With the advent of PDI, health care organizations now have two specific segmentation systems for distinct data groups non-patients and patients. For more information visit www.cpm.com.

Project management package

CAN-PLAN is a project management package with capabilities such as: Gantt chart with critical path analysis; COST analysis or WORK analysis or both; normal or highlighted task view; cost escalation chart; cash flow balance chart; resource allocation chart; activity level chart; project section progress chart;

continued on p. 74

FocusVision Worldwide



Right to Your Office!

Now, you can see, hear and interact with your live focus groups from around the world, without travel.

There is a worldwide network of top-rated focus studios, with modern attractive facilities, equipped with Focus Vision's advanced technology for videoconferencing and internet videostreaming.

A FocusVision trained technician is on-site to operate the exclusive multiple camera system, with picture-in-picture enhancements. Viewers see full group views, close-ups of respondents and test stimuli, and can hear simultaneous language translation.

With a full-time staff of engineers, project coordinators, account directors and a corps of in-field technicians, FocusVision has the service infrastructure for seamless, reliable implementation of projects around the world. Researchers can schedule Focus Vision projects with complete peace of mind.

For international projects, benefits multiply when travel is not required. Everyone can attend. Video transmission increases productivity, saves staff travel time and expenses, and speeds up information.

Founded in 1990, FocusVision is the world leader in video transmission of live focus group research.

WESTERN EUROPE/UK *BELGIUM Ant SYNOVATE BELGIUM DENMARK Copenhagen: GFK DENMARK A/S ENGLAND Birmingham: MIDLANDS-ON-VIEW SECOND CITY STUDIOS East Molesey VIEWPOINT STUDIOS II EAST EASI London: CITY FINANCIAL FOCUS, WESTEND BRANCH FIELD FACTS INTL. LONDON FOCUS QUALTY MEDICAL FIELD MARGEBRI: DESEAR Manchester: FAST FORWARD RESEARCH Sunbury-on-Thames: VIEWPOINT STUDIOS * FRANCE e: AGORA/ICARE Lyon: SYNOVATE FRANCE Paris: CATHERINE DELANNOY & ASSOCIATES FIELD FACTS INTERNATIONAL GFK/SOFEMA/S.A.R.L. LA MAISON DU TEST MV2 CONSEIL NOVATEST PUZZLE REUNIONS SERVICES * GEDMANY *GERMANY ANSWERS TEST STUDIO GMBH FREYER MARKTFORSCHUNG

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The Marketing Research Association (MRA) will hold its annual conference in San Francisco on June 4-6 at the Hyatt Regency Embarcadero. For more information visit www.mra-net.org.

The European Society for Opinion and Marketing Research (ESOMAR) and the Advertising Research Foundation (ARF) are co-sponsoring the Worldwide Audience Measurement conference (radio, TV, media mix, print, online, outof-home/ambient) on June 15-20 in Los Angeles. For more information visit www.esomar.org.

The Council of American Survey Research Organizations (CASRO) will hold its annual technology conference on June 19-20 at the Roosevelt Hotel in New York. For more information visit www.casro.org.

The Society of Insurance Research has announced its 2003 summer workshop series, which will be held on June 22-25 at the Embassy Suites Hotel (DFW South), Irving, Texas. The series will include workshops on market research, knowledge management and data mining. For more information visit www.sirnet.org or call 770-426-9270.

Target Marketing of Santa Barbara,

News notes

The Interpublic Group has entered into a definitive agreement for the sale of its NFO research unit to Taylor Nelson Sofres. Under the terms of the agreement, Taylor Nelson Sofres will pay Interpublic \$425 million — \$400 million in cash and \$25 million in ordinary shares of Taylor Nelson Sofres stock. Interpublic will receive an additional \$10 million of cash payable approximately one year after the close of the proposed transaction subject to the appreciation of the market value of ordiCalif., will hold E-Metrics Summit 2003, an exploration of Web analytics, at the Four Seasons Biltmore Hotel in Santa Barbara on June 23-26. For more information visit www.emetrics.org.

The European Society for Opinion and Marketing Research (ESOMAR) will hold its annual congress, themed "Management, Accountability, and Research - the Quest for the Objective Truth," on September 14-17 in Prague. For more information visit www.esomar.org.

The American Marketing Association will hold its annual marketing research conference on September 14-17 at the Century Plaza Hotel in Los Angeles. For more information visit www.marketingpower.com.

The Association for Survey Computing (ASC) will hold a conference titled "Survey and Statistical Computing IV – The Impact of Technology on the Survey Process" on September 17-19 at Warwick University in England. For more information visit www.asc.org.uk.

The Council of American Survey Research Organizations (CASRO) will hold its annual conference on October 1-3 at the Four Seasons Hotel in Toronto.

nary shares of Taylor Nelson Sofres. The transaction is expected to close this summer, pending regulatory clearances in the U.S. and Europe. As a result of this divestiture, Interpublic expects to realize an accounting gain of approximately \$100 million.

On April 28, 2003, the U.S. District Court for the Southern District of New York issued two rulings for Chicagobased **Information Resources**, **Inc.** (IRI) in its \$350 million-plus antitrust lawsuit against **The Dun & Bradstreet** For more information visit www.casro.org.

The European Society for Opinion and Marketing Research (ESOMAR) will hold a conference on responsible marketing, themed "Sustainability and Quality of Life - The Contribution of Research," in cooperation with the United Nations Environment Program on October 12-14 in Berlin. For more information visit www.esomar.org.

The Qualitative Research Consultants Association will hold its annual conference on October 15-18 at the Inter-Continental Hotel in New Orleans. For more information visit www.qrca.org.

IIR will hold its annual market research event, examining best new practices and key trends impacting the industry, on October 20-23 at the Crowne Plaza Union Square hotel, San Francisco. For more information visit www.iirusa.com.

The European Society for Opinion and Marketing Research (ESOMAR) will hold a conference on retailing/category management on October 26-28 in Dublin. For more information visit www.esomar.org.

Corp., A.C. Nielsen Co. and IMS International, Inc., according to an IRI press release.

In one ruling, the court denied ACNielsen's motion for partial summary judgment to dismiss IRI's claim that ACNielsen's anticompetitive conduct had excluded IRI from 22 foreign markets. As a result, IRI will be able to seek damages at trial for its exclusion from all of these markets.

In the second ruling, the court indicated that IRI could claim damages for injuries it suffered in the U.S. market as a result of defendants' anticompetitive practices overseas. In its suit, IRI contends ACNielsen purposefully engaged in these practices to drain IRI of resources it needed to compete in the U.S. retail tracking market. In separate proceedings, the Canadian Competition Tribunal and the European Commission found that these overseas practices by ACNielsen were abusive and either prevented IR1 from entering markets or artificially raised the costs of doing so.

In its ruling, the court concluded that "The necessity, intentionally imposed on IRI by defendants' foreign and domestic activities, to devote the use of millions of dollars of its domestic funds to purposes other than its chosen ways of competing, was a 'direct, substantial and reasonably foreseeable effect' on domestic trade of commerce and gave rise to a claim of attempted monopolization."

The District Court set a conference for May 21, 2003 to discuss the scheduling of a trial date.

Data for Decisions in Marketing, Inc., Fairlawn, Ohio, has changed its

name to DecisionPoint Marketing & Research.

New York-based CLT Research has changed its name to Protocol Research Solutions.

Fundamental Research Group. Southampton, Pa., has been certified by the Women's Business Enterprise National Council as a nationally certified women's business enterprise.

International Communications Research (ICR), Media, Pa., is celebrating its 20-year anniversary.

Also celebrating 20 years in business is Q Research Solutions, Inc., Old Bridge, N.J. The firm will open its first national affiliate in Los Angeles this summer to support its consumer product research services and plans to open additional facilities in the contiguous United States over the next several years.

Taylor Nelson Sofres is bringing together all of its operations in 53 countries, including the United States, under a single brand. As part of a rebranding initiative, Taylor Nelson Sofres has been renamed TNS, uniting a business which had previously supported many different corporate brands. The company's American business units - CMR, Taylor Nelson Sofres Intersearch and Indetec - have been renamed TNS Media Intelligence/CMR, TNS Intersearch and TNS Telecoms respectively. TNS also announced that it will rename its consumer panels division TNS Worldpanel.

Survey Sampling International LLC announced that the SurveySpot online panel now includes more than 1,000,000 unique member households worldwide. This figure represents nearlv 3.000.000 household members. Of the total, 62,000 are in the U.K. and 45,000 are in Canada.

Invoke Solutions, Inc., Tenafly, N.J., which recently changed its name from NetOnCourse, has secured \$6 million in funding by Bain Capital Ventures and

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Editor's note: Yilian Yuan is director of marketing analytics at IMS Health Consulting, Plymouth Meeting, Pa. She can be reached at yyuan@us.imshealth.com. Gang Xu is associate dean of the International Cultural Exchange Institute of Anhui University in Hefei, China. He can be reached at usjtc@sohu.com.

Until the early 1970s, value expectancy models had very much dominated marketing research (Rosenberg, 1956; Fishbein, 1967). In a typical value expectancy model, consumers are asked to give a rating on an individual attribute of the product. The values derived from consumers' ratings are combined to represent the total utility of attributes and of products. For that reason, the value expectancy models are also named componential models in a sense that the total utility of a product is derived from individual responses to the product attributes. The major concern from the value expectancy models is that consumers may not be able to differentiate the importance of attributes of a product. In pharmaceutical marketing research, for instance, a drug's attributes of efficacy, side effects and dosing may be considered equally important to physicians.

Conjoint was developed in part to overcome this problem. Instead of asking consumers to rate the importance of each individual attribute of a product, they are presented with a list of profiles of products and asked to give a preference rating on each profile. Each profile consists of several attributes of the product such as price, efficacy and side effects, varied in its combinations among profiles. The utility of the individual attributes is derived from the values of profiles. In other words, the overall evaluation of profiles is decomposed into each utility scale for each attribute level and thus for each attribute. For that reason, conjoint is also called decomposition model.

Conjoint has been since used widely in quantitative marketing research. It has been hailed as the most innovative way of determining consumers' true preference of products (Green and Wind, 1973, Green and Srinivasan, 1978; Louviere, 1991). (See also our article in the June 2001 issue of Quirk's for a description of a conjoint study. Visit www.quirks.com and enter QuickLink number 690 to view the article.) However, several limitations of conjoint pose questions and concerns among marketing researchers. First, in a conjoint study, all attributes are presumed to be the same across the products. In other words, we create profiles in which the levels of attributes for each product are the same. The levels of the attribute "price" for drug X and for drug Y, for instance, are the same. So are the levels for efficacy and side effects. We know, in reality, the prices for generic and prescription drugs vary greatly, and this is also true among brandname products. Secondly, when we are conducting a conjoint study, we are mainly concerned about the main effects of attributes. We evaluate the differences between or among attribute levels, and are ignoring how the change of levels of one attribute may have differential impact on levels of other

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CaseHistory

By Mark Herring and Richard Tardif

CDC turns to qualitative research to address fears of bioterrorism

June 2003

Editor's note: Mark Herring is senior moderator for Market Directions, Inc., Kansas City, Mo. He also is president of Mark Herring Associates, Inc., Malvern, Pa. He can be reached at 610-296-7489 or mherring@compuserve.com. Richard Tardif is a senior scientist at the Oak Ridge Institute for Science and Education, Oak Ridge, Tenn. This report is based on work performed for the CDC through an interagency agreement with the U.S. Department of Energy.

ince the terrorist attacks of September 2001, many agencies and organizations have worked to prepare for other attacks on the United States. The Centers for Disease Control and Prevention (CDC) is the agency primarily responsible for protecting public health in the event of a bioterrorist attack. CDC is made up of 16 centers. each of which has responsibility for addressing a high-priority public health concern (for example, infectious diseases). Each center does extensive research in its area of responsibility. Based on the data they collect, these centers develop guidelines and recommendations that they distribute to physicians, nurses, public health officials and other interested parties.

Almost immediately after the terrorist attacks. the National Immunization Program (NIP) at CDC began to address the possibility of a future smallpox outbreak. NIP selected smallpox as the focus of its market research because smallpox is the worst-case scenario among the biological agents that might be used for bioterrorism - the disease is contagious, it kills approximately 30 percent of those who contract it and many

of the remaining 70 percent have permanent disfigurement or other health problems.

NIP had three general goals in mind for this market research project. First, the organization needed to identify health care professionals and the general public - were uninformed or misinformed about smallpox. Second, NIP wanted to use this feedback to craft messages that would effectively educate stakeholders in advance of an outbreak and to create other messages for use during or after an actual smallpox crisis. Finally, this study was designed to test the effectiveness of all messages with their respective target audiences in advance of an actual health crisis.

Fascinating and unusual

As soon as we began working on this project, we discovered that dealing with smallpox was a fascinating and unusual topic for market research, with many unique elements. One challenge was to complete research on a disease that no longer exists in the natural environment. The last case of smallpox worldwide was in Africa in 1972. The last case in the United States was in Texas in 1949. Most doctors and nurses have never seen a case of smallpox and have received no training in the recognition and treatment of the disease.

Another initial learning was the importance of using qualitative research techniques for this project. We decided to rely on qualitative for several reasons:

· Many times during these conversations, we needed to drill down beyond the cognitive, intellectual responses to get at the rich emotional undertones. In fact, respondents expressed strong emotions throughout this project.

· This project was fast-moving. We were in the field collecting data less than two weeks after receiving approval for Phase II of the project. As one CDC staff person remarked, "For a federal agency, we were moving at the speed of light."

· Several issues, for example balancing the risks of being vaccinated with the possible benefits of inoculation against a disease that might never appear again, were stunningly complex. Having the flexibility to probe for understanding was crucial.

· Both phases of the project involved distributing pictures or written materials and getting real-time responses to them. As a practical matter, we needed to meet with people face to face.

Specific methodology and outcomes

Three organizations were involved in this research: NIP at CDC; the Oak Ridge Institute for Science and Education (ORISE), an organization that provides technical assistance to the CDC and other federal agencies; and Market Directions, Inc., a market research firm selected by ORISE and approved by CDC to help design the research project and perform the research.

Phase I – April, 2002

The goals of the initial phase of our research were to:

· measure physician and public knowledge/beliefs about smallpox disease and the smallpox vaccine;

· assess whether these perceptions varied by racial/ethnic group;

· gather data about vaccination strategies that physicians and the general public perceive as viable - both pre-outbreak and post-outbreak;

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Perception Analyzers

aid development of ad campaign for prenatal

care programs

Editor's note: Steve Appel is president of Appel Research, LLC, Niskavuna, N.Y. He can be reached at 518-372-3200 or at sappel@nycap.rr.com. Barbara Bird, RNC of Bird Consulting Group, a Clifton Park, N.J., health care consultancy, can be reached at 518-383-2351 or at bcbird6537@cs.com. The project described in this article was done in conjunction with Lisa Grace of Conceptual Images for the Bureau of Ambulatory Care Services, AIDS Institute, New York State Department of Health (Roberta Glaros, director), and largely funded by the Centers for Disease Control and Prevention. Appel and the other moderators involved, including Francesca Moscatelli and Nancy Banks, are **Oualitative Research Consultants** Association members.

tatistics show that infant mortality rates in parts of New York State rank near those of many third-world countries. Since there is a clear link between proper prenatal medical care and positive pregnancy outcomes, the obvious solution is to convince more women to get prenatal care.

That's exactly what the AIDS Institute, a division of the New York State Department of Health, had in mind when it hired a team of consultants - a health care expert, a marketing researcher and a media producer — to develop a multimedia campaign to address this mission.

The task was to get the hardest-toreach pregnant women to seek early prenatal care. To succeed, we would have to convince these women often drug addicts, convicted felons, illegal aliens, refugees - to tell us what it would take to win them over.

The method would be marketing research, using focus groups and Perception Analyzers. A key use of those little black boxes with antennae was trade-off analysis (the ability to measure messages and images in comparison to each other) - in addition to the more common second-bysecond graphing of radio and TV spots. The major benefit of the Perception Analyzer system is that you get not only the yes or no opinions but also a measure of their intensity.

Unique aspects

There were two unique aspects to this project for the Department:

· The possible messages and images were developed and produced and then, through this technology, were tested on separate targeted audiences before the roll-out.

· A less direct approach of outreach via the media was chosen, in contrast to the common practice in social marketing, which holds that effective convincing is done face-to-face.

The Department of Health has made great strides using the paradigm of individual outreach through community-based organizations (CBOs). The results have been positive, with several neighborhoods showing marked improvements. In areas such as central Harlem, the infant mortality rate is now just about equal to the average for the entire United States.

Yet there remains a hardcore population of women who neither seek nor receive prenatal care and who are therefore more likely to have highrisk pregnancies. They have proven to be hard to persuade on an individual basis - assuming you can locate them. It was time for a new approach - using a multimedia campaign to change behaviors.

These hardest-to-reach are relatively few, but costly in every sense of the word. They are costly in terms of human suffering and they are costly to taxpayers, who pay, through Medicaid, hundreds of thousands of dollars in medical care in an attempt to get low-birthweight babies through their early weeks and months.

Target areas

The target areas were drawn from ZIP codes in New York City that contain high rates of late or no prenatal care among women giving birth, and of women giving birth who were HIV-positive. For our focus groups, we recruited African-American women from east Harlem, Spanishspeaking women from the west Bronx, African-American teens from the Bedford-Stuyvesant section of

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Health Care**Research**

Addressing many, speaking to one

By Steve Appel and Barbara Bird

Qualitative Research

The

By Tom Greenbaum

Why the focus group deserves to be the most respected of all qualitative research tools

standard

Editor's note: Tom Greenbaum is president of Groups Plus, a Wilton, Conn., research firm. He can be reached at tlg@groupsplus.com.

arketing research personnel in the current business environment have more research options available to them than ever before. Whether the decision is to use quantitative or qualitative methodologies, there are constantly new approaches being introduced that seek to generate market share by claiming to provide unique benefits not offered by any existing technique.

Within the qualitative research community this is particularly true, as there is so much emphasis on being able to explain the dynamics of consumer behavior, rather than just reporting after the fact what has happened, as is the normal situation with quantitative research. Further, different qualitative research approaches seem to go through popularity cycles, rising and falling based on the amount of publicity the methodology seems to get and the support it receives from various influential companies in the marketing community. We have seen individual in-depth interviews rise and fall in popularity, motivational research rise, fall and then rise again, and recently there has been a resurgence of ethnography as an important tool in the qualitative research arsenal.

One technique that seems to have

maintained a relatively constant and perhaps growing status over the past 10-15 years has been the focus group. This methodology has evolved greatly from its beginnings during WWII when citizens were exposed to propaganda advertising in small groups, and even during the 1960s and '70s when groups were held in the living rooms of suburban America. However, the success of the traditional focus group has led to it being copied, thus giving birth to the telephone focus group, the Internet focus group and even the videoconferenced focus group.

All of these qualitative tools are constantly marketed against the traditional focus group, which most marketing professionals consider to be



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Focus Groups Without Travel

the gold standard in the qualitative research field. While some of the available techniques may have advantages versus the traditional focus group, it is the intent of this article to outline the key factors that make traditional focus groups the effective tool that it has been for years, and importantly, why it is a superior methodology to all other qualitative methods for virtually every research need.

Definitions

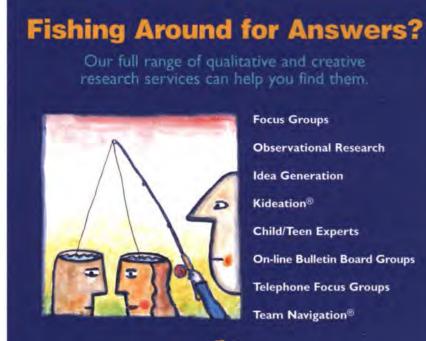
A traditional focus group consists of a 90-120-minute discussion among eight to 10 individuals who have been selected based upon having predetermined common characteristics (i.e., buying behavior, age, income, family composition, etc.), which is led by a trained moderator who conducts the session in a room with a one-way mirror using an interview guide that has been developed jointly by the client organization and the moderator.

<u>A mini-group</u> is essentially the same as a traditional focus group except it generally will consist of four to six participants and often will be somewhat shorter than 90 minutes in length.

An Internet focus group is conducted entirely on the Internet, with participants recruited online and brought together to participate under the direction of a moderator at the same time. All communication in the Internet focus group is implemented by the individuals typing responses to the moderator or the other participants. The number of people participating in these groups ranges from five to 15. Participants can be in any location to participate.

<u>Telephone focus groups</u> consist of a simultaneous conference call among five to 10 people that is monitored by a moderator who is charged with directing the discussion among the participants. Participants can be in any location to participate in telephone focus groups.

Individual in-depth interviews (IDIs) are generally interviews lasting 30-60 minutes conducted by a moderator in a focus group facility with



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only one participant. Often there is a one-way mirror and observers watching the session. Occasionally IDIs are conducted at a client's office or a neutral location that might be more convenient for both parties.

Ethnography is the art and science of observing consumer behavior and drawing conclusions based on the findings from these observations. This is typically conducted by a trained anthropologist or sociologist who attempts learn about human behavior based on the actions of a limited number of people who are observed in a real-world environment.

Why traditional focus groups work

There are several very specific reasons why the focus group methodology is such an effective research technique. Most of them also serve to differentiate focus groups from the other qualitative methodologies and identify the strengths that this technique offers versus the alternative approaches. Specifically, this includes the following:

· The authority role of the moderator - An essential element of the focus group methodology is the authority role that the moderator has by virtue of the face-to-face involvement in guiding the discussion. A qualified moderator can ensure that each of the people in the group participates and interacts with the others, without any one individual dominating the discussion. Further, an experienced moderator can keep the group discussion on track so that all the desired material is covered. This face-to-face involvement with the group participants does not exist with Internet or telephone focus groups, which is a major limitation of both techniques.

• The ability of group participants to interact with each other — A key benefit of traditional focus groups is the group dynamics that occur when the moderator stimulates discussion among the participants. This can often generate new thinking about a topic, resulting in a much more in-depth discussion. It enables the people in the group to share their views whether agreeing or disagreeing, thus allowing



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all the key issues to surface.

This type of group dynamic cannot develop when participants do not have eyeball-to-eyeball contact, and therefore it does not exist in either telephone or Internet focus groups. Further, it is not a potential output of IDIs due to their one-to-one nature.

• The dynamic nature of the methodology — If one is conducting focus groups or IDIs to evaluate reactions to a new product concept, it is standard practice to modify the concept statement as the research progresses based on the learning from the research, as the objective is to complete the research with the best possible statement. This cannot be accomplished with quantitative research, as these studies are normally executed using fixed questionnaires that are fielded at one time and are not changed during the implementation process.

• Involvement of the client personnel in the research process — A major strength of traditional focus group research is the fact that client personnel watch the sessions from behind a one-way mirror. Seeing the research happen makes the findings more believable. Further, the client can provide inputs to the moderator during the groups which may change the direction of the questioning and improve the quality of the output.

Clients don't have this level of involvement in either Internet or telephone focus groups due to the lack of any central place to watch the participants. While it is possible to observe most one-on-one interviews (i.e., those conducted in facilities with one-way mirrors), it is often very difficult for management to allocate sufficient time to watch enough IDIs to be meaningful due to the vast amount of time required to gain some critical observation mass in an IDI project, particularly when it is possible to observe 20 people in four hours of focus group sessions.

• Using non-verbal behavior as a research input — An experienced moderator will utilize non-verbal inputs as an important part of the information that is collected during a traditional focus group session. These signals help the moderator

determine how to use the respondents to maximize the effectiveness of the discussion, but they also provide another dimension as to the group's general receptivity toward the topic being discussed. It is impossible to use any non-verbal inputs with either telephone or Internet focus group research.

· The level of participant involvement in the research - One of the benefits of traditional focus groups is that the moderator can be assured that each of the participants is giving virtually 100 percent attention to the subject matter throughout the 90-120-minute session. With telephone or Internet focus groups, there is no way to tell how involved the participants really are, as they could easily be doing other things (i.e., working on the computer, watching television, writing, etc.) while "participating" in the session - which would probably manifest itself in lower-quality input during the discussion.

• The greater security associated with traditional focus group research — Traditional focus groups allow for screening each of the participants with photo IDs so you know exactly who is included in the session. With both telephone and Internet focus groups this is impossible to do. Further, there is no way to know if there are other people (i.e., your competition) observing the research while the individual in the telephone or Internet study is participating.

The criticisms of traditional focus groups

The following represent the most frequently mentioned criticisms of the traditional focus group technique, which are normally promoted by individuals seeking to use other qualitative methodologies or quantitative research. While focus groups are not the optimal technique for all research situations, the discussion which follows will address the principal concerns that are raised relative to this methodology.

 Focus groups tend to become influenced by one or two dominant people in the session, thus making the output very biased — This definitely is a major potential limitation of the focus group technique if the session is led by an inexperienced and/or poorly-trained moderator. However, a well-trained moderator knows how to handle different types of personalities so they don't influence the rest of the participants.

· Focus groups are not as effective as IDIs in dealing with sensitive topics — There are many researchers who shy away from using groups when addressing very difficult or sensitive topics for fear that participants will not share their real feelings with the group. However, there also is an equally large group of researchers who have found that when handled properly, there is a feeling of safety in numbers, and that people are often more willing to share personal details when they recognize that the others in the room are in the same situation and that the goal of the group is to find a viable solution.

· Focus group output is not projectable - This is the most common criticism of the group methodology among proponents of quantitative research, who seek to implement approaches that yield statistically valid data. While it is a truism that focus group findings cannot be projectable in the same way as quantitative study findings can be, qualitative researchers do find that if they identify a great deal of consistency in the results from a series of focus groups, it is very likely that the output from these sessions probably is representative of the larger universe. This is often proven by conducting additional groups, which further confirm the findings from the earlier sessions, without providing any new learning.

• Focus groups are a very artificial environment which can influence the responses that are generated — This is frequently the argument that ethnographers will use when recommending their methodology versus focus groups. In many situations, there may be a valid reason to use an ethnographic technique rather than focus groups, but it should not be because one is an artificial environment and the other is not. While a key building block of the ethnographic methodology is observation in a real-world environment, it is important to recognize that a major weakness of this approach is that people who are being observed often will act differently than when they are not. This is because formal observation of us in our daily life (including photos, videos, note taking, etc.) is not a natural occurrence, and creates an artificial situation for the subject that affects the way he or she will behave.

· Traditional focus groups are normally held in only a few different cities, and therefore could not reflect the inputs of the larger universe -This is an argument used by proponents of Internet or telephone focus group methodologies, both of which can be organized to be much more representative of the total universe than a traditional focus group project. It is a valid criticism of the traditional focus group assignment; however, most marketing people are not troubled by this issue. If they feel it is important to represent smaller markets in a study, groups can be conducted in these areas. Further, if it is essential to have a more heterogeneous population group than one traditionally gets with normal focus groups, it is possible to conduct sessions at conventions, vacation locations or other areas which draw people from many different parts of the country, thus providing the degree of representation required.

Art and science

Marketing research is as much an art as it is a science, particularly when dealing with the qualitative methodologies. In most cases, there is no absolute right or wrong way to conduct a qualitative research study. Often, the selection of methodology requires the researcher to be familiar with all the options available, and then to choose the approach that best fits the needs of the assignment in light of the objectives which have been established, the strengths and limitations of the various techniques that are available, and the budget constraints.

New methods are being introduced all the time, each of which seeks to generate a share of market based on a unique capability or insight which it claims to provide. It is very tempting for the researcher to try the new techniques in the hope that they will provide a breakthrough that has not been available in qualitative research before.

However, we feel there is a rea-

son why the traditional focus group has continued to be the gold standard against which all other qualitative methodologies are measured. It represents a proven and tested technique, which, when implemented by a trained and experienced moderator, has extremely broad application across a range of research issues. It has stood the test of time because it works and it makes both economic and business sense.

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Qualitative Research

What I wish

I had known...

Tips for clients conducting qualitative research

By Mary Gadbois

Editor's note: Mary Gadbois is president of Gadbois & Associates, a Grand Rapids, Mich., research firm. She can be reached at 616-243-2737.

A lthough it may seem like the old saying "hindsight is 20/20" applies mainly to the stock market these days, I have found that it also can apply to marketing research. I worked on the client side of marketing research for several years before becoming a research consultant. Although being an expert on qualitative research was part of my job description, now that I work as a moderator and research consultant, I realize that there were many things that I didn't fully understand about the intricacies of qualitative research when I was a client researcher.

So, based on my experience on both the client and supplier sides of the table, I have a few suggestions and tips for clients throughout all stages of a qualitative project.

Familiarize yourself with a range of moderating styles

Not to stereotype, but in my experience, I have found there to be two broad styles of moderating. On one end of the spectrum are "Type A" moderators who are active in their moderating style, keep the pace going during the groups, ask a lot of probing questions, and actively get respondents back on track when they go off on tangents. On the other end of the spectrum are those who are more laid-back in their style, are very patient and comfortable with silence, take time to phrase their questions precisely, and are willing to give respondents a longer leash than other moderators. Although most moderators fall somewhere between these two extremes, their style tends to veer in one direction or the other.

The key thing is that you can get excellent results with both styles of moderating. It just depends on what style you personally are comfortable with and that fits with the needs of your internal client. Certain clients aren't patient and trusting enough to work optimally with a more relaxed moderator, while others have concerns that Type A moderators may be "leading" in

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their interviewing technique. Given these different needs, I recommend that client researchers gain experience and learn to feel comfortable with both styles of moderating so that they can choose the best moderator for a given project.

When choosing a moderator, reputation isn't everything

When looking for new moderators to add to your pool, word-of-mouth or a personal referral is always a good way to screen potential names. However, it is important not to base your entire decision on a consultant's reputation alone, as there are other factors that are equally important in finding the right consultant for a project. These factors include providing good customer service, giving your project the time and attention it deserves, and providing an excellent report/presentation when one is needed. And it isn't always the consultant with the most experience or the most well-known name that provides these outcomes.

I learned this lesson the hard way. When I was a client, I hired a very renowned moderator for a project and witnessed the most poorly moderated groups of my research career. It was obvious that she was ill-prepared, that someone else at her company had prepared the screener and discussion guide, and that she had not internalized any information about the background of the project or key issues. Needless to say, I spread the word and no one at my company ever used her again!

Strong analytical skills are critical for a good moderator

At my old company, we almost always wrote our own qualitative reports, so I never made the decision of whether to use a moderator based on their analytical skills. However, I now realize that having strong analytical skills and being a good moderator go hand in hand. During a group, a good moderator is continually asking themselves whether they understand what the respondent is saying, how it ties back to what was said earlier, and whether they understand enough about the topic to move on, or if they should probe further. A moderator who is able to constantly analyze and synthesize the information that is being provided by respondents will have a better grasp on the issues in which to delve deeper, and will know when its best to go off the guide and ask unplanned yet relevant questions.

Get input from the moderator on methodology

As a client researcher, it's easy to think that since you are more familiar with the industry and issue at hand, you know exactly what type of research is required. In my old job, I would often contact my favorite moderator and, rather than explaining the issue and desired outcome of the research. I would tell her we needed to do x number of groups among this target sample in these locations. Since she was the consummate professional, we typically generated the information we needed from the groups. However, I now know that by approaching it the way I did, I missed taking advantage of her wealth of knowledge. Clients often get used to doing research their "corporate way" and could sometimes benefit from a fresh approach or a different perspective.

Make sure the moderator is fully briefed well in advance

As a client, I unknowingly made life very difficult for the moderators I worked with, as I assumed that I could just send them my internal research request and not talk to them again until we met an hour before the groups. Although the groups usually turned out fine because we worked with excellent moderators, I realize now that the results could have been even better if I had spent more time in the days or weeks before the groups providing the moderator with more detail on the reasons for the research, other research related to the issue, client hot buttons, etc.

Also, although stimulus for the groups is often not completed until hours (or even minutes) before the groups, I think it's extremely helpful to provide the moderator with at least a rough idea of what the stimulus is going to look like well in advance, as this will help them in optimizing their discussion questions and exercises.

Don't underestimate the importance of a good screener

I think many clients fail to realize just how critical a good screener is to the success of a qualitative project. No matter how good the discussion guide is and how great the moderating goes, if you're getting information from the wrong group of people then it's all in vain. A good moderator will take the time to ensure that the screening questions recruit the intended sample but may not always utilize the same approach or same questions that you, as the client researcher, had in mind. You should always review and approve a screener that the moderator has prepared prior to the groups, and talk through any questions you may have with the moderator so that both of you are on board with the respondent profile.

Don't data dump the discussion guide

These days, marketers are under pressure to do more for less, and this mindset has impacted how many clients approach research. Many clients try to cram as many issues as possible into one research project and seem surprised when you tell them that a 20-page discussion guide won't work for a twohour group! It is extremely important that clients sit back and think through exactly what they want to accomplish with a given qualitative project, and prioritize those areas that are need-to-know vs. nice-to-know. In qualitative research, we are really looking for depth of information, and if we try to cover too much, we'll end up skimming the surface on a variety of topics, without fully understanding the whys behind the whats.

I recently had a very positive experience with a client in regard to this issue. After I had prepared the discussion guide based on his issues, I mentioned that I would do my best to cover everything but timing would be tight. He sat right down and prioritized issues and cut out one whole section of the discussion guide. The resulting groups were extremely fruitful, as we were able to delve deeply into the issues and were even able to add insight into the area that we didn't cover through our understanding of respondents' underlying motivations.

Communicate with the moderator/consultant on report format

Although many clients don't require research reports after every qualitative project, it is still nice to know that when you do need a report, the moderator/consultant you use will provide a report that fits your needs. However, it is up to the client to communicate with the consultant to let them know exactly the type of report they desire. Every client favors a particular style of report (Word vs. PowerPoint, narrative vs. bullet-pointed, etc.), and a moderator can't read your mind to know exactly what you want. It is also helpful to talk about the type of report you want early on in the process, as you might be able to gain some savings if your favored report style is more topline, less verbatim-heavy.

Make sure you are comfortable with the moderator's involvement in the report process

A growing practice is having note takers or analysts in the back room taking notes and recording insights during the focus groups. Although this practice is invaluable to busy moderators, my concern it that this wonderful development can get exploited if moderators allow the note takers or analysts to write the report without the moderator being involved in the process. Clients typically pay top dollar for qualitative projects from experienced moderators/consultants and should expect that this payment will include the moderator's expertise on the final report or presentation. As a client, I would just ask the moderator/consultant what their process is for writing reports and make sure that you are comfortable with their protocol.

This issue was highlighted for me recently when I had a discussion with a prospective client who had used a very well-known moderator for a recent project. This client was delighted with how things went during the groups but was very disappointed with the final report. Given this consultant's reputation, she was appalled at the poor writing style and low level of insights that the report included. Although I didn't say anything to her, my guess is that a junior staff person actually wrote the report without much supervision from the moderator.

Given their workloads, client researchers need as much help and support as they can get

In these days of corporate restructurings and cost cutting, client-side market research professionals are responsible for a wide variety of research areas including primary and secondary, qualitative and quantitative, brand and category information, etc. Given this wideranging responsibility, it is difficult for client researchers, particularly entrylevel professionals, to be experts in all of these areas. My goal with this article was to shed some light on issues underlying qualitative research to help ease the burden for client researchers at least in this one area.



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Qualitative Research

Video safaris:

an alternative to in-facility focus groups

By Pierre Bélisle

Editor's note: Pierre Bélisle is president of Bélisle Marketing Limited, a Cantley, Quebec research firm. He can be reached at 819-827-0786 or at info@pbelisle.com. He collaborated with NFO CFgroup on this combined qualitative/quantitative project.

evin Roberts, CEO of Saatchi & Saatchi, issued a challenge to researchers at the September 2002 ESOMAR Conference in Barcelona. Taking aim at traditional in-facility focus groups, he said, "If you want to understand how a lion hunts don't go to the zoo. Go to the jungle."

A recent case study demonstrated to us that the trophies from such "safaris" can be brought back more easily and less expensively than ever before thanks to current video technology.

Researchers may not wish or need to spend all of their time in the wild. But video safaris may prove to be an exciting occasional outing.

Case study: Canada Post

Our client, Canada Post, Canada's national postal system, sought feedback from consumers on a redesign of its retail post offices. The client sought to explore the strengths and any weaknesses of the redesign as expressed in a prototype transformation of a flagship store. It seemed clear that only an expedition to this location could answer the client's information needs. The qualitative portion of the design therefore included on-location, taskbased interviews during working hours, on-location mini-groups after hours, and traditional in-facility focus groups with a field trip to the outlet.

We felt that a traditional written report would be an inadequate display for the trophies we were sure our hunt would yield (the client had no need for real-time observation, which could have been provided, however, by a streaming video feed through the Internet). We therefore proposed that the on-location interviews and minigroups be videotaped and that a video report be produced.

The results were powerful, and we are happy to report that the client has decided to roll out the new design to more outlets, along with many modifications suggested in the video. Indeed, the video was so successful in conveying the feelings of customers in a compelling fashion that it will like-



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ly be in demand for internal screenings (and when was the last time you received an enthusiastic round of applause for presenting research results?!).

Outfitting for a video safari

Here are some tips for researchers considering outfitting themselves for a similar campaign.

• Should I consider becoming the video director/producer?

Why not? In their December 1997 *Quirk's* article, "Focus group videos: a survival guide," Andrew Wright and L. K. Fitkin argued that researchers should "Get involved in the videotape recording." (Visit www.quirks.com and enter QuickLink number 279 to view the full article.) We would go further. We believe that researchers can become directors of their safari reports; the skills are similar to those required to bring a successful qualitative project to fruition. Alternatively, you can contract with a production house to direct and produce your video safari.

As director or researcher, you must obtain a signed release from participants. This document will determine the circumstances and considerations governing eventual screenings.

• Can I do the videotaping myself?

Best not. Consider using a professional videographer. While you prepare and conduct the interviews or groups, the videographer rents and manages equipment (lights, camera, tripods), shoots the interviews, shoots the B-roll (the cutaways shots of products, services and scenes that illustrate what the respondents are talking about), and generally helps you recognize and avoid the traps and snares of on-location shoots, such as dealing with distracting backgrounds and noises.

Your first task as director is to hire an experienced videographer equipped for and experienced in location shooting. Get references and check them out.

• Can we use a consumer videocam?



Perhaps. Although digital consumer videocams have become incredibly sophisticated, many have too many automated features to allow the videographer the control necessary to achieve a professional look. For instance, the videographer may need to manually monitor sound levels, or correct the color balance. These features can generally only be adjusted in a professional videocam.

• What format should this be taped in?

Record in one of the digital video formats, whether mini-DV, DV, or Digital8. Videos in these formats can be easily downloaded to a computer for nonlinear editing, without loss of quality (and at qualities that exceed those of the analog formats). The analog formats themselves — VHS, SVHS, Beta, and Hi8 — either require conversion to a digital format or editing in an analog suite. They are, in my humble opinion, virtually extinct and should be avoided.

· Mac or Windows?

Either. We used Windows XP to edit this video, but Mac users will know that Macs continue to be forerunners in multimedia. Indeed, one industrystandard editing program, Final Cut Pro, is currently only available for the Mac platform.

· Do we need a sound person?

Depends. Individual interviews are usually miked with small wireless microphones connected to the videographer's camera. If you are conducting groups, however, consider hiring a soundperson (your videographer probably knows a few) who will likely use an off-camera boom microphone to capture quality audio.

. Can I edit on my home computer?

Absolutely, if you have the interest and the equipment. (The book to get is *The Little Digital Video Book* by Michael Rubin; his Web site is www.nonlinear4.com.) Digital video, off-the-shelf editing software, and computers — desktops and laptops have become incredibly powerful and affordable.

Alternatively, you can hire an editor (your videographer undoubtedly knows one or two nonlinear editors). • How much does all this cost?

Surprisingly little, and probably less than the travel and time costs of the usual array of observers.

In this study, all video expenses (including travel, but excluding editing, which was done in-house) cost less than \$3,000 for three days of shooting.

• Are participants cowed by the camera?

No. We asked participants their reactions to the filming process and they felt neither intimidated nor swayed by the camera's presence. Researchers still concerned by the camera's intrusion might consider conducting off-camera pre-interviews, and then asking participants to repeat their answers with the tape rolling.

• What will you do differently next time?

More pre-production work, including location scouting, to become alerted to and resolve issues with ambient sound and lighting; the possible use of an on-camera lamp to lighten shadows; and, the possible use of a sound engineer to record group discussions.

• What is the benefit of video safaris?

In their article, Wright and Fitkin rightly note that video "...gives your report more impact by letting the audience experience the emotions of the respondents. Video captures inflection, body language, facial expressions and tonal variations — details that are lost on paper."

When it is not practical or sufficient to have real-time observers, modern video captures both the respondent's emotions and the relevant environment for all eventual audiences.

• Will you be doing more video safaris?

Definitely. A colleague and technological guru, Betsy Leichliter, predicts that in a few years, qualitative researchers will be expected to have a working knowledge of video and video editing technology. I think she is right — the jungle is waiting. Or, in the words of another great hunter, "Come, Watson, come! The game is afoot!" [4]



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Alternative qualitative approaches

product research By Larry Zaback

Editor's note: Larry A. Zaback is founder and chief research strategist of Consumer Dynamics and Behavioral Analysis, LLC, a new product consulting firm based in Newton, N.J. He can be reached at 973-383-7028 or at lzaback@cdandba.com.

So much has been written concerning the "actionable limitations" of focus groups that it's not surprising to hear some researchers groaning for forthright guidance when exploring new products and concepts. This article addresses how a "fresh" look at new product exploration (NPE) opens the door to a host of alternative research methodologies. Also included is an example of how continuous improvement in the workplace can be addressed using similar non-traditional qualitative research tools.

Generally speaking, marketing researchers focus on the following paradigm to study new business propositions:

NPE = Target Group* (who) x New Concept (what) \rightarrow Projected Success

*Prospective end-users, business partners, retailers or suppliers

In order to quickly (and inexpensively) generate NPE data, it is not uncommon for many researchers to use focus groups...notwithstanding the dangers associated with projecting such findings. But the parameters described above only allow individuals to respond in a conceptual context; there are no real-world parameters in the research design.

To more effectively predict NPE success, let us consider an alternative research paradigm:

NPE = [Target User Group (who) × New Concept (what)] + [Observable Behavior (how) × Natural Environment (where)] → Projected Success

The parameters noted in this context include a behavioral component, which significantly enhances the projectable quality of research results. Researchers can capably study the interactive process of human behavior using a variety of qualitative techniques; the foundation of which is observational. Research findings are

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based on what individuals do, rather than relying solely on what they say. Furthermore, this approach eliminates a potential bias in focus groups: presupposing the outcome to please the moderator.

Additionally, the behavioral component noted encompasses an environmental factor. This allows the researcher to integrate the study of lifestyle patterns, and its relation to observed usage behavior.

These dynamics provide added value. The data collection experience assumes the same "posture" as when

Focus Groups

- A "sterile" environment (roundtable seating positions, one-way mirror, limited furnishings)
- · Group members are "strangers"
- Individual viewpoints are expressed; condemnation of group members not allowed

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Encuesta, Inc. 4990 SW 72 Avenue, Suite 110 Miami, FL 33155-5524 (305) 661-1492 (800) 500-1492 www.encuesta.com info@encuesta.com consumers will confront the product after its release to the market. As a result, the internal validity of the research is markedly heightened, which concomitantly strengthens the decision-making process. This affords a demonstrable advantage over research applications that exclude behavioral analysis in their design.

Consumer immersion (see chart) is one such alternative technique that uproots the "rules" of the focus group experience.

At first glance, some researchers would hesitate to enter a household

Consumer Immersion

- A "natural" environment (living room sofa, kitchen/dining room table; personal furnishings)
- · Group members are family/friends
- An open forum; discussion points are unexpurgated

environment, for fear that what they learn would be "isolated data." On the contrary, when facilitated appropriately, the candid expressions uncover key insights that account for family member roles and responsibilities. Participants challenge one another in a time/space context, limiting remarks that otherwise would



be inaccurately recollected. Furthermore, inspection of cupboards, closets, the refrigerator and the garage can help confirm specific product usage issues. Observing meal preparation (or other relevant family activity) allows the inter-activity to be compared group-to-group. The inclusion of follow-up family shopping visits can further enhance the quality of data collection.

Consumption analysis is a simply executed tool used to confirm which of two (or more) propositions is more promising. Consider removing all the toothpaste products in several households and replacing them with two (pre-weighed) proposed toothpaste versions. Each participating family is briefed on the merits (read: benefits) of the products, but only information that would be indicated on the tube or package. After (about) two weeks of usage the tubes are weighed for comparative consumption rates. Two new tubes containing the same formulations could be re-tested for reliability. Alternatively, the more consumed version of the first pair can be re-issued with a new (third) version. Given permission by the participating families, video ethnography can provide additional key learnings (duration of brushing sessions: amount of toothpaste applied during each use; brushing behavior, including facial expressions).

The photo journal is a fun tactic to get children involved in behavioral research activities, particularly when attempting to establish a "day in the life" scenario. For example, a researcher can learn how tweens spend a typical school day from the moment they wake up until bedtime. A disposable flash camera is issued to each child along with a detailed list of what (and when) photos are to be taken. Family, friends and pets are usually involved, as well as specific details of the child's bedroom, snacks/meals consumed, money spent/items purchased and hobbies/sporting activities engaged in. Each photo tells a story about how/with whom the child spent the day. Follow-up one-on-ones with some of the children help to fill in

any blanks, so that the day is complete. This is a terrific method for initiating NPE with children. Although a similar approach can work with adults, they are often required to complete a diary of daily activities in addition to the photos, or video when requested.

Ethnography, unlike the photo journal, requires the researcher to observe a day in an individual's life personally, in a real-world environment. Weekends are usually best, especially for adults who are not selfemployed (security issues often prevent observing activity in the workplace). Some of the benefits of this approach:

· isolates specific behavior that may be excluded in photos/daily diary:

· allows for the identification of unarticulated needs/unmet needs;

· confirms usage behavior in the context of one's lifestyle pattern;

 substantiates decision-making behavior among choice variables;

· corroborates/contradicts behavioral recall.

In this context, the door to exploring new products is wide open. The assimilation of lifestyle pattern and usage behavior enables the observational researcher to expose winning opportunities that meaningfully address consumers' unmet needs.

In some cases, an employer requests a researcher to conduct an ethnographic study specifically in the workplace. This version of ethnography has been coined "voice of the customer." The focus is the integration of behaviors observed and dialogue heard in the office, either between workers or between worker and customer. In this circumstance, the identification of a new product opportunity is not relevant. The intention is to uncover key insights that will provoke changing specific ongoing behaviors that as a consequence, will improve the interactivity being observed. "Continuous improvement in the workplace" is thus driven by confirmable, behaviorallyanalyzed data.

Quality of the data

Whether bringing new products

to market or improving how we do business with our customers, the basis for achieving success at both is strongly related to the quality of the data used in the decision-making process. Marketing research is often guided in this regard by what works fast. At risk is missing "winning" opportunities, or worse, pursuing at great expense (both time and money) propositions that are neither consumer-driven nor known to meaningfully meet users'

needs relative to their current lifestyle pattern and usage behavior

This article showed that the inclusion of a behavioral component in the NPE paradigm successfully delivers new ideas with greater overall efficiency than traditional research methods. It may mean investing more time up front, but marketing researchers will be consistently taking two steps forward without taking one step back. 14

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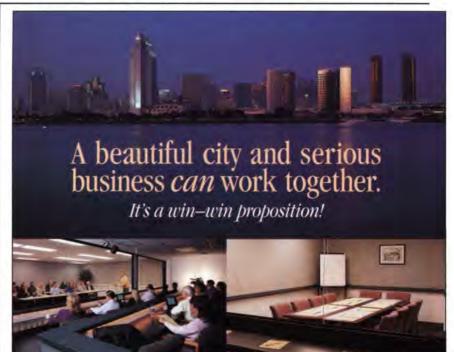
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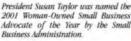


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Qualitative Research

Trouble getting teens to talk?

Online bulletin boards are GR8

By Mindy Predovic

Editor's note: Mindy Predovic is senior research associate at Doyle Research Associates, Inc., Chicago. She can be reached at 312-863-7611 or mpredovic@doyleresearch.com.

Recognize any of these abbreviations: CUL8R, LOL, OMG? If you were a teen you probably would. Teens have grown up with ecommunication and, as a result, have developed a quicker, more efficient way of communicating than many adults today. Teens are adept at instant messaging (like e-mail in real-time) and text messaging (via wireless phones), both of which are used to send fast, simple messages. In essence, the young adults of today have developed a whole new way of communicating almost another language! So when you want to research teens, go to an environment where they feel at home: go online.

Online bulletin boards provide yet another electronic environment for teens to communicate in. An online bulletin board functions as a virtual discussion center. Teens log in over the course of three or four days and answer questions posted by a moderator. They can also reply to each other, and the moderator can ask questions of people individually or as a group. Each day a group of pre-determined questions are posted. Teens agree to visit the board two to three times a day and to watch for follow-up questions. The moderator visits frequently to assess participation and to post additional probes. Clients are also able to log into a virtual back room to view the bulletin

board as it occurs and post messages to each other and to the moderator.

The interaction between teens can be extensive and ongoing throughout the week. Teens choose the best time to participate and often spend much more time than required answering questions and interacting with others. It is not unusual for them to pose additional insightful questions for others to consider and answer. In fact, this involved level of participation is encouraged from the outset.

Some benefits of conducting online bulletin boards with teens as opposed to traditional in-person research or even online chat groups include:

• One online bulletin board provides the equivalent of three to four focus groups' worth of transcripts.

· The research is not done in real-

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Appleton, WI Atlanta Chicago Columbus Dallas Kansas City Los Angeles Minneapolis Philadelphia Phoenix Seattle St. Louis time: Teens have more time to formulate their answers, resulting in richer, longer responses.

 Teens do not have to compete for air time like they do in a real-time group discussion.

• Teens tend to log on to the board and participate more often than they are required to because they get involved in the discussion and want to see what other teens are saying.

• Bulletin boards offer a feature that can "mask" other participants' responses until each participant answers the question him/herself first (helping to preserve unbiased opinions).

It seems many teens are more comfortable talking electronically than inperson. In fact, our firm conducted an online bulletin board with teens that had participated in in-person research at a focus group facility for the purposes of exploring this theory. During this bulletin board discussion, we talked to teens about how they manage their finances, what makes a Web site good/bad, who their favorite celebrities are and why, and how they are feeling about being a junior/senior in high school - what are they looking forward to, what are their fears, etc. (To read a transcript of this session contact the author at mpredovic@doyleresearch.com.) We then asked the teens to compare their experiences participating in an online bulletin board to that of participating in an in-person discussion.

When asked if they felt more inclined to act like someone else or lie online compared to in-person, one teen said "I would be more likely to act like someone I'm not at an in-person group because there are other people in the room judging you. Online, no one knows who you are anyway, so why would you lie?" Teens liked the anonymity of the online bulletin board experience because it made it easier for them to share their personal feelings. They also liked the convenience of answering questions when they wanted to and not having to leave their homes to participate. Online bulletin boards are not the perfect solution, however. Teens still missed seeing other participants' facial expressions and the camaraderie of an in-person group discussion.

Situations when online bulletin boards are great for teen research include:

 Sensitive topics: Teens tend to feel more comfortable talking about relationships, sex, drugs/alcohol, social pressures, diseases, etc., online than in-person.

• Reaching teens in multiple cities or countries: An online research environment is great for getting participants in different geographies together for a discussion. Bulletin boards have the added benefit that not everyone needs to be on the board at the same time.

• When you need to mix genders in the same group: Generally it is best to avoid mixing males and females in teen groups because posturing can occur. However, sometimes research budgets necessitate this. With online bulletin boards, teens can be assigned code names so that their gender is not obvious, reducing posturing.

• When anonymity is important: As with mixed gender groups, the researcher can assign teens code names to preserve anonymity. This is especially important if, for example, teens



from the same high school are recruited into the same bulletin board discussion.

• Web site assessment: Teens participate on the bulletin board from their home computers, the same places that they visit Web sites. Web site links can be posted on bulletin boards for teens to click on. Teens can then assess sites in their natural environment as opposed to a contrived environment (e.g., a research facility).

• Advertising or product concept development as an iterative process: Because bulletin board sessions take place over the course of a few days, advertising or product concept ideas can be posted for teens to react to each day. For example, on Day 1 teens could evaluate a new concept for a candy package. Based on the feedback from Day 1, the client team makes changes to the candy package concept and posts it again on Day 2. Based on the teens' feedback, concept changes can be made again for Day 3, and so on.

· Homework assignments: At our firm, we often ask participants to complete written assignments prior to inperson research (but be sure not to call it "homework" with teens!). Online bulletin boards provide an excellent tool for teens to go in and answer questions for their pre-group assignment. Entering homework assignments into a bulletin board is ideal when combined with product placement - participants can react immediately after experiencing the product rather than waiting until they come to a focus group weeks later. Both clients and the moderator can see answers to the assignment before the groups start, whereas traditional homework assignments are often handed in immediately prior to the inperson group discussion with little or no time to share with the client before the research begins.

When conducting online bulletin boards with teens, here are some additional tips:

 Be flexible in terms of when you expect teens to log in and answer questions. Teens are most likely to log in and answer questions after school and late into the night whereas adults generally log in throughout the day. Some teens also have jobs/sports after school and are not able to log in until later in the evening.

• Give them code names. If you have to mix males and females or teens who know each other (e.g., from the same high school) on the same board, give them code names to help eliminate the posturing that can occur and encourage free expression. You can either ask the teen to choose his/her code name (as long as it is appropriate and does not give away his/her gender) or you can assign them (e.g., Blue, Red, etc.).

• Send reminders. Teens are accustomed to being reminded to complete tasks such as doing their homework, cleaning their room, completing chores, etc. Be sure to contact teens that are not participating as much as they should and remind them what is expected of them.

· Keep them interested. Any research participant is more likely to be involved and cooperative if they are interested in what the research is about. Teens are no exception, and it is even more important to keep them interested in an online research session that requires them to participate over the span of a few days. Send teens a teaser e-mail each night giving them a hint of the topics and/or exercises that will take place the next day. E-mail them individually to thank them for their responses and let them know when another participant has asked them a question on the board. You could even hold a drawing for an additional incentive for the teens that log on as requested over the course of the project.

• Consider social groups: In addition to your standard screening criteria, remember there are all types of teens — some are into sports, some are into the arts, some are not into anything. If you want a representative sample of teens, be sure to recruit teens with a variety of interests.

• Be sure you understand e-language such as emoticons like :-) or :-(and abbreviations (like the ones listed at the beginning of this article). Visit a wireless provider for a text messaging booklet or search online for more examples and explanations.



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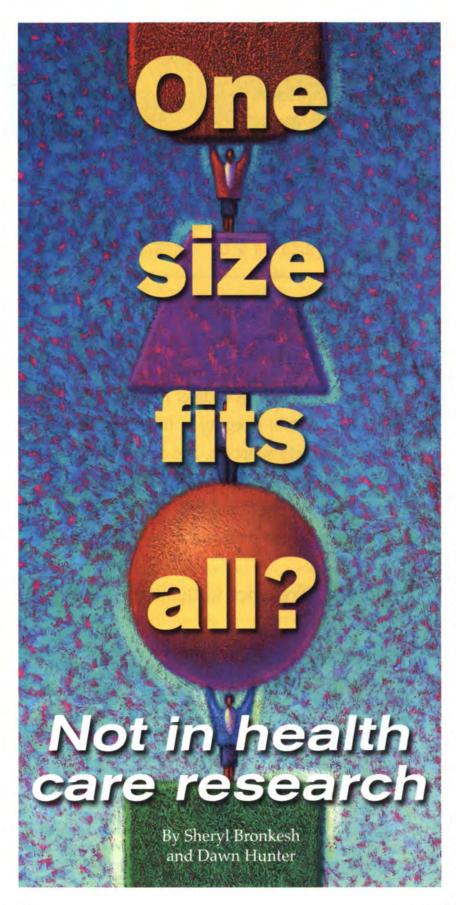




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Health Care Research



Researchers at three health plans talk about their use of qualitative

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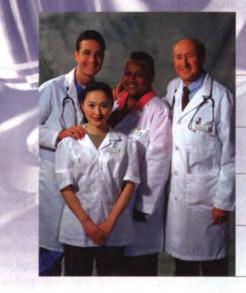
ealth care marketing executives, like many other business decision makers, are often faced with the question how to best accomplish their research objectives within the constraints of tight timeframes and budgets. Many have found that qualitative research plays an important role in effectively and efficiently gathering information. Executives with a proven track record in getting timely data to make informed decisions say that knowing why and when to take a qualitative approach is a critical learning.

Quantitative vs. qualitative

Both quantitative and qualitative approaches have been successfully employed to address almost any research topic. Quantitative research involves larger-scale data gathering, requiring contact with a greater number of respondents than qualitative research. The most commonly

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8150 Corporate Park Drive | Cincinnati, 0H 45242-3308 513.489.8838 | f.513.489.3691 | information@cooper-research.com www.cooper-research.com accepted benefit of quantitative research is that it carries a great deal of power, since the findings are tested using proven statistical methods. Results can be reliably projected from study participants to the larger population. This is critical when anticipating future purchase behavior and for longitudinal studies — tracking patient satisfaction or HMO disenrollment over time, for example.

In contrast, qualitative studies delve deeper with a smaller number of participants. The goal is to discover how and why people feel the way they do, and draw out a rich level of detail about underlying assumptions and attitudes. A clear understanding of the complexity and nuances in the perspectives of a target audience can mean the difference between a product or initiative that's almost on target and one that exceeds expectations.

Getting the most value from research dollars

We recently talked with market

research experts at three prominent health plans. All said that expenditures for qualitative research are currently a small part of their entire research budgets - from 10 percent to just under a third. Yet qualitative approaches can be extremely effective in extending the dollars invested in quantitative research. Frequently, an initial qualitative exploration can ensure that the right questions get asked in a later quantitative phase. In other cases, qualitative results may allow researchers to scale back or even eliminate quantitative research. "The marginal cost for not doing qualitative research and just quantitative studies is way too high," says Joe Wilds, director of market research and assessment for The Regence Group in Portland, Ore. "Qualitative will steer you in the right direction, or in some cases even solve your problem."

Quantitative studies are almost always more expensive than qualitative research. The scope of the research, target population and num-



ber of completes required for statistical analysis dictate the study design. Many of the variables in the quantitative cost equation, such as response rates and incentives needed, can be difficult to predict at the outset. The costs of qualitative research, in contrast, are easier to anticipate and manage.

Wilds believes that qualitative research can help health plans control research costs while at the same time obtain the most useful information. "In some cases it may be better to spend \$20,000 on focus groups, rather than \$100,000 on a quantitative study that might be too narrow in focus and not deliver all the results you need or expected. Qualitative research costs are predictable and more modest, and in some cases give you all the information you need."

Why choose qualitative? The big three

Our experience conducting both quantitative and qualitative research suggests that focus groups or in-depth interviews may be the best choice when the research objectives touch on three key areas of human behavior: why people do things, what they want, and how they respond to marketing messages.

Exploring why people act

Qualitative research is a powerful tool to go beyond a quantification of what people do and gain an understanding of why they do it. What drives some patients to comply with medical advice, while others toss prescriptions in the trash? What makes doctors shift from the tried-and-true approach they learned in medical school to a new treatment option? Because health care is a complex and evolving arena, qualitative research is particularly appropriate methodology and can be used among audiences such as consumers, physicians and insurance brokers. A focus group or in-depth interview gives researchers the ability to probe and get beyond quick-answer, top-of-mind responses.

Discovering what people want Another area particularly well-suited to qualitative research is insurance product design. After reviewing published studies about various plan options, Wilds uses qualitative research to test new health insurance product concepts, proposed product changes and new plan designs. Liz Clark, director of market analytics for Blue Shield of California (BSC). agrees that complex and innovative products - consumer-driven health plans, for example - would be too confusing to explain in a quantitative survey. Focus groups or one-on-one interviews with consumers and employers allow researchers to present a range of options without overwhelming participants. Such efforts often prove sufficient to move forward, while in some instances, according to both Wilds and Clark, a quantitative study may be employed when additional "drill down" is needed after the qualitative phase.

Testing communication messages

Qualitative techniques have long been used in health care and other industries to test advertising and communication messages. In health care, there is an added need to educate consumers and determine if the messages, often technical and confusing, are understood.

Managed care organizations, for example, face the challenge of conveying complicated benefit information such as formulary structures, provider networks, co-pays, co-insurance, deductibles and premiums as well as ways individuals can be involved in disease prevention and management. Health care is a very personal and often emotional subject. which colors how an individual looks at the financial and procedural aspects of their coverage. "A health care organization needs to convey an enormous amount of information to its members about how the plan works. If we put together information covering everything a member needed to know, it would be overwhelming," says Linda Lynch, director of market research for Blue Cross Blue Shield of Massachusetts (BCB-

SMA).

Recently BCBSMA held consumer focus groups to review a wellness and preventive health information package that would cover various programs available from the plan, including disease management, wellness programs, a nurse call line and discounts on safety items such as infant car seats. One of the objectives of the research was to learn why members valued certain programs over others, along with the best way to package the information to be most appealing to members. The plan not only learned about its members' priorities, but the research uncovered a need to split information into several separate brochures in response to the way certain programs and discounts were viewed and grouped by members.

Engaging the internal partner

Before health care marketers launch a new product or make a change to existing materials, for example, they look not only for buy-

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Physicians: a challenging and critical research segment

ealth care is the largest sector of the U.S. economy, and executives throughout the industry are keenly interested in the thoughts and behaviors of physicians. Qualitative research works particularly well with this audience because a seasoned researcher can get beyond a doctor's top-line thoughts. The best results are obtained when moderators or interviewers are fully conversant with the topic under study and experienced in dealing with physicians and other care providers. Based on our experience, we have developed a number of strategies to help uncover candid information from doctors.

The fundamentals: Do your homework and understand the subject matter. While it is not necessary to know all the intricacies of a disease or a drug's mechanism of action, it is imperative to know the basics of the disease, treatment options and impacts. If something is brought up that you are not familiar with, follow

in from members or providers (the external clients) but also for commitment from others within their organization to ensure a successful outcome. An added benefit of qualitative research is that it generates conup with "That's a point I hadn't heard before; please tell me more." Or, "That is a side effect I'm not familiar with; what are its manifestations?"

Depending on the topic, a participant may want to use the focus group as a soapbox. Recently, I conducted a physician focus group for a health plan on how to improve compliance with nationally accepted clinical guidelines. One participant refused to talk about the topic at hand, and instead wanted airtime for her beliefs about the negative impact of HMOs on physician practice. After several opinionated outbursts unrelated to the question at hand, I asked the doctor if she could - just for the next 45 minutes, just for the sake of research --operate under the assumption that the managed care organization was providing these clinical guidelines to ensure that members received a high level of care. Since none of the physician participants had any quarrels with the selected guidelines, the other

siderable interest from internal clients or partners. Some health care researchers say that having managers and executives observe research sessions can be just as valuable as the findings. The qualitative process can



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focus group participants helped keep this outspoken critic on topic.

Another recent experience conducting in-depth telephone interviews with specialist physicians reinforced the importance of knowing the subject matter. After a long and complicated series of questions and probes, I asked the doctor if he realized that the response he had just given contradicted something he had said earlier about the properties of a specific drug. He expressed amazement that I understood the subject matter well enough to have caught the misstatement. For the rest of our time on the phone he gave the interview his complete attention. When we finished, he thanked me for the stimulating hourlong exchange and commented that this wasn't like most interviews when he just rushes through answers because he knows the interviewer doesn't have a clue about what he says.

- Sheryl Bronkesh

result in new ideas and discussions or simply build consensus for the initiative under consideration.

Focus group sessions and some one-on-one interviews can be viewed real-time or after the group has been conducted. "Sometimes we edit the research and produce a 10- to 15minute segment for senior managers so they can see what went on, and not just hear or read about it. A video is compelling. It tells results in a way that nothing else can," Lynch says. She admits that it can take a long time to produce a 10-minute summary, but "sometimes that 10 minutes can make all the difference."

The expectations and preferences of internal partners often need to be managed to obtain the best research results. Some organizations lean toward focus groups because they don't want to wait for the results of a quantitative study. In other cases, risk-averse executives may lobby for a complete census, when a couple of focus groups might provide compelling information that indicates a quantitative study is not needed. It is important to educate internal partners and ensure that the appropriate methodology is employed given the specific research objectives.

Selecting a research partner

Businesses frequently contract with third-party research companies or consultants to conduct qualitative research. Benefits of using outside consultants include: freeing up internal resources, drawing from the experience of the moderator or research firm, obtaining additional perspectives, protecting anonymity and enhancing objectivity.

Choosing the appropriate individual or group to conduct outstanding qualitative research can be difficult no matter what the topic. Health care topics present unique challenges. Finding a firm that is well versed in the nuances of health care delivery and the constantly changing environment can be difficult. The health care executives we talked with typically make prior health care experience one of their first criteria when selecting moderators. Lynch says, "A moderator needs insights and expertise that comes from substantial health care experience."

Regence Group's Wilds agrees and adds that if you get "the right firm to do qualitative research, that in itself is half the battle. So much of the work has to get done up front in understanding the product or disease management program so that you can ask the right questions and nail down the objectives." He speculates, "If your qualitative data doesn't give you data you can use, the wrong firm did it, or you didn't do enough of it."

Following are some assessments to make when choosing a focus group moderator or in-depth interviewer. Do they:

 have the ability to put respondents at ease quickly?

 pay close attention to speakers and use active listening skills?

 probe to pursue an understanding of intentions and meanings?

redirect when appropriate?

 link trains of thought and divergent comments into a cohesive whole?

• think quickly and demonstrate flexibility and the willingness to vary their approach?

• stay focused on the project purpose and direction?

demonstrate knowledge about the research topic?

Qualitative can supplant a quantitative study

The results of qualitative research efforts sometimes prompt a change in direction. In the past two years, Wilds reports, 60 to 70 percent of product studies have not gone to the quantitative stage because the focus group or one-on-one interviews provided "a sufficiently sensitive barometer" of the market needs. For example, The Regence Group held consumer and employer focus groups to test a new consumer-centric product that featured flexible spending accounts. There had been plans to conduct a quantitative study after the



focus groups. But, Wilds says, they got such consistent information from focus group participants that the executive staff felt they had sufficient information and no additional research was necessary at that stage.

Another example was an effort to test redesigned provider vouchers and evidence of benefits forms (EOBs) with physician office staff. While the initial plan was to use focus groups for direction only, the input gathered and the overwhelmingly positive response from participants allowed Regence to move directly into the next stage of design. "Participants said to us, 'Why didn't you do this sooner?' Anything we would have come up with in a quantitative study would have been good, but we had plenty to go on and could fast-track the changes after the qualitative stage," Wilds says.

An important finding from one set of focus groups was that a more extensive quantitative study was not necessary. BSC's Clark tells of the situation when her plan wanted to better understand the decision process of selecting health care coverage when an individual approaches Medicare eligibility. After conducting three focus groups with 60-to-63year-old consumers, BSC found that this age cohort was not yet thinking about what they were going to do about health insurance when they turned 65. "It didn't make sense to talk to 100 or 200 more 60-to-63year-olds. It wasn't worth the time or money because the vast majority weren't yet thinking about it."

One size does not fit all

There is no doubt that both qualitative and quantitative research have their rightful place in the vast health care research arena. Clark observes, "Health care is a complex product and service industry with lots of factors involved. Health care decisions are not as cut-and-dried as other choices, like what toothpaste to buy or where to drink your morning coffee." She suggests that health care organizations should think broadly when considering which methods might most effectively achieve research objectives.

As health care marketers seek ways to increase the value of research to their organizations, flexibility will be essential. Which methods to employ should be based on the questions that need to be answered, the complexity of the topic, how many issues will be explored, what decisions are needed based on this research, budget considerations, timeline, and the target audience.

Given the ever-changing environment that health care organizations find themselves functioning under, it would not be surprising to see a trend toward increased use of qualitative methods and multi-method approaches — strategically combining both qualitative and quantitative methods. Capitalizing on the strengths of both quantitative and qualitative methods, whether used independently or together, will help ensure that organizations obtain the most appropriate, highest-quality data.

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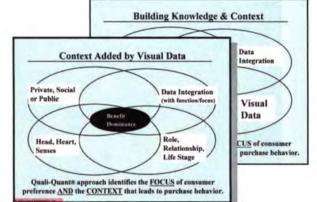
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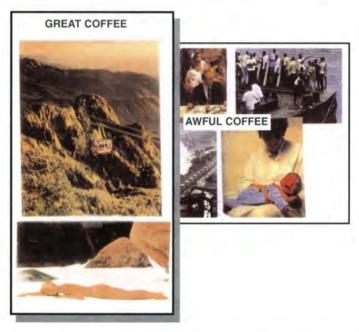
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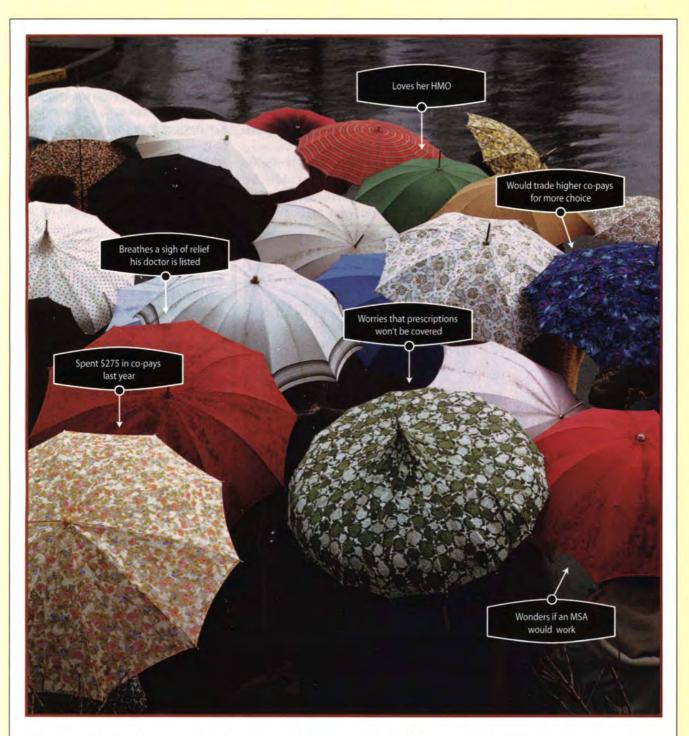
By Robert Schumacher and Gavin Lew

Editor's note: Robert Schumacher and Gavin Lew are managing directors at User Centric, Inc., a Rolling Meadows, Ill., usability consulting firm. They can be reached at rschumacher@usercentric.com and glew@usercentric.com.

n FDA study from 1985 to 1989 showed that almost 50 percent of medical device recalls came from poor product design. Congress, disturbed by this result, passed the Safe Medical Devices Act in 1990. It gave the FDA authority to mandate good manufacturing practices (GMP) that ensure proper device design. The FDA, acting on this mandate, revised and released the GMP requirements relating to the "methods used in and the facilities and controls used for designing, manufacturing, packaging, labeling, storing, installing and servicing of medical devices intended for human use" (according to the Association of Medical Diagnostics Manufacturers). The requirement goes on to state that manufacturers must ensure that design requirements address the intended use of the device, including the needs of users and patients. These new regulations became effective in June 1997.

Essentially, this is an imprimatur to user experience researchers and designers to get involved. But how? User research, notably usability testing, is ideally suited for this kind of work. The pull-through for traditional product development and product marketing is that validated ease-ofuse is not only a "nice-to-have" but is actually required in the product development process.

While the obvious, highly visible research at hospitals and clinics is what comes to mind, there are less obvious, and perhaps more important, areas where testing should be done. For example, a random walk through a pharmacy yields dozens of home health diagnostic tests and over-thecounter devices. What is the incidence of error with these devices? It is probably impossible to estimate. But even opening a package of allergy medication can leave one exasperated. We can only speculate on the overwhelming frustration, if not serious harm, that occurs because packaging is very



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difficult to open and/or instructions can only be read by a pharmacist with an electron microscope.

Even if not mandated by government, a user-centered approach to health care products and devices is good business.

The core of the problem

The question is, why do users and patients make errors? Here are a few reasons:

· labeling is incoherent, difficult to

read or ambiguous;

 controls are difficult to set or program;

• documentation is incomplete, poorly written;

 connections (from leads or between devices) are improperly made or leads are accidentally misconnected;

devices are not properly assembled or maintained;

• practitioners often use devices in unintended ways;

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 interfaces designed to alert the user or sound an alarm provide poor feedback;

 failure to anticipate possible sources of error;

 automated features are inappropriately relied upon;

• devices lack proper affordances (e.g., buttons do not look like buttons or lack of obvious places to grasp or push);

• failure to account for the ambient environment or state of mind of the user;

 lack of training — device usage should be self-evident without requiring repeated consultation of manuals.

Note that none of these reasons speak to the functionality or reliability of the device itself, yet more than half of medical device errors are due to reasons stated above.

User researchers have the tools and techniques to reduce device errors resulting from these causes. We will focus on the primary technique, usability testing, and walk through some applications or tactics to uncover errors and suggest remedies.

Usability testing

Testing products with users is a critical component to success. All too often, those who work to develop a product find themselves too close to the process to have the objective viewpoint necessary to improve the design. Robust product information is found through one-on-one usability testing. Testing involves naïve users who are recruited from the target demographics and asked to use the product. As users complete the common tasks expected of the device, the results are carefully observed.

For example, if the product is a selfmonitoring device, tell the user the situation (e.g., it is time to check your blood sugar level) and hand them the box. Watch what they do to complete the task. The emphasis should be to observe behaviors. Do not engage in discussions until the user has worked through the task on their own. Use a "think aloud" protocol where the user verbalizes their thoughts while using the device. Usability testing should be both pragmatic and iterative. The goal is to identify potential usability issues that include dimensions like ease-of-use, error or failure, comprehension of instructions, learnability and satisfaction. With even a few users, major problems rise up and are identified very quickly. The general rule of thumb is to test six to eight users for every target user group. Thus, testing can be completed in days not weeks.

Results should be evaluated for potential design changes, and perhaps, depending on the nature or number of errors and their corrections, another round of usability testing is required. This iterative process ensures that problems are resolved before the product is launched. Performing comparative or head-to-head usability tests can also provide valuable data on features, functions and usability differences across products and your competition. These lessons can be exploited for future product development or marketing.

The following are good candidates for usability tests:

Device: Test to ensure that both first-time and experienced users can operate the device effectively and efficiently. Assess affordances of device controls, such as "Does this look like a button or switch?" Note errors and how users recover from errors. Ensure that feedback from the device provides sufficient information that users know when the process is complete and successful. In one usability test, we found that users often held the device in a manner inconsistent with intended use. one that could have resulted in serious injury and/or expensive product replacement. Affordances for proper handling were not obvious. A second test showed that users failed to recognize a device's handling cues (e.g., hand grips). Yet this turned out to be a benefit --- the device was more usable because of its flexibility with regard to handling. So rather than strengthening the handling cues, the lack of a strong cue enabled us to understand how flexible the device truly needed to be.

Labels and instructions: Test these elements early to remove jargon.

Terms that are heard everyday in product development or marketing are often gibberish to your users. In many cases, these documents and terms are left until just before launch and the only review occurs with the legal department. Why do we wonder that user guides are never read? Labels and icons are critical and should be tested objectively. In another usability study, we found that device labels were not as obvious to users as product developers thought they would be. The

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result was operation failure and a hazardous condition where the patient placed himself in danger.

Longitudinal experience: Let the device "soak" for a period of time and assess the user experience over time. Often, initial hurdles can be overcome and novel practices and techniques arise. Moreover, letting the device become part of a user's "routine" over time may show different uses and potential problems due to interactions with other devices or device errors. In

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our practice, we have found future product enhancements in interviews during longitudinal testing. In another study, we found intermittent device failure that went undetected in production testing and most likely would have resulted in high churn and poor customer satisfaction.

Some problems do not present themselves in a test setting but do appear in the ambient environment. For example, consider a medical device in an ICU that has an alarm that sounds at 1000Hz. There may be other devices that have alarms at the same frequency. Moreover, testing with users in close-to-typical environments may uncover the need for multimodal cues (e.g., alarms trigger lights and tones).

"Out-of-the-box" experience: Test the product as it will be given to the user. The user experience involves more than just the device. Exterior and interior packaging are prime candidates for testing (i.e., opening the box and removing the device). This is especially important for users who may be elderly, have impaired dexterity (e.g., rheumatoid arthritis patients), vision problems or find themselves using the device in less than optimal environments (e.g., low-light conditions). These usability issues are not easily uncovered during product design meetings, but they surface immediately to users. In one study, nurses turned off the lights in the room to simulate how they would prefer to use of the device to avoid disrupting sleeping patients.

Testing with prototypes

Modification and flexibility are essential to achieve good design. Recognize that the product need not be 100 percent functional to learn critical usability lessons. Test with prototypes. Test with foam mock-ups. Test with paper. Be pragmatic, but test with users. Obtain feedback to make design changes at the beginning of the development cycle — before too much programming or die molding have occurred. It is better and cheaper to identify a design problem early, rather than late, in the design process. For example, we have had success using touch-screens laid on a bed to simulate the use of a handheld device on a patient. We found that testing instructions and icons in draft form provide robust information that made the product easier and more intuitive to use.

Serve the need

For technology or products (or even packaging) to be successful both in patient care and in the marketplace, the devices have to serve the intended need in functionality and in usability. While this point may seem obvious, as pointed out above, multiple research studies show that user error still accounts for more than half of all serious medical device failures.

User research is a growing need in health care as more emphasis is placed on technology and, culturally, more care is designed to be in the home. The burden of learning a plethora of new devices in the milieu of a clinic or doctor's office is one that, for patient and care-giver safety, must be lessened by increased reliance on user research.

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YOUR FAVORITE FOCUS GROUP FACILITY MAY NOT BE DOING YOU ANY FAVORS

By Ted Donnelly, Ph.D.

Editor's note: Ted Donnelly has a research Master's in Business and a Ph.D. in Consumer Behavior and Advertising Research

If your favorite focus group facility does not have a highly sophisticated, computerized database of respondents...then you had better learn to accept cheaters and repeaters. Believe it or not, there are some facilities, which are quite busy, that still use a 3x5 index card system to keep track of respondents.

Strangely enough, many of them are getting away with it. What is "IT" you asked? IT is the antiquated system to recruit respondents for your focus groups. Some facility's *system* may be compromising the integrity of your project. The main problems lie with tracking research participation and managing an ever-increasing number of segmentation variables.

As we all know, the pace of research projects has become fast and furious. That makes monitoring research participation much more challenging. Multiple projects are being launched at any one time, making it critical to track not only *past* participation, but also *future* participation. Respondents may be scheduled for interviews that have not yet occurred, which would make them ineligible for other projects that may follow.

Additionally, marketers are segmenting their consumers to nearly comical degrees. In addition to the typical demographic variables, the makers of your favorite products and services slice and dice their customers by their personality traits, lifestyles, consumption patterns, and along a medley of other variables. The result of this radical segmentation is that marketing researchers are searching for a much more multifaceted mix of respondents. Computerized databases allow us to track and search for respondents along many segmented variables. By allowing the computer to cut through the first several layers of demographics, we can more efficiently recruit respondents by increasing our dialings focused on finding the lower incidence variables.

In today's research landscape, it has become unfeasible to manage research respondents by conventional, non-computerized means. Recruiting incidences have dropped dramatically due to a swelling number of segmentation variables. Fortunately, technology has allowed us to raise the bar in terms of the information that can be revealed through research. In the same way that a mathematician can make greater breakthroughs when not bogged down by doing trigonometry via long division, marketing researchers can now more accurately analyze the mind of the consumer. Computers allow us to track consumer behavior, run more sophisticated statistical analyses on attitudinal data, and allow us to manage more intricate consumer variables.

Additionally, if you can believe it, more research is being conducted than ever before. More research equals more research participation to track. The fact of the matter is that if a facility is recruiting without a computerized database, they either do not have a robust pool of prospective research respondents or they are not very busy. Either way, is this a company that you would want to handle your project? Do yourself a favor: determine which software program your facility of choice uses.



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The Business of Research

The top 10 things every entry-level marketing researcher should know

Editor's note: Robert E. Brown is president of Inquest Survey Research, St. Louis. He can be reached at 314-892-4834 or at rob3253@earthlink.net.

arketing research is a highly complex and specialized field. Individuals considering careers in this industry will do well to prepare themselves thoroughly. However, in this author's experience, even fairly rigorous formal training has lacked elements of practical significance critical to success in the workplace.

This article reviews the insights gained by one practitioner during his first seven years of experience in the marketing research industry by listing 10 items of which every new entrant to the industry should be aware.

• Play nice. The "rules" governing interpersonal interaction apply in marketing research, just as they do in every other field. The research industry tends to attract well-educated individuals, who often hold strong opinions regarding research techniques, methodologies, etc. While such knowledge is of indisputable worth, researchers must take care to exercise restraint in their interactions with each other and with clients. A measure of humility is required — there will always be someone else who knows more than you. The need to show deference and respect to co-workers and clients is certainly as critical in marketing research as in any other field — often more so.

By Robert E. Brown

• You will never have completely arrived. As noted above, marketing research is an extremely complex field containing elements of several other disciplines: psychotherapy, sociology, statistics, mathematics, consumer behavior, organizational behavior, marketing, etc. Although individuals may be inclined toward a particular area of research (e.g., qualitative vs. quantitative), truly superb practitioners have their fingers in several pies.

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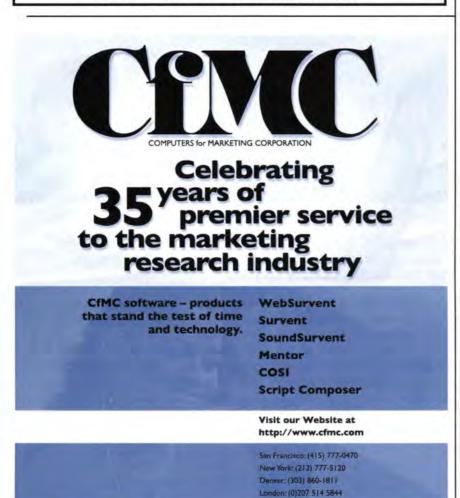
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641 Avenue of Americas, 4th Floor, New York, NY 10011-2002 www.MarketResearch.com Knowing when to use which method, rather than fitting all research problems to a preferred methodology, is critical to providing high-quality, actionable information. • Think, don't just calculate. Marketing researchers are marketers. Ultimately, the goal of every project is to provide clients with information that furthers some basic marketing objec-

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tive. Researchers must be ever cognizant of the real-world meaning and application of their data.

• Be flexible. Too often, marketing researchers dictate to clients (especially internal customers in the case of client-side research units) the appropriate methodology, sample size, etc., without always being fully aware of the background or history of the brand, product, package, company, politics, etc. In almost every case, clients know more about their business than do research suppliers. Thus, researchers must take care to consult with clients, being flexible to accommodate their unique needs, budget, timeline, etc.

• Got education? Given the variety of disciplines from which marketing researchers must draw, ongoing education is critical. You really can never know enough. However, a few specifics are key to the beginning researcher:

Technical writing skills — The English courses you took in college may or may not be sufficient. Academic writing tends to be much more verbose than business communications. Take a good technical writing course.

Statistical training — The statistics courses you took as an undergraduate were definitely not sufficient. Continued statistical coursework will be critical to your ability to extract usable information from survey data.

Table-building/analysis - Although multivariate data techniques are very powerful tools for researchers, clients' budget and/or time constraints will often preclude data analysis at that level. Thus, researchers must become experts at extracting key data points from and recognizing important patterns within simple crosstabulated data. Unfortunately, most academic curriculums with which this author is familiar are deficient in this area. Students of marketing research more often than not must supplement their formal studies with hands-on work experience to master this type of analysis.

Post-graduate degrees — Most beginning researchers will find themselves hitting a ceiling fairly early in their careers unless they obtain a graduate degree. Many long-time researchers recommend either an MBA supplemented with quantitative analysis courses or one of the MMR (master of marketing research) courses offered in the country. Advanced degrees in communications, sociology, consumer psychology, or related fields may also be options.

· Experience, experience, experience. Because marketing research is so specialized a field, most academic programs will not fully prepare beginning practitioners to design and direct marketing research projects. In particular, many novices do not have adequate experience with the process of collecting data - a critical shortcoming that can adversely affect project timelines, budgets and quality of information. This is an area properly addressed by both beginning researchers and marketing research employers through orientation, apprenticeships, seminars, and the like.

• It's not what you know, it's who you know. Networking is an important function for furthering careers. This is particularly true in the marketing research industry, where only two or three degrees of separation exist between you and everyone else involved in marketing research in your region (or even in the country).

• Learn to sell. As this author has observed, many researchers choose this field as a non-sales alternative within marketing and/or business. Surprise! It's not. A researcher will enhance his or her worth many times over by developing selling skills and actively seeking opportunities to sell research and to sell his or her own skill set.

• Feast or famine. Beginning researchers must be prepared to accept that their work volume will vary considerably from month to month — sometimes even from week to week. Proactive individuals will take advantage of work ebbs to hone their skills, maintain existing network contacts or make new ones, develop selling skills and otherwise prepare for periods of more intense activity. Also, beginning research should be prepared to accept that the "happiest time of the year" is also the busiest research suppliers will often experience significant up-turns in business activity during the holiday season (i.e., mid-September through mid-January) as clients spend the last of their research budgets. Brace yourself!

• Be patient. Just a little bit of perseverance can go a long way in the marketing research industry. Entrylevel employees' first year or two in marketing research are by and large training periods characterized by sinkor-swim experiences. Many novices work on projects during that time that test their skills to the limit and cause them to question their fitness to practice research. However, the value of employees thus trained and conditioned becomes quite high within a short period of time. Hang in there!



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Survey Monitor

continued from p. 8

with their health care providers. When faced with patient concerns, pharmacists are willing to explore PPI options with lower co-pays. In fact, when patients raise a co-pay issue, pharmacists are unlikely to support the value of a higher-cost product. Almost 40 percent of pharmacists tout the benefits of lower-cost PPIs in response to patient questions — and encourage switching to less expensive options.

Findings in the study, fielded in September 2002, are based on Internet surveys with 639 patients and 298 pharmacists, representing 197 chain and 101 independent stores. Qualifying pharmacists had a conversation or contact about a PPI product during the past week — with, for example, a patient or family member, a physician or office staff — that resulted in a re-evaluation of a third- or fourth-tier product. Qualifying patients were required to



be taking PPI therapies currently or to have received a PPI prescription within the past six months.

Typically, in the PPI class, co-pays of \$35 or more motivate patients to push back on cost issues, and ask their physicians or pharmacists to re-think their original prescriptions. Patients consider co-pays of \$16-\$18 acceptable for PPIs. Sensitivity to higher copays is greatest among patients who are filling multiple prescriptions each month. Those who are taking another medication with a first-tier or secondtier co-pay are most likely to question their health care providers when faced with a higher-tier PPI product.

"Clearly, patients play an important role in driving co-pay discussions and ensuring their doctors or pharmacists are providing the treatment options that offer the highest benefit at the lowest cost," says Elizabeth Rountree, executive vice president at Market Measures/Cozint. "In spite of the important role they play and the potential savings they can realize, fewer than half of PPI patients actively seek copay information, with most of them depending on their health plans for copay guidance. The majority of PPI patients - about 75 percent - have not even considered raising the issue of co-pays to their health care providers, with many believing that physicians or pharmacists have no control over cost."

Cost-driven switching varies by brand. Nexium, Prilosec and Prevacid show the highest levels of switching, with about one-fifth of prescriptions for these products changed to lowercost branded alternatives each month. Protonix and Aciphex have cost-driven switch rates of only 14 percent and 13 percent, respectively.

When patients think that their PPI brand is too expensive, they do not react by trying to stretch or postpone their prescriptions. Instead, they either fill it anyway or ask about other, lowercost brands. Patients say that their physicians are most influential in steering them toward lower-cost alternatives, while their health plans are least influential.

Although cost is important to PPI patients, effectiveness remains the

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200 Valley Road, Mount Arlington, NJ 07856 973 601-0111 · Fax: 973 601-0109 The Healthcare Research Specialists — Since 1982 most critical factor when considering a PPI treatment. When patients discontinue or switch PPI therapies, it's primarily because the drug did not achieve the desired effect. Few patients switch treatments just because of cost considerations.

When asked what factor has the greatest influence over their willingness to pay a higher co-pay for a PPI product, almost half of all patients cite efficacy. Another 28 percent say that the severity of their condition is most



important in impacting their decision to tolerate a higher co-pay. About 10 percent of patients, however, report that nothing would motivate them to remain on a higher-priced PPI, when lower-cost options are available.

Today, close to 90 percent of HMOs offer three-tier co-pays. With multitier plans now the norm, it's critical for pharmaceutical companies to understand how a drug's co-pay position — and its resulting cost to the patient — drives the ultimate prescribing choice. For more information call Chris Droukas at 800-456-4405 or visit www.marketmeasurescozint.com.

Wipes and accessories revolutionizing household cleaning

Wipes have been the biggest force for growth in the household cleaning market in the last five years. According to "The U.S. Market for Household Cleaning Wipes and Accessories," a newly published Packaged Facts report available at MarketResearch.com, Americans spent over \$872 million on wipes and accessories like mopping systems in 2002. Convenient cleaning products seem to be set to take over the entire industry, spurred by the demand among time-pressured Americans for quick ways to spiff up their houses.

The Clorox ReadyMop has set the benchmark for the explosive growth of the wipes and accessories market. Introduced in 2002, the ReadyMop came out as the best new performing non-food brand that year and earned over \$200 million in sales. Product breakouts like this are rare, but given the overall popularity of wipes in the U.S. the staggering performance of the ReadyMop is put into context.

"The convenience of wipes has changed Americans' concept of cleaning," says Don Montuori, acquisitions editor for Packaged Facts. "Mopping a floor is no longer a drawn out process that involves a bucket of increasingly dirty water. The new breed of mop and electrostatic broom mean consumers can clean a floor with a minimum of effort, making people likely to do so more frequently. The growth potential here is truly staggering and we're predicting that this entire market could be worth close to \$4 billion by 2007."

Yanks still most popular team

With the 2003 baseball season under way, a new Harris Poll finds that the New York Yankees are the nation's most popular baseball team, followed by the Atlanta Braves. These two teams have a substantial lead over all other clubs, as they have done in every survey like this conducted by Rochester, N.Y.-based Harris Interactive since 1993.

Apart from the Yankees and the Braves, the next most popular teams are the New York Mets, the Cleveland Indians and the Minnesota Twins. Other teams which make it into the top 10 are, in descending order: the Boston Red Sox, the Chicago Cubs, the Los Angeles Dodgers, the San Francisco Giants and the Cincinnati Reds.

Along with the two Canadian teams (whose support is predictably low as the survey was limited to residents of the United States), the teams with the smallest numbers of fans are the Tampa Bay Devil Rays, the Chicago White Sox, the Kansas City Royals and the Florida Marlins.

This is the first time Harris Interactive has conducted this survey since 1999. The most dramatic change since then has been the rise of the New York Yankees and the decline of the Atlanta Braves. In every survey between 1993 and 1999, the Braves topped the Yankees, usually by quite a wide margin. This is the first of these polls to show the Yankees ahead.

Other notable changes since 1999 include:

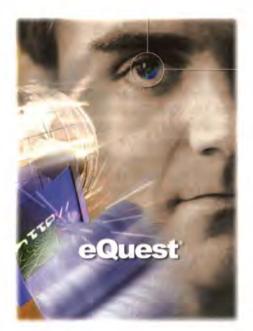
• the New York Mets moving up from 12th place to third place;

• the Minnesota Twins rising from 11th to fifth place;

• the Chicago Cubs dropping from third to seventh place;

• the San Francisco Giants rising from 26th place to ninth place;

• the Baltimore Orioles falling from ninth place to 18th place.



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It is noteworthy that winning the World Series or winning a pennant does not catapult teams to the top of the list, although it surely helps. Last year's World champions, the Anaheim Angels, are only in 16th place, and the San Francisco Giants, the runners-up, and are in ninth place.

In addition to being attracted to champions, baseball fans seem to be drawn to specific players, and the players' superstardom translates into support of entire teams. For example, St. Louis ranked higher when Mark McGwire was breaking the home run record, and San Francisco has moved up recently due to the unprecedented success of Barry Bonds.

Although the top two teams (the Atlanta Braves and the New York Yankees) both won the World Series in the '90s, they also consistently field good teams, receive a lot more television exposure, and, most importantly, have huge stars and even bigger payrolls. The smaller cities with fewer stars, lower payrolls and less media exposure generally seem to rank lower in the poll, regardless of how they fare during the baseball season. Not sur-



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prisingly, seven of the top 10 most popular teams in this Harris Poll are also on the list of the top 10 highest payrolls.

These are the results of The Harris Poll, a nationwide survey of 943 adults who follow professional baseball. This sample is part of an overall nationwide cross section of 3,278 adults who were surveyed online between March 27 and 31, 2003. For more information visit www.harrisinteractive.com.

High-tech companies jumping off branding bandwagon

A new study on worldwide strategic branding practices within high-technology firms finds that 60 percent of the companies surveyed have implemented long-term brand identity strategies, down significantly from a benchmark study conducted five years ago.

The new study — a joint project by San Francisco-based research firm Socratic Technologies and Mexicobased brand marketing consultancy Nelson & Company — was initiated to determine what changes have occurred since their initial 1997 study and how high-technology companies now define and approach branding as a corporate initiative.

Nearly 1,100 technology marketers from around the world responded to the online study hosted by Internet sites frequented by high-technology decision-makers. "Our second wave of research clearly shows that fewer hightech firms in all major regions of the world are establishing long-term brand identity strategies," says Bill MacElroy, president, Socratic Technologies. "Further, it appears that a 'brand divide' exists between small and large technology companies. While 84 percent of large tech companies have a long-term brand strategy in place, only 43 percent of small companies and 66 percent of medium-sized companies have a strategy in place. The 'brand divide' seems consistent across most study measures."

More than half of all respondents defined brand primarily as "name,

identity, logo, and recognition" while a much smaller number offered broader definitions of brand, which encompassed the entire customer experience.

A series of brand-building support responses help further define the 'brand divide.' Nearly 80 percent of large companies support brand-building while just 61 percent of small companies do. Asked if they spend a lot on brand, 54 percent of large companies said yes while only 20 percent of small companies were in agreement. Nearly 70 percent of large companies but only 46 percent of small companies agreed that brand management is an essential practice. And, only 39 percent of small companies agreed that there is a brand culture at their company versus nearly 60 percent of large companies who agreed they have a brand culture.

"The fall-off in use of brand strategy and the significant divide between small and large companies may be linked in part to the continuing technology recession that places focus on survival for small companies and spending discretion for large companies," says Bob Nelson, president, Nelson & Company. "Many technology companies may view branding as a luxury they can afford only during good times. We found that CEOs make nearly 60 percent of small-company brand decisions but only 38 percent of CEOs at large companies make brand decisions, delegating that responsibility to the vice president or director of marketing level. When asked, though, if senior management completely understands branding, only 22 percent of small companies and 40 percent of large companies said yes. The study may show that CEOs at small companies are concerned primarily with staying alive and do not understand or support brand. Small companies are much more likely to say their focus is elsewhere, they don't have the money or resources, or they are too small or new to place any emphasis on branding," Nelson says.

Over 60 percent of all respondents said they do not measure branding ROI. That number increases to 73 percent for small companies but drops to 44 percent for large companies. An increase in sales was the principal metric for most companies followed by awareness. Small companies favored impact on sales and large companies used win/lost ratio and awareness as key metrics.

Other study findings affirm the apparent technology "brand divide." Small companies rely primarily on feature messages to communicate while large companies place emphasis on specific brand messages or a combination of messages. Small companies do not believe their brand is stronger than competitors while large companies reported that their brand is much stronger. Large companies also are predominately global in scope while small companies are principally local or national. Size and money and organizational structure were noted as key barriers to achieving global reach. For more information visit www.sotech.com or www.nelsonbranding.com.

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Research Industry News

continued from p. 15 BRM Capital.

Acquisitions

London-based research company Synovate has fully acquired technology company ViewsCast, which specializes in automated call center satisfaction monitoring.

U.K.-based Millward Brown has acquired U.K.-based Sadek Wynberg Research. The acquisition will result in the merger of Millward Brown UK's Qualitative Unit with Sadek Wynberg to form a qualitative practice known as Sadek Wynberg Millward Brown. The new operation will be headed jointly by Rebecca Wynberg and Nadim Sadek, with Sadek being appointed to Millward Brown's global qualitative board, and Wynberg taking a position on Millward Brown UK's management committee. Sadek Wynberg's current Queensway offices will be used as the new practice's London base, while Millward Brown's Warwick office will continue to be home to a qualitative team.

Bellomy Research Inc. (BR1), Winston-Salem, N.C., announced that Floating Point Systems software development company has joined the firm. By having an in-house software development team, BRI is able to expand offerings in the areas of interactive research and customizable real-time deliverables.

Taylor Nelson Sofres (TNS) has acquired the National Drinks Survey (NDS) a study of U.K. consumer drinking habits. Together with TNS's FFP (Family Food Panel) service - a study of U.K. food and drink consumption -TNS will provide a consumer usage information package to food and drink manufacturers and retailers. As a result of the acquisition, TNS will take over full responsibility for NDS from Nestlé, which established the survey in 1970. TNS has been collecting and processing the data for the past four years and will now take charge of selling, marketing and servicing all clients.

Alliances/strategic partnerships

Beacon Associates, a Waitsfield, Vt., marketing research firm, has joined forces with Robinson Research Group to create BrandDirector, a new division dedicated to helping clients build their brands.

The James J. Hill Reference Library, St. Paul, and research firm **Information 2 Intelligence** (i2i) have formed a strategic alliance to blend the secondary research capabilities of the library with the Webbased primary research abilities of i2i.

New York-based health care research firm WebSurveyEurope and health



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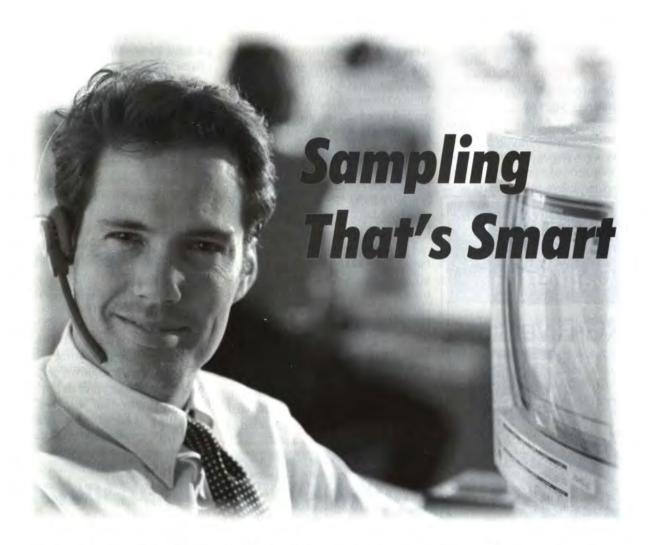
care research firm **PSYMA** will work together to deliver online surveys to assess marketing research information from physicians and other health care professionals. Under the terms of the letter of intent, PSYMA will have immediate access to physicians in Europe and the United States for performing marketing research. PSYMA will perform questionnaire design and data analysis while WebSurveyEurope will field the studies and provide the results.

Online research provider **Dynamic Logic** and **Millward Brown USA** have formed a strategic partnership. The alliance gives Millward Brown USA access to Dynamic Logic's AdIndex system. The two companies will work together to develop new product offerings for measuring the effectiveness of multi-channel marketing.

FUSE, an Australian software company specializing in rich media data collection applications for survey research, has become an SPSS MR Technology Alliance Partner. Users will now be able to layer FUSE multimedia objects with SPSS MR's mrInterview survey platform.

New York-based **Nielsen Media Research** has selected DWJ Television, a broadcast public relations company, to beta test its new SIGMA Web Entry and Delivery system. Beginning June 2nd, DWJ and two other beta testers will be able to communicate all SIGMA requests through "SIGMA Central" via the Internet. The service will be rolled out to the rest of Nielsen's SIGMA clients on June 16th.

Arbitron Inc., New York, announced that Médiamétrie, a French provider of TV, radio, Internet and cinema audience measurement, has signed a license agreement that will enable the independent media measurement company to evaluate Arbitron's Portable People Meter (PPM) system in Paris. The twoyear agreement will enable Médiamétrie to evaluate the PPM encoding system and the willingness of Parisians to keep the pager-sized PPM device with them as they go about their daily routines. Médiamétrie will also appraise the radio and television ratings from the PPM and



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compare the ratings to the current audience measurement systems — set-top people meters for TV and day-after telephone recall for radio — used in Paris.

Association/organization news

The board of directors the **Council of American Survey Research Organizations** (CASRO) has voted to continue discussions with other research industry associations that could result in the formation of a federation to coalesce industry efforts in the areas of gov-



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ernment affairs, respondent cooperation and strengthening the image of the industry. CASRO has engaged in federation discussions with the Advertising Research Foundation (ARF), the Marketing Research Association (MRA) and the Council for Marketing and Opinion Research (CMOR) for the past several months. "Our discussions have been productive and constructive," says Paul Talmey, chair of CASRO. "One of our primary objectives has been to focus on the important 'one industry, one voice' issues we could work on cooperatively and more effectively in a federation."

The proposed federation would be open to any industry group wishing to affiliate. "The CASRO Board is very interested in combining forces with other research industry groups to deal with these three critical issues," says Bob Cohen, CASRO immediate past chair. Talmey and Cohen serve as the CASRO representatives to the industry discussions. They were joined by the two principal elected leaders in each of the other associations. Simon Chadwick acted as facilitator for the group.

"Working together to resolve the regulatory and image issues we face as an industry makes practical sense," says Talmey. "And, if we expect to reverse the declining rates of respondent cooperation and increase respondent satisfaction, it will be the result of the industry working together on measuring the problem and determining internal and external solutions.

"While some research industry organizations are interested in a commitment to merge, the CASRO board has consistently held that the interests of our members and the industry are best served through a federation of independent associations targeted to the issues of government affairs, respondent cooperation, and industry image."

Awards

The Advertising Research Foundation (ARF) bestowed its ARF Naples Research Industry Leadership Award on two researchers, William T. Moran, president, Longman-Moran Analytics, and William J. (Jay) Wilson, vice chairman, NOP World, at the ARF annual convention in April. The award is given annually in recognition of those who have "stepped beyond the bounds of their daily business to move the research industry forward through their personal leadership." Moran was recognized for his leadership in developing methods by which to identify routes to more profitable business alternatives and Wilson for his role in bringing to life the Council of Market and Opinion Research and helping to make it a voice for the research industry.

Separately, the 2003 ARF Ogilvy Awards Grand Winner went to IBM. The winner in packaged goods was P&G's Crest Whitestrips team and the winner in Services was Capital One's No Hassle Card crew.

IBM's e-business infrastructure campaign received further recognition at the ceremony as some 250 research industry leaders acknowledged IBM's highly successful effort at searing into the minds of business executives the critical importance of being prepared with "ebusiness infrastructure" solutions. IBM marketing and communications researchers contributed key insights into ways to increase recognition of infrastructure problems and solutions without turning off non-technical business executives or alienating IT thought leaders. IBM's advertising agency for this award-winning work is Ogilvy & Mather. The research agencies supporting the winning campaign include: Ameritest Research, The Maya Group and Perception Research Services.

Receiving the Grand Winner Award was Anthony Michelini, director, worldwide IMC research at IBM. Michelini also picked up the award for winner of the "Considered Purchases" category.

Other 2003 award winners:

Ist runner-up, services category – Windows XP for its "Yes You Can" campaign, award received by Anne T. Groom, director of corporate and communications research, Microsoft.

lst runner-up, packaged goods category – A-1 Sauce, "Yeah, It's That Important" campaign, award received by Diane Phillis, category insights manager, Kraft Foods.

Ist runner-up, considered purchases category – Advair, "Asthma was, Advair is" campaign, award received by Karen Radkowsky, senior partner, Ogilvy & Mather on behalf of the client, GlaxoSmithKline.

2nd runner-up, packaged goods category – Ocean Spray White Cranberry Juice, "Great for Drinking" campaign, award received by David Wiesenfeld, senior manager, consumer insights, Ocean Spray Cranberry, Inc.

For 2nd runner-up, considered purchases category, there was a tie vote among the judges. The award was shared by Chevrolet Avalanche for the "It Changes" campaign (award received by David Hudson, E.V.P., director, planning and development, Campbell-Ewald); and by Lexus for the "New World of Luxury" campaign for Lexus ES (award received by Mark Miller, associate director of strategic planning, Team One Advertising).

New accounts/projects

Information Resources, Inc. (IRI), Chicago, has signed a letter of intent for a multi-year strategic consulting agreement with the Procter & Gamble Company to provide a range of IRI's proprietary consumer and retailer insights products and services. Financial details were not disclosed.

New companies/new divisions/ relocations/expansions

New York-based **Ipsos Group** has launched Ipsos-Insight, the Group's flagship U.S. company specializing in marketing research for domestic clients as well as U.S.-based multinationals. The new company brings together the staff, capabilities, products and services of Ipsos-NPD (founded in 1953) and Ipsos-Reid (created in 1979) into one organization in the U.S. Effective immediately, all marketing research services in the U.S. will be marketed under the Ipsos-Insight name.

Company earnings reports

Rochester, N.Y.-based Harris Interactive reported revenue and earnings for its third quarter of fiscal 2003 ended March 31. Revenue for the quarter was \$32.1 million, up 13.3 percent from \$28.3 million reported for the same period a year ago, and approximately even with \$32.5 million revenue reported for the second quarter of fiscal 2003. Net income for the fiscal third quarter was \$2.6 million or \$0.05 per share, up 24 percent compared to \$2.1 million or \$0.04 per share reported for the second quarter of fiscal 2003. The company reported a net loss of \$1.2 million or (\$0.02) per share for the same period a year ago. For the nine-month period ended March 31, revenue was \$94.9 million, and diluted net income was \$5.6 million or \$0.10 per share.

Austin, Texas-based Web research firm **Inquisite** reported its most profitable quarter to date for the quarter ending March 31. The company reported an almost 90 percent increase in sales over that same period in 2002 and acquired several new Fortune 1000 customers.

Nuremberg, Germany-based **GfK Group** reported that in financial year 2002 sales rose by 10.6 percent to EUR 559.4 million. GfK generated 63.4 percent of its sales abroad. The final accounts for 2002, prepared for the first time in accordance with U.S. GAAP, confirm the growth trend already evident



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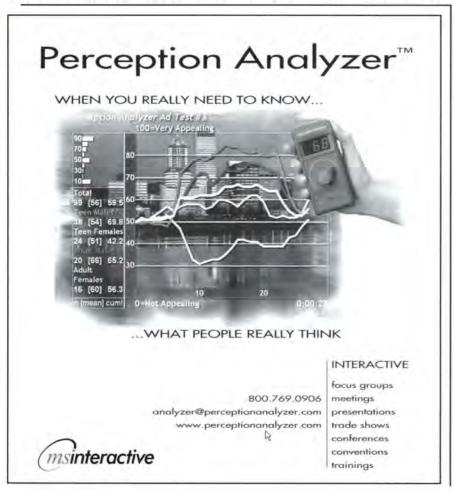
in the preliminary figures released at the end of February. Growth in EBIT, including income from participations, was EUR 50.0 million, which outstripped the figure for 2001 of EUR 32.7 million by 53.1 percent. The EBIT margin after income from participations rose accordingly to 8.9 percent (previous year: 6.5 percent).

For the quarter ended March 31, Chicago-based **Information Resources, Inc.** reported net income of \$260,000 or \$0.01 per share compared to a net loss of \$9.4 million or (\$0.32) per share for the first quarter of 2002. First quarter results for 2002 included a charge of \$7.1 million or \$0.24 per share due to the change in accounting for goodwill and restructuring charges of \$5.3 million or \$0.11 per share.

First quarter consolidated revenues of \$137.7 million were 3 percent higher than the first quarter of 2002. U.S. revenues of \$100.2 million were flat versus prior year. While revenues from IRI's U.S. Retail Tracking business, which comprises about 70 percent of the U.S. business, were down 2 percent for the quarter versus prior year, the U.S. Panel and Analytics business continued to post strong growth, up 9 percent over the same period last year. International revenues of \$37.5 million were 13 percent higher in U.S. dollars than the first quarter of 2002, but 4 percent lower in local currencies. International revenue grew 2 percent in local currencies excluding IRI's German operation, which is showing signs of recovery after a difficult 2002.

SPSS Inc., Chicago, announced results for its first quarter ended March 31. Revenues and diluted earnings per share were \$49.0 million and \$0.08 in the quarter, as compared to \$49.6 million and a loss per share of (\$0.15) in the same period last year, respectively. Included in the results for the quarter ended March 31, 2002, were acquisition and other nonrecurring charges of \$4.7 million, or 15 cents per diluted share.

Operating income improved to \$2.0 million in the quarter from an operating loss of \$4.8 million in the same period last year. Included in the results for the quarter ended March 31, 2002 were



acquisition and other nonrecurring charges of \$4.7 million. This improved profitability was primarily due to the company's reduced expense structure resulting from the restructuring of its field operations in the second half of 2002. In addition, SPSS reduced its facilities and terminated certain investments. These expense control programs cut total headcount by 7 percent, total payroll by 8 percent, and field sales and services personnel by 25 percent.

The company recorded another quarter of positive cash flow from operations and improvement in its net cash position. Additionally, SPSS secured a four-year credit facility with Foothill Capital Corporation, a wholly owned subsidiary of Wells Fargo & Company, providing the company with an expanded borrowing capacity of up to \$25 million.

Opinion Research Corporation, Princeton, N.J., announced revenues for the first quarter ended March 31 of \$43.2 million, up from \$42.5 million in the corresponding quarter last year. Social research revenues were \$27.8 million, versus \$24.0 million last year. Market research revenues were \$12.0 million, versus \$14.3 million in the prior year. Teleservices revenues were \$3.4 million, versus \$4.1 million last year.

Net income for the first quarter was \$0.7 million, or \$0.12 per diluted share, versus net income of \$0.5 million, or \$0.08 per diluted share, in last year's first quarter. Last year's results included a charge of \$0.3 million, or \$0.05 per diluted share, for the cumulative effect of an accounting change. Cash flow was used to further reduce debt to \$45.1 million from \$46.9 million at December 31, 2002.

Fairfield, Conn.-based **IMS Health** reported first quarter diluted earnings per share of \$1.71 on an SEC-reported basis, compared with \$0.20 in the year-earlier period, and \$0.20 per share on an adjusted basis, unchanged from the 2002 first quarter. Revenue for the quarter ended March 31 grew to \$313.9 million, up 8 percent. Adjusted results measure the performance of ongoing IMS core operations and exclude gains and losses on transactions, severance and impairment charges and certain other items.

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- Data Enhancement Services



Product & Service Update

continued from p. 12

overall project progress chart; resource utilization bar graph; indicator for currently active resources.

CAN-PLAN will produce reports suitable for project status meetings or executive reporting, displaying accumulated running totals for cost estimates and a Gantt chart with a current day/week timeline, for a 53-day, 53-week or 53-month moveable window from any start date. Users can flip-flop from days to weeks to months at any time on any plan.

CAN-PLAN allows categories to be defined for roll-up summarization of cost estimates and Gantt chart durations of each category. This can be used for any analysis (type of work, type of worker, phases of job, cost center, account category, stakeholder participation, etc.). The report can be sorted by task, start date, duration, end date, category or cost.

There is a push-button facility for printing on letter-sized, legal-sized or A4-sized paper, and for saving the current file in the archive directory, with the project number, name and date/time stamp.

The program is based on Excel and Visual Basic for Applications, and requires Excel to run. It does not have to be installed or loaded as an "addin"; open it in Excel, click the "DOC" tab, and begin entering project data.

CAN-PLAN highlights all tasks in progress, identifies those that are due for completion within the next seven and 30 days, and shows project progress in both dollars and percentage. For more information visit www.billmcmillan.com/CAN-

PLAN.html.

Scarborough enhances PRIME NExT

New York-based Scarborough Research has launched Study Maker, a new feature within the company's PRIME NExT data analysis software. Study Maker enables users to double the sample size of any Scarborough database by looking at 24 months of consumer measures. On a national level, this creates a database with 400,000 respondents, and on the local level, between 4,000 and 20,000 respondents, depending on the specific local market.

Study Maker lets Scarborough clients to drill into the consumer, shopping, media, lifestyle, and demographic categories Scarborough measures, and it facilitates developing a more granular analysis of consumer behavior. Scarborough's double databases provide an analysis of important low-incidence consumer phenomena and emerging and significant consumer and media trends.



The Study Maker feature combines data sets from two continuous Scarborough 12-month studies into one 24-month database, enabling clients to develop insights available only through data sources that offer a full 24-month perspective. Study Maker is available on the company's PRIME NExT data analysis software. For more information visit www.scarborough.com.

Report gathers reactions to Bush health care reform ideas

Houston-based research firm Med-Mark has released its new study based on the health care plans discussed in the 2003 Presidential State of the Union Address in which President Bush called for Medicare reform and malpractice litigation award limits. It also addresses components of the Medicare plan presented in Bush's March 4th American Medical Association convention speech. Med-Mark collected reactions from health care executives and providers nationwide. Representatives from health care organizations were interviewed for the study in which they shared their opinions on President Bush's reform proposals. Specifically, the health care representatives provided recommendations on how to allocate the \$400 million that President Bush would use to strengthen Medicare and provide medical malpractice reforms that would limit lawsuit awards. For more information visit www.med-mark.com.

Free radio guide from Arbitron

New York-based Arbitron has released Radio Today: How America Listens to Radio, 2003 Edition, its annual update on radio listening and formats. For the first time, Scarborough consumer data have been included along with the Arbitron audience data to develop a comprehensive profile of listening across America.

With Scarborough USA+ information on the purchasing plans and leisure activities for each of the 13 Arbitron radio formats, the study provides insight into the evolving relationship between



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radio and its diverse listener base. The new Radio Today report also uses MaximiSer Plus data from all markets for the first time. The free study can be downloaded at www.arbitron.com/ study/radio_today02.asp.

Directions Research launches new producttesting program

Cincinnati-based Directions Research, Inc. is now offering its proprietary new product-testing program titled Navigator. Navigator offers a consolidated database of product testing experiences and learning that can be integrated into a client product-testing program. The historic information culled from Navigator shapes and guides research efforts, acting as a "map" to reach product test conclusions more effectively.

The Navigator program represents a partnership between Directions Research and the University of Georgia's Masters in Market Research program to determine methods to "bridge" the results of over 3,400 product tests into a coherent, validated body of knowledge. This comparative data allows clients to gain perspective on their current efforts, providing a context and helping determine the most sensitive and efficient testing process to meet research objectives.

Navigator is designed to help address research considerations such as: the effects of branded vs. blind testing; methodologies to break ties; category effects on product ratings; issues of scale and measurement sensitivity; reference points for blind product tests. For more information visit www.directionsresearch.com.

Service offers third-party validation of Web site circulation

NetRatings, the New York-based provider of the Nielsen//NetRatings Internet audience measurement and analysis services, has launched SiteCensus, a census-based site measurement service that gives users thirdparty validation of Web site circulation. SiteCensus provides a site-centric approach to audience analysis, delivering information for niche and local market research needs. It addresses the business needs of media companies, content publishers and other Internet companies with measurements of metrics such as number of visitors, page views, time spent and site demographics.

The service: provides research analysis for sites with smaller audience sizes; delivers regional and local market tracking, along with gender, age and clientspecified custom demographics; tracks a site's entire audience, including traffic from wireless and hand-held devices, Internet appliances, shared home and office computers, university PCs, as well as public terminals including libraries and Internet cafes.

The service's census-based measurements are provided through a page-tagging system. When encoded in any Web site page, the tag provides a count of every page view and visitor, while also selecting and surveying a representative sample of the audience. For more information visit www.nielsennetratings.com.

New directory of managed care organizations

The National Directory of Managed Care Organizations, fourth edition, has been published by the Managed Care Information Center, Manasquan, N.J. The directory includes market intelligence information on more than 1,750 managed care organizations, representing 4,482 plan types.

Along with profile listings of health maintenance organizations (HMOs), preferred provider organizations (PPOs), utilization review organizations (UROs), point-of-service plans (POS), and several other types of managed care organizations, the directory covers specialty HMOs + PPOs, and includes details on PBMs, URs, TPAs, PSOs, POSs, EPOs, Medicare and Medicaid Plans, and Medicare+Choice plans.

Profiles include company name and address, parent company, telephone number, fax number, key contacts, model type, plan type, service area, enrollment data, benefits covered and products provided, as well as other pertinent information.

Directory profiles also include details on type of coverage offered, profit status, accreditation, year founded, model type (staff, IPA, group, network or mixed), number of hospitals in the plan's network, primary physicians and specialist physicians.

The directory also identifies plans' financial and statistical information such as revenue, enrollment, medical loss ratios and administrative expense ratios.

Coverage of such areas as vision, dental benefits, wellness, behavioral health, home health care, chiropractic, physical therapy, podiatry, transplant, long-term care and psychiatry is also included in the profile data.

The National Directory of Managed Care Organizations, fourth edition, is available in four formats: a 714-page print volume; a CD-ROM edition in PDF format; a database on CD-ROM, and an online version accessible via MCIC's Web site, www.themcic.com.

The CD-ROM edition in PDF provides high-speed searching, while the database on CD-ROM is delivered in a format that imports into most database and spreadsheet programs.

The online database incorporates searching capability with an option to download search results for importing into other database or spreadsheet programs.

New interface between PRO-T-S and ARCS

Marketing Systems Group, Fort Washington, Pa., and DBM Associates, Whitehouse, N.J., have developed an interface between the PRO-T-S researchPredictive Dialer and DBM's ARCS IVR system. The interface will allow a live interviewer to screen for the correct person or gain cooperation and then transfer the interview and data collected into the DBM ARCS IVR system to go through the remainder of the questionnaire in an automated environment. The data that has been collected in the live operator script, that could impact the skip patterns in the IVR portion, is sent along with the respondent to either a locally attached ARCS IVR system or one located remotely. For more information call Dan Bernard at 402-489-0000 or visit www.arcsweb.dbma.com.

Database profiles retail picture in 100 metropolitan areas

The National Research Bureau (NRB), a Chicago shopping center intelligence firm, is offering Retail Real Estate America (RREA), a new supply-anddemand data resource that profiles the largest 100 metropolitan areas from information supplied by the NRB Shopping Center Database, the Trade Dimensions Retail Database and Claritas Inc. NRB is a division of San Diegobased information firm Claritas.

RREA, which is available in e-book format, features market overviews and in-market Web links for the top U.S. markets. The Trade Dimensions retail data are presented by selected retail category within a market for each retailer with five or more locations in the market. These retailers would be located in all types of locations, including both shopping center and non-shopping center locations. The Trade Dimensions Retail Database contains profile data for all supermarkets, mass merchandisers, liquor stores, drug stores, wholesale clubs, cigarette stores, convenience stores and category killers - a total of 321,323 outlets.

The Claritas demographic data package includes current and forecasted population estimates, household and income growth, race/ethnicity profiles and retail sales and employment statistics by county within MSA.

Web site information links are also provided for each market, extending the scope of the product to local information sources such as economic development commissions, local government market information sources and major business publications available in the market. For more information visit www.nrbonline.com.

New online kids panel

The KidsCom Club Youth Panel, from Milwaukee-based marketing firm Circle 1 Network, is an online research panel of boys and girls ages 8-14 from across the

U.S. Kids join the club for games, chat and creative activities that are available on the KidsCom Web site (www.kidscom.com), not just to take surveys. These non-survey activities are intended to keep members active and involved with the panel without over-using them for surveys. The panel has over 38,000 members. Clients can get feedback from panel members through custom surveys or the monthly omnibus survey. The Youth Panel can be used to evaluate products, packaging or advertising concepts, learn youth preferences and opinions, discover the latest trends and gather Internet, wireless and gaming usage information. The KidsCom Club Youth Panel is compliant with the Children's Online Privacy Protection Act (COPPA). Parents have provided their consent for KidsCom Club Youth Panel members to participate in research. For more information visit www.circle1network.com.

Briefly...

Three research companies — The TCI Group, Minneapolis; The Miller Research Group, Mt. Prospect, Ill.; and DataProbe International, Irving, Texas — have established a strategic partnership to form Information 2 Intelligence. The firm will provide **Web-based business and research services** from offices in the U.S., U.K., India and Australia. For more information call 866-424-0909.

The RIVA Training Institute is now offering its Master Moderator Certificate program. The Master Moderator Certificate will be awarded to those who complete a series of courses, workshops and private study and then demonstrate skills and knowledge to an objective examination panel through both written and practicum examinations. For more information visit www.RIVAinc.com.

Informatouch, a Phoenix-based company specializing in touch technology applications, has introduced DIGIVEY. DIGIVEY (digital survey) is a **multilingual, multimedia-capable software tool** that uses touch technology to conduct marketing research where respondents answer questions in either text or images in their preferred language and on their own pace. For more information visit www.digivey.com.

Pittsburgh-based Direct Feedback, Inc. is now offering focus group clients highspeed wireless Internet access.

Saskatoon, Saskatchewan-based Itracks has **doubled its call center** to accommodate increased demand for its online computer-assisted telephone interviewing service.

Millward Brown has launched its new children's research Web site at www.millwardbrown.com/kidspeak to coincide with the release of the new book *BRANDchild* by brands expert Martin Lindstrom, which looks at global kids and their relationship with adult brands and is based on results from research conducted by Millward Brown among tweens (ages 9-14).

Chicago-based ACNielsen U.S. has released version 7.0 of its Spaceman **merchandising software solution**. The new version extends Spaceman's reach to new retail channels, while giving users new merchandising design and sales analysis capabilities. For more information visit www.acnielsen.com.

The American Society for Quality has published *Customer Satisfaction Toolkit for 1SO 9001:2000* by Sheila Kessler, which explores the basic tools currently being used in customer satisfaction systems and shows how they can be applied in meeting ISO 9001:2000 requirements for a customer satisfaction system. For more information visit www.asq.org.

American Sports Data, Hartsdale, N.Y., has released its Comprehensive Study of American Attitudes Toward Physical Fitness and Health Clubs, the third in a series of tracking studies initiated by the International Health, Racquet & Sportsclub Association. The 410-page report contains sections on psychological stress (and its antidote); dieting and weight loss; the "fat and fit" philosophy; fitness technology; new dimensions in fitness measurement; public opinion on the subsidization of healthy lifestyles, and more. For more information visit www.americansportsdata.com/consumer attitudes.asp.

Prenatal

continued from p. 20

Brooklyn, and Haitian-Creole-speaking women from Brooklyn's Crown Heights and Flatbush sections.

All had to be pregnant currently or within the past five years, with at least one of the following characteristics: homeless, a survivor of domestic violence, a substance user within past five years, had been incarcerated within past five years, or had exchanged sex for drugs or money in past five years. We didn't ask if the subjects were HIV-positive or an undocumented immigrant, although it was often known by the recruiters, who were from CBOs that provided services to the populations we were studying. Keeping with the theme of contacting only the hardest-to-reach women, the organizations were instructed to recruit women they had been unable to serve.

Just as the recruiting was anything but traditional, so too were the rooms we used to hold the focus groups. We felt it was important to conduct our research in a location in which the women were familiar and comfortable, but there are no professional facilities in any of these neighborhoods. A representative of a medical school clearly didn't get it when we asked for help in finding a facility that had an observation space with a one-way mirror. She suggested that we use a police precinct interview room. (Not a Law & Order viewer, we surmise.)

Recognizing the challenges faced in gathering data from respondents who were not expected to be forthcoming, along with special cultural concerns, we used qualified moderators who were sensitive to the characteristics of the focus group respondents. We also employed simultaneous translators, so the team could keep track of the proceedings in real time.

Not all the advice we received was accurate. With regard to cultural issues, we were told Haitians especially would not participate in front of a video camera. We found little difficulty — the Haitians were just as

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The cloud and umbrella imagery and the tagline "Protect yourself and your baby. Get early prenatal care." (shown here in the Haitian-Creole version) came directly from the focus groups.

forthcoming as the other groups.

In fact, we were surprised by the openness exhibited by all the respondents. Without exception, they were extremely enthusiastic about the process, largely because they felt it was rare for someone to legitimately solicit their opinions. The result, time and time again, was a motivated focus group. Moreover, they were so oblivious to the videotaping that several pulled their shirts up to rub their pregnant bellies, even with a man in the room operating the Perception Analyzer system.

First round: messages and images

Two rounds of focus groups were conducted. The first round was relatively conventional. The women were encouraged to discuss their previous experiences with prenatal care and benchmark their attitudes about the process, the barriers, and their decision-making in obtaining prenatal care, if they had sought any.

Among their reasons for not getting prenatal care, they said that a medical exam would reveal drug use, thereby proving the mother unfit. The result **Marketing Research Seminars from**

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506.Customer Satisfaction Research

101.Practical Marketing Research

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DallasFeb 11–13	ChicagoSept 8-10	507.Analysis and Interpretation of Cu	stomer Estisfaction Data
Los AngelesMar 17–19	Las VegasOct 13–15		
ChicagoApr 14-16	AtlantaNov 17-19	New York Mar 6–7	ChicagoAug 14–15
Cincinnati		508.Positioning Research	
BaltimoreJune 23-25		New York	Los AngelesNov 6
104.Designing Effective Questionnaire	s: A Step by Step Workshop	CincinnatiJune 12	
New YorkJan 14-16	ChicagoAug 5–7	509.Pricing Research	
Los AngelesMar 25-27	San Francisco Oct 20–22	New York	Los AngelesNov 7
CincinnatiMay 28-30		CincinnatiJune 13	Booringeres tretter trates t
106.Fundamentals of Internet Marketin	ng Research Methods		and the second
Las Vegas	ChicagoNov 13-14	601.Data Analysis for Marketing Rese	
New YorkJuly 22-23	change	BaltimoreFeb 24–25	Chicago
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201.Getting the Most Out of Tradition	al & Online Qualitative Research	602.Tools and Techniques of Data An	alveic
ChicagoMay 6-7	Las Vegas Oct 16-17	New YorkJan 21–24	Los Angeles July 8-11
		DallasMar 11–14	CincinnatiSept 22–25
202.Focus Group Moderator Training		ChicagoApr 29-May 2	Las VegasNov 11-14
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CincinnatiMay 13-16	CincinnatiNov 11-14	New YorkJan 28-31	AtlantaOct 7-10
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would be that her other children would be taken away. We were also told of "alternative" methods of health care. "When I'm pregnant, I fast every Tuesday until I deliver," said a Haitian woman. Another said, "I go to a herbalist, a doctor of leaves."

To test the emotional reactions to colors and designs that might be used in the awareness campaign, we handed out fabric swatches. There was a clear favorite among most of the respondents, a fabric consisting of a dark blue sky, with clouds, stars, the moon, and the sun with happy faces. "It makes you, like, happy, or think of babies and stuff. Because I would like to put this ... in the kids' room." It was also described as cute, soft, and a reminder of heaven, "where the angels are." The teens tended to choose the more child-like, as opposed to baby-like, fabrics.

The respondents in the first round were asked to draw two pictures, one



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of women who had had prenatal care, and a second of women who hadn't. From the drawings, the message was clear: there are distinct physical and psychological differences between the two types of women.

We found that the overall theme presented was the "good girl/bad girl" dichotomy. The woman who received prenatal care was described as happy, knowing that she was taking the correct action for the benefit of herself and her baby. The woman who did not seek medical care was seen as sad, lacking in self-esteem, the object of pity, and one who cares far more about herself than about her baby. The Spanish-speaking respondents were especially judgmental, showering praise on the "good girl," while calling the "bad girl" selfish and irresponsible.

From a consensus among respondents, five possible messages were derived from the first round:

1) You owe yourself good care, and we want to help you get it.

2) Protect yourself and your baby. Get prenatal care.

3) Together, we're there for you and your baby.

4) A big step toward a healthy start...early prenatal care.

5) As soon as I think I'm pregnant, I'll do the right thing and get prenatal care.

These messages were all positive statements. The negative approaches - the idea that either 1) failure to get pregnancy care will result in an unhealthy baby, or 2) that the mother risked having her baby taken from her by the authorities - were viewed as ineffective in promoting early prenatal care.

Another message that was rejected was the notion of "no hassles." "Nothing in New York has no hassles," stated one respondent. Furthermore, pregnancy itself is a hassle. As evidence of discordance in such a message, one teen said, "If you wasn't going through no hassle, your baby's not going to be healthy."

In addition to the overall theme. we determined that certain elements, or facts, had to be included in the message. For example, it was important to state that health care for pregnancy is free or low-cost, that the care is confidential, and that there is a toll-free telephone number to get information.

We also considered the question of whose images should be included in the messages. Should it be the women, the baby, the doctor, or some combination of them? The conclusion was that, since the messages were all aimed at the pregnant woman, she should be featured.

The groups also discussed the use of celebrities as spokespersons and rejected that notion, arguing that only a real person who had had similar experiences would be believed. "They [the actors] are going to be fake, taking us for suckers."

Second round: testing the print and electronic media before the roll-out

The second round of discussions featured the opinions and reactions of a different group of similarly qualified women. From this data and from consultation with clients, a series of messages, images (drawings and photographs), and audio/video spots were advanced for testing.

Print

The print themes and images were presented in various combinations, using the Perception Analyzer tradeoff feature as well as discussion. In addition, the respondents listened to and viewed audio and video spots, using the Perception Analyzer moment-to-moment function to determine which they thought would have the greatest impact on women like themselves.

For the print phase, the evaluation process was started by measuring each of the five messages individually.

The respondents were instructed to set their Perception Analyzer dials to 50, a neutral position halfway between 0 and 100. We then presented Message A and asked them to move their dials to a higher number if they found the message persuasive (100 would represent perfection), or to a lower number if the message was

not persuasive (0 would represent a total lack of persuasion). We continued the process with the other four messages. We found that we could not combine the scores from all the groups because, culturally, each group was unique in their starting points. For example, by the numbers, the Spanish-speaking respondents were the most optimistic about the efficacy of these messages, averaging 87 for the five, which does not leave much room for variation, from top to bottom. In contrast, the teens were not so generally convinced. Their scores for the five messages averaged only 64.

This preceding exercise could easily have been done on paper, but not so the next step: ranking the five messages via the trade-off feature. The respondents were again asked to set their dials at 50 and compare one message to another. The moderator began by holding up a sign with Message A ("You owe yourself good care and we want to help you get it.") in her left hand and Message B ("Protect yourself and your baby. Get prenatal care.") in her right hand. The respondents were instructed to turn the dial to the left. toward zero, if they favored Message A; Message B would be represented by turning the dial to the right, toward 100. If the respondent favored Message A to the total exclusion of the other message, then they would turn their dials all the way to zero. If they had a slight preference, then they might move their dials to 45, or perhaps 55 if they favored Message B. With five messages to compare to each other, there were 10 permutations.

We then showed five images photographs on backgrounds whose concepts and colors had been derived from the first round. The colors incorporated into the images were the two most favored: blues and purples. The photographic inclusion of clouds into the images of three women with and without umbrellas came from the response to the overwhelming favorite fabric pattern tested in the first phase, one of a blue background with clouds, suns, stars

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Using the same system, we ranked the five images:

1) three women holding a translucent sphere

2) one woman holding a translucent sphere

 three hands, two cupping around the third

 three women holding two umbrellas

5) three women without umbrellas.

In the observation room during one of these sessions, Bureau of HIV Ambulatory Care Services Director Roberta Glaros commented, "I'm typically skeptical of technology used in this field because social science research tends to focus on questions that have quantifiable answers. The Perception Analyzer allows measurement of a person's qualitative judgment. It really worked."

The methodology enabled us to measure not only the favored choice among the five in each category, but also the intensity of the favorable feelings toward the winning message or image, measured against each of the other choices. We do want to note, however, that we used the information gathered during the discussion following each of the numerical rankings to reinforce the confidence we had in the final selections.

The winning messages and images varied among the different ages and cultures. The African-American adults selected "Protect yourself and your baby. Get prenatal care," overlaid on the image of the three women with umbrellas (seen as a "sisterhood of safety").

The African-American teens favored the same message but with a different image — three hands, two cupping around the third.

The Spanish-speaking women chose "You owe yourself good care and we want to help you get it," superimposed on the photograph of the three hands, two cupping around the third. After language consultation, this was modified to read, in Spanish, "You deserve good prenatal care and we want to help you get it."

The Haitians selected the message, "Protect yourself and your baby. Get prenatal care," in Haitian-Creole, along with the picture of the three women with umbrellas. Initially, the image of the three hands led, but in the trade-off, the three women with umbrellas prevailed. The umbrella was viewed as a protector of fragile pregnant women.

Radio and TV

For the radio and TV commercials, the respondents held the Perception Analyzer dials as they viewed or listened to the 30-second spots, each with themes, messages and images developed from the research results, reflected in the language of the respondent. The words and pictures were measured on a second-to-second basis, through the visual use of a line graph overlaid on the video image, or for the audio, overlaid on a timeline. We measured each spot twice, early in the focus group, and then 90 minutes later toward the end, in order to simulate the real-life experience of repetition and measure how effective each would be after hearing it or seeing it several times.

Here is a script used for a 30-second spot that tested well, using the actual words from one of the respondents:

"During your pregnancy, you got to really look at, let me go check myself out. If my head ain't together, my body ain't gonna come along. First of all, I let them know they really don't have anything to fear. Fear is one of the things that keep people away from going to the clinic. Scared, not scared. High, not high. Because if you can go out there and get other things that you need that's not really good for you, then you could go out there and get something that you need that's going to help you."

The campaign

The multimedia campaign began in the targeted ZIP codes in December 2001. A telephone hotline was established, with operators trained to counsel and refer. It was started with print materials — billboards, posters, bus shelter signs, bus ads, pamphlets and stickers. Radio and some television spots began airing after a few months. In November 2002, 30-second videos were placed in movie theatres, interspersed among the previews for coming attractions.

Meanwhile, the New York State's Bureau of Child Health, another Department of Health division charged with moving more women to prenatal care, piggybacked onto our campaign, taking the print ads statewide, using a different toll-free phone number.

Did it work?

Two measures are being used to evaluate the effectiveness of this multimedia campaign. First, the number of hotline calls is being tallied. Second, records are being kept at locations where women are directed for prenatal care to determine how the women were motivated to come in.

Currently, the hotline is receiving several hundred calls per month. Generally, the number of calls has increased during periods when radio spots are broadcast. Twice as many callers said they heard about the campaign on radio than from any other source, followed by posters and printed materials. We recognize, of course, that there is a synergy between the various points of contact, and that the radio ads are pushing the women across the threshold that had been built by the print ads.

The least likely source of information was community outreach, a key finding. Apparently, we are succeeding in our objective — to get to women who had not been reachable through conventional methods in social marketing.

As a side benefit, a few dozen calls per month were received that were for other services not specifically related to prenatal care. These were referred to appropriate agencies.

While it is too early to tell if infant mortality rates have dropped in the targeted areas, this remains the ultimate goal, along with fewer problem pregnancies.

And as researchers, we were gratified to note the concluding sentiment from several of the respondents: "Thank you for listening to me." Now you can access and purchase over 40,000 research reports from more than 350 publishers right from the Quirks.com Web site.



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Bioterrorism

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determine respondents' interest in receiving the smallpox vaccine.

We completed this study using oneon-one interviews with physicians and focus groups with members of the general public. Ultimately, we interviewed 17 physicians. Each physician was board-certified in either family practice, infectious disease, emergency medicine or pediatrics — the medical specialties most likely to deal with cases of smallpox during an outbreak. We completed these interviews in Philadelphia, Chicago and San Francisco.

Table 1 shows the composition of the focus groups. Same-race moderators were used for all focus groups, except the four Asian-American groups, which were completed by the European-American (Caucasian) moderator.

Key findings:

· Neither physicians nor the gener-

public questioned whether ring vaccination (promptly identifying people with smallpox, then vaccinating them and all the people they have recently come into contact with) would be sufficient for controlling an outbreak, given today's mobile population.

 People had little enthusiasm for being vaccinated before an outbreak of smallpox.

• Respondents believed that, in the event of an outbreak, the health care system (particularly hospital emergency rooms) likely would be overrun with panicked people wanting to be vaccinated.

• Members of racial minorities, particularly African-Americans, distrusted the federal government and questioned the social equity/social justice of any smallpox immunization program.

Phase II – December, 2002

During the fall of 2002, the Bush administration announced plans to again begin vaccinating American cit-

	Philadelphia April 15-16, 2002	Chicago April 17-18, 2002	San Francisco April 23-24, 2002
European-American (Caucasian)	Two Groups (1 male, 1 female)	Two Groups (1 male, 1 female)	Two Groups (1 male, 1 female)
African-Americans	Two Groups (1 male, 1 female)	Two Groups (1 male, 1 female)	
Hispanic-American	Two Groups (1 male, 1 female)	Two Groups (1 male, 1 female)	
Asian-American	Two Groups (1 male, 1 female)		Two Groups (1 male, 1 female)
Mixed-Race		Two Groups (1 male \leq 35 yrs) (1 female \leq 35 yrs)	

Table 2: Respondents - By City

	New York City December 10-11, 2002	Kansas City December 12-13, 2002
Emergency Room Physicians	12 respondents	12 respondents
Emergency Room Nurses	15 respondents	15 respondents
Hospital Service Workers	18 respondents	18 respondents

al public knew much about smallpox disease, the smallpox vaccine or smallpox immunization strategies.

· Physicians and members of the

izens against smallpox. The first wave of vaccinations would include military personnel and members of statebased smallpox response teams. On short notice, CDC was asked to collect the following information:

 provide an update about the knowledge of smallpox and the smallpox vaccine among physicians, nurses and hospital service workers (people working in ancillary areas such as maintenance, housekeeping and cafeteria);

 determine the factors that would encourage health care workers to be vaccinated for smallpox, if asked, and identify the barriers that would discourage them from doing so;

• test a Smallpox Q&A information sheet and the text for an informed consent document that might be distributed to health care workers prior to vaccination.

As with Phase I, we collected data from physicians through one-on-one interviews. In contrast to the earlier study, we recruited only emergencyroom physicians, since we had learned previously that they were most likely to come into contact with smallpox victims, in the event of an outbreak. Because the agenda was shorter, more focused and potentially more emotionally charged than a typical focus group agenda, we asked nurses and health care service workers to participate in mini-groups - one-hour groups involving no more than four persons. Table 2 offers details about the respondents who participated in this phase of the project. The screener for this project insured broad representation by race, gender and age (over/under age 35).

Key findings:

• Knowledge about smallpox had increased markedly. In December, hospital services workers were as knowledgeable as several of the physicians interviewed in April.

• Many respondents said they would not volunteer to be vaccinated, once they discovered that they might not be covered by health insurance or worker's compensation if they had an adverse reaction (got sick or died) after receiving the vaccine.

 Health care professionals saw the decision to be vaccinated as very important, an event that could ultimately have real consequences for family members and others, not just themselves. They said they would need time to consider their options thoughtfully.

 Most immunizations or health care treatments are assessed according to a risk-reward algorithm: Is the risk I am taking in receiving this treatment outweighed by the potential benefits of the treatment? Because no one knows the likelihood of a smallpox outbreak, this algorithm could not be applied.

• There were concerns among health care professionals about the safety of the smallpox vaccine.

• Overall, we predicted a lukewarm reception to requests for health care professionals to be vaccinated for smallpox.

Project impact

Data from both phases of this project have been reported widely. In May, *The New York Times* drew heavily on our work in a substantial article about smallpox. While Phase II was underway, CDC staff members were in contact daily with the Office of the Director of CDC and key aides in the Department of Health and Human Services (HHS). As a result, a few of our preliminary findings were reported in USA Today even before the project concluded. Recent policy statements and press releases from HHS and CDC have referred explicitly to the data collected during this project.

Because smallpox is an ongoing policy issue at the national level, it is too early to fully determine the final impact of this project. Clearly, the data we collected is one of many data sources on this topic. However, we can point to several actions at the federal level that are consistent with our findings:

 There is legislation now pending in both houses of Congress to insure health care professionals have personal financial protection, if they should have an adverse reaction to the smallpox vaccine.

 This study provided an early indication that there would be significant obstacles to overcome to achieve widespread voluntary vaccination of health care professionals. In fact, recent media analysis by the CDC shows that of the 261 health departments and hospitals mentioned in print articles from December 10, 2002, to February 28, 2003, 61 percent are participating in the vaccination effort, 25 percent have declined to participate and 14 percent are undecided.

• The Advisory Committee on Immunization Practices, a national scientific advisory committee to the CDC and HHS, received the findings from Phase I and used this data in the formulation of its recommendations about how and when to offer smallpox vaccination. These recommendations received extensive national media attention.

 The CDC has developed a variety of education materials about smallpox, particularly a brochure that helps physicians identify smallpox in its early stages and distinguish this disease from other maladies that have similar initial symptoms.

 Acknowledging concerns about vaccine safety, CDC has commissioned several studies to test the effi-

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cacy of the vaccine and attempt to predict more accurately how frequently adverse reactions will occur.

Risk communication

One of the most powerful and interesting uses of this data is in the area of risk communication. Generally speaking risk communication has two purposes: to calm the general public if they are unjustifiably alarmed (for example, in the case of a chemical spill) or to encourage the public to take action if they are too apathetic (for example, using seat belts or condoms). In the case of smallpox, the CDC has used this data for both purposes. It has prepared for a smallpox emergency by developing message maps that succinctly but accurately describe what the public should do, while hopefully reducing the public's sense of alarm or panic from irrational levels. The CDC and the Oak Ridge Institute for Science and Education are now offering training sessions and disseminating this information to federal, state and local health officials and emergency planners throughout the United States. Because of interest and demand, they are now offering these materials to health officials around the world.

Lessons learned:

· "Scientific" methods. Many key leaders at the CDC are scientists. As such, they have a strong bias toward research that generates numbers, percentages and is subject to computer analysis. Over time, these decisionmakers have come to some appreciation of qualitative research. However, we have to be constantly aware of their need for hard data. In some situations, this means we must resist overtures to quantify qualitative research. In other circumstances, it means we need to adapt our qualitative design to more closely approximate the methodology used in "hard science."

 Projectives. Experienced qualitative researchers do not need to be sold on the value of projective techniques. In this project, projectives proved invaluable. Rather than asking people to identify the assets and liabilities of voluntary smallpox vaccination, we used psychodrawing (in this case, a

stick-figure exercise) to elicit this information. We modified the conventional stick-figure exercise by placing a second, smaller stick figure in the upper right-hand corner of our worksheet. We instructed respondents to describe what this person was thinking and feeling as he/she watched the primary stick figure deliberate about being vaccinated. In this study, the secondary figure soon became "my pregnant wife," "my daughter" or some other key person. The exercise elicited emotional content that was richer and deeper than could ever have been gleaned from an "I ask, you answer" approach.

. The geography of terrorism. Based on our research, we believe the United States is divided into three regions when it comes to public attitudes on terrorism and its perceived risks. People on the East Coast, our first region, believe strongly "it will happen again here." Most of these people were intimately affected by September 11, 2001. The attack on the World Trade Center is an event they take personally and they discuss their feelings about terrorism in very emotional terms. The second group, the West Coast, sees terrorism as more abstract, because they have not experienced it personally. They feel little urgency about preparing for future acts of bioterrorism, since they believe future terrorist acts are likely to occur first on the East Coast "and we would have plenty of notice." As one San Franciscan said, "We are patriotic Americans. But for us, on a practical basis, New York City is the other side of the world." The third region, which we call "the big middle," is midway between these two psychological extremes. Terrorist acts seem real to them and provide motivation to take personal action, but the feelings are less extreme than those held on the East Coast and less disengaged than those on the West Coast.

• Predictive value. Dr. Pete DePaulo (see "Sample size for qualitative research," Quirk's, December, 2000; enter QuickLink number 636 at www.quirks.com) and others argue persuasively that by having in-depth contact with 30 individuals, we can uncover 90-95 percent of the important ideas on a given topic. One goal of this project was to identify the most significant issues the public and the media would latch onto about smallpox. According to Alan Janssen, health communications specialist, National Immunization Program, CDC, "We've had no surprises. As I do media tracking, all of the major issues being addressed in the media are issues we identified during this project."

· Race/ethnicity of moderators. We found it helpful to have an African-American moderator for the African-American focus groups. While we have no means of comparison, we suspect that respondents were much more forthcoming about their smallpox concerns and their distrust of government because an African-American moderator was facilitating the discussion. We also learned the value of having a Spanish-speaking moderator for the Hispanic-American groups. In several instances when emotions were high or English vocabulary was low, respondents used Spanish to make key points. On one occasion, our moderator simply said, "Say it to me in Spanish," when the respondent was at a loss for words.

· Need for decompression. Many elements of this project were emotionally charged. In Phase I, we showed respondents graphic photographs of individuals who had suffered adverse reactions to the smallpox vaccine as well as a photograph of a smallpox victim. For many participants, talking about the events of September 11, 2001 was a painful process. Early in Phase I, we decided to conclude each group or IDI by having a CDC representative speak with the respondents, providing context for the project (i.e., reassuring them there was no known threat of a smallpox attack), answering questions and allaying unreasonable fears.

In summary, applying research tools and techniques to bioterrorism has been a learning experience for each of us. Working on this project has had permanent impact on how we think about qualitative research and how we will use it in future projects.

Data Use

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attributes. For instance, different brands may have different price sensitivities. In a conjoint study, we would assume that all brands have the same price sensitivity. We need to estimate, in such a case, not only the main effects but also interaction effects between brand and price, for which a conjoint study is not adequate. Another problem with the conjoint design is that, upon seeing each profile, the respondent has to give a preference rating, since "none" is not an option among the alternatives. This may cause inaccuracies in estimating utilities when respondents don't like any of the products they see and are forced to give their preference rating. Finally, a seemingly obvious and also important one is that, when the respondents give a preference rating, it doesn't necessarily mean he or she is going to prescribe the product. We only assume that respondents' preference ratings can be translated into their behavior. However, there is a gap between a respondent's indication of preference of a product and his or her actual behavior. In pharmaceutical marketing research, the respondents may be payers, physicians, patients or caregivers.

The differences between a conjoint study and a discrete choice study

A discrete choice study was thus developed to overcome these limitations manifested in a conjoint study. Discrete choice allows for the interaction effects among the levels of attributes, which is particularly useful in the estimation of price elas-

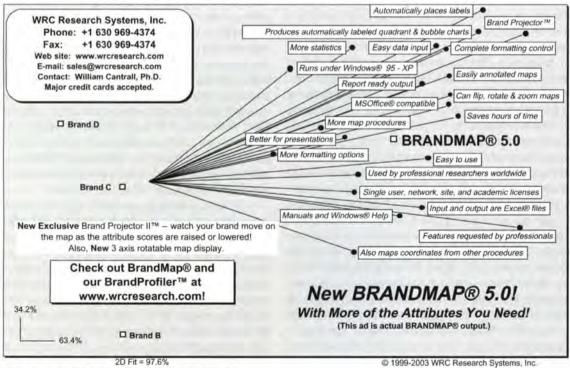
ticity such as the interaction of brand by price. It doesn't require that the levels be the same across the attributes. One product may have dosings (e.g., QD, BID) that are different from other products' dosings (e.g., weekly, bi-weekly). Furthermore, a discrete choice experiment doesn't force physicians to prescribe a product upon seeing profiles of products. Respondents can choose a "none of these" option if they don't want to prescribe any of the products presented. More importantly, a discrete choice study asks respondents to make a choice among the alternatives presented to them, which is one step closer to reality than the preference ratings in a conjoint experiment. In a pharmaceutical marketing research study, physicians evaluate a set of drugs varied in the levels of attributes presented on the screen or on paper and indicate which drug they would prescribe. The task mimics what physicians would do virtually on a daily basis. Most marketing researchers would agree that, to understand respondents' behaviors, we should study their behavioral intentions, not their preferences.

Technically, there is also a difference between conjoint and discrete choice modeling. Discrete choice uses the multinomial logit model, which applies the nonlinear model to estimate utilities at an aggregate level, whereas conjoint analysis applies a linear model to estimate utilities at an individual level. More about this later.

What does a discrete choice analysis do?

As in a conjoint study, the process of conducting a discrete choice study usually includes two parts: experimental design and data analysis.

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A. Design

The design of a discrete choice study involves three steps: determine the number of attributes and attribute levels, select the number of choice sets and the number of respondents, and present the choice sets.

1) Attributes and attribute levels

In a discrete choice task, the respondent is presented with several choices and is asked to select one of them. The factors that influence the choice possibilities are called attributes. Each product has several attributes and each attribute has several levels. A combination of attribute levels is called a product profile. Each set of alternative profiles is called a choice set.

The attributes of a drug may include things such as price, efficacy, dosage, formulation and side effects, to name only a few. If the purpose of the study is to assess the factors that may influence physicians' prescribing behavior of drugs, attributes are these identified factors that may exercise such influence. We may find, for instance, the high level of side effects of a drug will negatively influence physicians' prescribing behavior of the drug. By the same token, the high efficacy of a drug may drive up the physicians' prescribing behavior. Each attribute should consist of at least two levels. An attribute of price, for example, may have two: \$10,00 and \$15,00. An attribute of efficacy could have two levels: "high" and "low" or three levels as "high" "medium" and "low." For example, if we have five attributes with two two-level attributes (drug delivery form and side effects) and three three-level attributes (efficacy, dosing, managed care plan formulary), the total number of combinations of the attribute levels is $108 (2^2 \times 3^3 = 108)$. The number of 108 is called the total number of profiles in the full-profile factorial design. If we have three drugs with 108 profiles each, we then have total of 324 (108 x 3) profiles.

2) Selection of the number of choice sets

When there are a large number of attributes and attribute levels, it becomes unrealistic to include all possible combinations of attributes and attribute levels in a choice task. The fatigue produced by a long list of attributes and complexity of levels will lead to low quality of responses and inaccuracies of estimation. It is generally perceived that the total number of attributes in a choice set should be no more than six (Sawtooth, CBC User's Manual, 2000) and the total number of choice sets should be no more than 30 for each respondent, since the human cognitive processing capability is limited (Miller, 1956). In most discrete choice experiments, like in conjoint, a fractional factorial design with a small number of the profiles is used. In this example, a fractional factorial design consisting of only 18 profiles out of the 108 might be used.

The question is, how do you decide the number of the profiles that are needed in a choice study? In general, there is no single rule to follow. These are the considerations frequently cited in the literature: the number of parameters to be estimated, orthogonality and balance. The orthogonality refers to a design where the effect of each attribute can be estimated independently. The balanced design refers to a design in which the levels of attributes are equally represented, so that the effects of attributes can be estimated efficiently. The number of parameters to be estimated is determined by the number of products, the number of attributes and levels. In the example we cited earlier, we have two two-level and three three-level attributes and the smallest integer that can be divided by 2, 3, 2×2 , 2×3 and 3×3 is 36. That is, we achieve a perfect orthogonality if we have a total of 36 profiles in the study. However, we know that 36 profiles are too many for respondents to complete and we have to reduce it, say, to 18. The number 18 can be divided by each of the above-mentioned numbers except 2×2 . Here, we compromise the number of profiles in the study by having imperfect orthogonality. The balance here refers to the frequency of attribute levels appearing in the total number of profiles. In other words, ideally we need to have an equal number of attribute levels for each attribute included in the selected profiles. This is hard to achieve when we have to reduce the number of profiles in a fractional factorial design.

Fortunately, many software packages have provided the calculation determining the number of profiles that are needed. The SAS Macro procedure of %mktruns is one of such examples (Kuhfeld, 2000).

3) Presentation of the choice sets

There are many ways that discrete choice scenarios may be presented. Two popular ways are choice question and allocation. These two are very similar, except that respondents are asked to make a choice among the alternatives (choice question) or to allocate the number of prescriptions (allocation).

Suppose we now have five attributes and three competitive drugs for headaches. Table 1 illustrates the simplified version of the choice question and Table 2 shows allocation. The allocation approach asks the respondent to assign the number of patients/prescriptions to products.

Notice here that in both tables, we can include different attributes and attribute levels for each drug. For instance, for Drug A, the dosing may be QD, BID and TID. For Drug B, the dosing may be daily, every other day or weekly.

As shown in the tables, physicians are asked in each scenario to either make a choice or allocate his or her next 10 prescriptions or patients across a set of profiles. These allocations can also be made for each patient type or other situational variables such as severity of the disease and comorbidities. In presenting the sets of alternatives to physicians, we usually also present these situational variables along with the choice sets. For instance, in presenting the drug set for treating patients with headaches, we may present different types of patients: migraine, tension and cluster; or mild and severe. Also patients may vary between men and women, since migraines affect more women than men. Physicians therefore are asked to make a choice among the alternatives under each level of these situational variables. The responses to different situational variables are collected in order to assess the impact of situational variables on prescribing preferences.

As in the conjoint task, we want to reduce respondents' cognitive burden while completing the task. The factors that could affect the respondents' burden are the number of attributes, the number of levels per attribute, the number of brands and situational variables. Note here that if you are interested in the cross effects of attribute levels (interaction effects), you should specify these requirements in the design stage so that the number of profiles or sample size required for such needs can be met. Another way of reducing cognitive burden is to fractionalize the task; that is, divide the total number of choice sets into several subsets and each respondent only completes one subset. The data are combined and then anaTable 1: Example of a choice question

	Drug A	Drug B	Drug C	1
Delivery form	Oral	Patch	Oral	None of these
Dosing	BID	Weekly	QD	
Efficacy	90%	95%	97%	1
Formulary	Unrestricted	Restricted	Not on formulary	
Side effects	High	Low	Low	

Table 2 . Examples of a discrete choice allocation

	Drug A	Drug B	Drug C	
Delivery form	Oral	Patch	Oral	None of these
Dosing	BID	Bi-weekly	QD	
Efficacy	90%	95%	97%	
Formulary	Unrestricted	Restricted	Not on formulary	1
Side effects	High	Low	Low	1
prescribe.			ber of patients to each proc	luct you would
Note: The total nu	mber of patients must a	dd 10 10.		

lyzed. However, by doing so, the total sample size of respondents will increase.

B. Data analysis

The data from discrete choice are analyzed using the multinomial logit model (Louviere 1988, 1991). Note that this multinomial logit model is different from ordinary least square regression model (used frequently in the conjoint study) in that the coefficients are interpreted as the effects on the odds of choosing one alternative relative to another.

As shown in the two tables, physicians are asked to make a choice on the number of prescriptions for each product for the next 10 patients. The responses from physicians are used as the dependent variable in the logit model. The attribute levels are independent variables. The model is to assess how well the independent variables predict the physician's choice of drugs. Specifically, from the output of the logit model, one can compute an odd ratio of a profile or individual drug chosen over the alternatives in the choice set. In addition, the coefficients can be used to compute the utility value of each attribute level and the derived relative importance of attributes.

If the situational variables are used in the task, as seen frequently in a pharmaceutical marketing research, these variables are included in the model and their impact on a physician's choice of product are estimated. For instance, in the example cited earlier, we want to assess three drugs and evaluate physicians' share of preference of each drug. Physicians are asked to prescribe a product for patients with different gender and severity. Gender and severity can be included in the model as independent variables and their coefficients estimated. If we know that the prevalence rate of headache for women is 70 percent compared to 30 percent of men, and if 20 percent of the headaches are severe and 80 percent are non-severe, we can weight the model coefficients to reflect these distributions and to obtain an overall share of preference of products.

Validation and simulation

Validation in a choice task refers to the estimation of how well the model can predict the actual observed values. As in a conjoint task, this is achieved through what is called "holdout" sets. These holdouts are not used for the estimation of the model. Rather they are used solely for the purpose of validation. In the examples we cited earlier, if we have a total of 18 choice sets, each has three profiles plus one "none of these" option. We may include two more choice sets as holdouts. These holdouts may include the most likely profiles of the drug the client wants to assess, along with other competitors. Since these holdouts are not going to be used for estimating the model, the responses for these holdouts can therefore be compared with the predicted values of the holdouts derived from the model. A high association between the actual values and the predicted values establishes a high reliability and thus validates the model.

Simulation refers to the process when the derived model is used to estimate the preference share. The following are the three purposes of a discrete choice model in simulating the impact of a change of attributes:

1) Determining which attribute level or a combination of the levels contribute most to respondents' choice of that drug and thus the preference share of the drug. Deriving the relative importance of attributes. For instance, to what extent a change of the price from \$10.00 to \$15.00 and/or side effects from high to low for drug A will affect the preference share of drug A. Does the efficacy have more influence on prescribing than other attributes tested? How important is formulary status relative to other attributes tested?

2) Assessing the cross-effects of attributes. As we indicated earlier, the unique feature in discrete choice is the estimate of cross-effects, such as brand by price. Therefore, the study of price elasticity is a very common application of discrete choice.

3) Examining the extent that one drug's share increase/decrease may have influenced other competitors by each segment of the market. For instance, in treating patients with headache, will primary care physicians' choice of Drug A be more influenced by its formulary than pain specialists? And, which competitors are most likely to draw share from or to lose share to?

Limitations

One of the limitations in discrete choice modeling is what is called the independence from irrelevant alternatives (IIA) assumption. This assumption is one of the properties underlying the multinomial logic models (Moshe Ben-Akiva and Steven R. Lerman, 1985). IIA assumption means that the ratio of the probabilities of choosing one alternative over another is unaffected by the presence or absence of any additional alternatives in the choice set. This is also called the "red bus/blue bus" problem. The IIA assumption means that the probability of choosing the red bus over the train is unchanged whether there is a blue bus in the choice set or not. On presenting a set of alternatives to physicians (e.g., Drug A, Drug B and Drug C), the IIA assumption means that physicians' choice of an individual drug (e.g., Drug A) over another drug (e.g., Drug B) is independent of any other alternatives in the set (e.g., Drug C). In some situations, the products in a choice set are related. For example, generics and the original brand name drugs have the same chemical molecule and have similar characteristics. Choice of the brand name drug over other brand name drugs may be affected by the presence or absence of generics in the choice set. In such situations, IIA assumption is violated and some of the products in the choice set are related. Nested logit models, also referred to as hierarchical logit models, are used to accommodate the violation of the IIA property by allowing some of the alternatives to be related to each other. For more discussions on nested logit, please refer to the book *Stated Choice Methods, Analysis and Applications* (Louviere, Hensher, and Swait, 2000).

When situational variables are included in the choice task, we often have physicians repeatedly make prescribing choices for each of the situations. Therefore we have multiple responses from the same respondent. The choices made by same respondent are correlated. Mixed logit models (Revelt and Train, 1998, Brownstone and Train, 1999) are a way to explicitly account for correlations in unobserved utility over repeated choices by each respondent.

Because a discrete choice study uses multinomial logit models to estimate the attribute levels' impact on product choices, it is traditionally estimated at the group or aggregate level. Conjoint, on the other hand, is estimated on an individual level so that the respondents can be classified based on individual utilities (e.g., through cluster analysis).

Individual utilities are critical for segmentation of respondents, which is an important component of product marketing. Recent developments in mixed logit (Revelt and Train, 1999) and hierarchical Bayes (Sawtooth Software, 1999) provide ways to estimate individual level utilities using very different approaches. Huber and Train (Huber and Train, 2000) found that the two approaches result in virtually equivalent conditional estimates for individual utilities.

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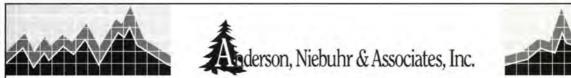
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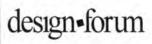
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This directory was developed by mailing forms to those firms we identified as providers of omnibus studies. In addition to each company's vital information, we've included the names of the omnibus studies, the sample size (n =) and the frequency of the studies. As an added feature, firms have been cross-indexed by the markets their omnibus studies serve. The studies listed in this directory meet the following definition: An omnibus study is one in which the sponsoring research company defines the audience to be surveyed and the intervals between studies. Clients participate by submitting proprietary questions. Clients receive results only from their proprietary questions and general demographic questions.

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Ad Hoc Research

3

2

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2

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American Opinion Research

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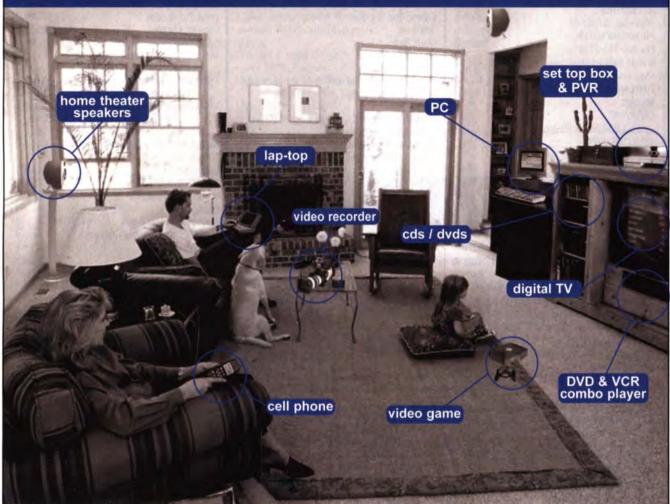
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5121 Garfield Ave., #20 Sacramento, CA 95841 Ph. 916-331-3104 Fax 916-339-1438 E-mail: californiaretailsurvey@hotmail.com www.californiaretailsurvey.netfirms.com James Vaughn, President <u>Studies:</u> California Retail Survey, 2003 Edition Frequency: 1/yr.

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Suite 1000, 808 - 4th Ave. S.W. Calgary, AB T2P 3E8 Canada Ph. 888-265-8700 or 403-265-8700 Fax 403-265-8701 E-mail: marc@claros.ca www.clarosresearch.com Marc Tremblay, Managing Director Studies: Calgary Metropolitan Area Omnibus n = 500, Frequency: 4/yr. Edmonton Metropolitan Omnibus n = 500, Frequency: 4/yr. Alberta Omnibus n = 800, Frequency: 3/yr. Canada Omnibus n = 1,500, Frequency: 2/yr.

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Luis F. Villaran, 365 San Isidro Lima 27 Peru Ph. 51-1-421-8740 or 51-1-221-4355 Fax 51-1-221-5147 E-mail: datum@datum.com.pe www.datum.com.pe Studies: Omnibus Datum n = 1,100, Frequency: 12/yr. Omnibus Lima n = 400, Frequency: 12/yr,

Dialtek

P.O. Box 170597 Arlington, TX 76003-0597 Ph. 877-DIALTEK or 866-545-3216 Fax 214-220-0522 E-mail: lenny@dialtek.com www.dialtek.com Leonard Murphy <u>Studies:</u> EconoCon (Economic Confidence) n = 1,000, Frequency: 260/yr. Political Pulse (Political Issues) n = 1,000, Frequency: 260/yr. VIEW America n = 2,000, Frequency: 260/yr.

Digital Marketing Services

1305 S. State Hwy. 121 Lewisville, TX 75067 Ph. 972-874-5080 www.dmsdallas.com <u>Studies:</u> Opinion Place Omnibus n = 1,000, Frequency: 36/yr.

Digital Research, Inc.

201 Lafayette Center Kennebunk, ME 04043-1853 Ph. 207-985-7660 Fax 207-985-5569 E-mail: bob.domine@digitalresearch.com www.digitalresearch.com Jane Mount, Research Director <u>Studies:</u> Intertrack n = 2,500, Frequency; 12/yr.

DIRECTIONS Marketing Research & Services

28 Mohamed Kamel El Harouny Street, 2nd floor Nasar City, Cairo Egypt Ph. 20-2-287-6319 Fax 20-2-287-6397 E-mail: directions@directions.com.eg www.directions.com.eg Inas Abdel Rahman <u>Studies</u>: Kiddy Omnibus (8 - 17) Frequency: 4/yr. Adult Omnibus (18 - 55)

Dittman Research Corp. of Alaska

DRC Building 8115 Jewel Lake Anchorage, AK 99502 Ph. 907-243-3345 Fax 907-243-7172 E-mail: dittman@alaska.net Terry O'Leary, Vice President <u>Studies</u>: Multi-Quest*

Equifax Direct Marketing Solutions, Inc.

1621 18th St., Suite 300 Denver, CO 80202 Ph. 303-298-5277 Fax 303-298-5484 E-mail: david.triggs@equifax.com Dave Triggs Studies: **Consumer Electronics Monitor - Consumer** n = 750, Frequency: 1/yr. Consumer Electronics Monitor - Dealer n = 350, Frequency: 1/yr. Scout® Consumer Behavior Rsch. Program Stage 1: Product Purchaser Screening n = 200,000, Frequency: 4/yr. Stage 2: Product Purchaser Follow-up n = 25,000, Frequency: 4/yr.

FGI Research

206 W. Franklin St. Chapel Hill, NC 27516 Ph. 800-765-4344 ext. 460 Fax 919-932-8829 E-mail: info@fgiresearch.com www.fgiresearch.com <u>Studies:</u> OmniMax Online n = 1,000, Frequency: 12/yr.

forsa GmbH

Max-Beer-Strasse 2 10119 Berlin Germany Ph. 49-30-62882-0 Fax 49-30-62882-400 E-mail: patrick.altdorfer@forsa.de www.forsa.de <u>Studies:</u> OmniNet n = 500/1,000, Frequency: 120/yr. OmniTel n = 500/1,000, Frequency: 215/yr. Internet Users n = 500/1,000, Frequency: 100/yr.

Forum Research, Inc.

Access Research Inc. 180 Bloor St. W., Suite 1401 Toronto, ON M5S 2V6 Canada Ph. 416-960-9600 ext. 9603 or 416-960-9600 ext. 9258 Fax 416-960-9602 E-mail: Ibozinoff@forumresearch.com www.forumresearch.com Lorne Bozinoff, President <u>Studies:</u> National Consumer Omnibus n = 1,000, Frequency: 52/yr.

Gaither International, Inc.

G.P.O. Box 70211 San Juan, PR 00936 Puerto Rico Ph. 787-728-5757 Fax 787-728-5715 E-mail: gaither@gaitherinternational.com www.gaitherinternational.com <u>Studies</u>: Purchasing Agent Omnibus n = 1,000, Frequency: 4/yr. Representative Adult Omnibus n = 1,000, Frequency: 4/yr. Market Barometer Tag On n = 1,000 **GfK Croatia** Draskoviceva 54 10 000 Zagreb Croatia Ph. 385-1-492-1222 Fax 385-1-492-1223 E-mail: gfk@gfk.hr www.gfk.hr <u>Studies:</u> GfK Croatia n = 1,000, Frequency: 10/yr. GfK CATIbus n = 1,000, Frequency: 10/yr.



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Gfk Globo Bus (CAPI/PAPI) n = 1,000 GfK Globo Phone (CATI) n = 1,000

Global Market Research

Ludgate House 245 Black Friars Rd. London SE1 9UL United Kingdom Ph. 44-20-7890-9363 Fax 44-20-7890-9352 E-mail: b.baker@nopworld.com www.agmr.com Studies: Sweden Telephone Index n = 1,000, Frequency: 52/yr. Sweden Face-to-Face Index n = 500, Frequency: 26/yr. Quantum Omnibus Belgium n = 1,000, Frequency: 52/yr. Scanner Omnibus Belgium n = 500, Frequency: 52/yr. **CATIBus Studies Greece** n = 2,000, Frequency: 12/yr.



Greenfield Online 21 River Rd. Wilton, CT 06897 Ph. 203-834-8585 Fax 203-834-8686 E-mail: solutions@greenfield.com www.greenfield.com Keith Price, Vice President <u>Studies:</u> Greenfield Online Omnibus Study n = 1,000, Frequency: 96/yr. Flash Omnibus n = 1,000, Frequency: 221/yr.

Harness the speed and cost-effectiveness of the Internet and gather feedback from one of the most robust online research panels in the industry! The Greenfield Online omnibus fields within three days, and Flash Omnibus within one! The study is conducted among an Internet-representative U.S. sample of 1,000 members of Greenfield's Online's panel of 1.3+ million.

(See advertisement on p. 102)

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Harris Interactive®

Corporate Headquarters 135 Corporate Woods Rochester, NY 14623 Ph. 877-919-4765 or 800-866-7655 Fax 585-272-7258 E-mail: info@harrisinteractive.com www.harrisinteractive.com Studies: Harris Interactive QuickQuerySM n = 2,000+, Frequency: 100+/yr.

Harris Interactive YouthQuery[™] n = 2,000+, Frequency: 100+/yr.

n = 2,000+, Frequency: 100+/yr.

QuickQuerySM, a service of Harris Interactive, the global online market research leader, lets you ask questions and get accurate, projectable answers from 2,000 people nationwide in two business days. Expert consulting, scrupulous attention to detail and comprehensive online research experience add to Harris Interactive's assurance that your most ambitious omnibus needs will be met accurately, reliably and on time.

(See advertisement on Inside Back Cover)

Hendal Research

J. Zerjavica 13 10 000 Zagreb Croatia Ph. 385-1-48-78-180 Fax 385-1-48-78-199 E-mail: info@hendal.hr www.hendal.hr Morana Kristek, Psychologist <u>Studies</u>: HR Omnibus n = 1,000, Frequency: 7/yr.

I.E.S. Information Europe Services

14 rue d'Uzes 75002 Paris France Ph. 33-1-40-13-16-16 Fax 33-1-40-13-16-19 E-mail: info@ieseurope.com www.ieseurope.com Jean Lopez Studies: I.E.S. Omnibus Consumers n = 1,000, Frequency: 52/yr. I.E.S. Omnibus GP's Physicians n = 500, Frequency: 10/yr. I.E.S. Omnibus Veterinarians n = 250, Frequency: 5/yr. I.E.S. Omnibus Specialists/Physicians n = 250, Frequency: 2/yr. I.E.S Omnibus Pharmacists n = 250, Frequency: 6/yr.

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- TeenEXCELSM Omnibus is a cost-effective alternative to reach 12- to 17-year-olds
- Web-Based Consumer Panel delivers quick, easy access to the online population
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- Customer Satisfaction and Loyalty Research and Implementation identify your most valuable customers and maintain their loyalty
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53 W. Baltimore Pike Media, PA 19063-5698 Ph. 484-840-4300 Fax 484-840-4599 E-mail: icr@icrsurvey.com www.icrsurvey.com Steven C. McFadden, President <u>Studies:</u> EXCEL n = 1,000, Frequency: 104/yr. TeenEXCEL n = 500, Frequency: 12/yr. SmallBizEXCEL n = 500, Frequency: 12/yr.

EXCEL - National telephone omnibus survey of 1,000 consumers conducted twice each week. Interviewing through final tabulations in seven days. RDD sampling; CATI interviewing; custom options; extremely cost effective. TeenEXCEL -Monthly national telephone omnibus survey of 500 teens aged 12 to 17. SmallBizEXCEL - Monthly national telephone omnibus survey of 500 businesses with less than 100 employees. (See advertisement on p. 103)

INTAGE Inc.

Global Services 1-4-1, Honcho, Higashikurume-shi Tokyo 203-8601 Japan Ph. 81-424-76-5164 Fax 81-424-76-5178 E-mail: global-service@intage.co.jp www.intage.co.jp Toshihiko Hino Studies: INTAGEbus n = 1,500, Frequency: 12/yr. **INTAGEbus for Males** n = 1,000, Frequency: 4/yr. **INTAGEbus Nationwide** n = 15,000, Frequency: 2/vr. INTAGEbus Household Omnibus Survey n = 6,340, Frequency: 1/yr.

Inter@ctive Market Research srl Via Scarlatti 150 80127 Naples Italy Ph. 39-81-22-92-473 Fax 39-81-22-92-463 E-mail: m.pucci@imrgroup.com www.imrgroup.com Maurizio Pucci Studies: Internet Usage/General n = 2,000, Frequency: 2/yr. Internet Banking n = 2,000, Frequency: 1/yr. News Online Frequency: 2/yr. Travel/Holidays Omnibus Frequency: 2/yr.



Ipsos - Insight Corporation 100 S. 5th St., Suite 2200 Minneapolis, MN 55402 Ph. 612-904-6970 Fax 612-904-6980 E-mail: chris.deeney@ipsos-na.com www.ipsos-insight.com Chris Deeney, V.P., Omnibus Operations Studies: Ipsos U.S. Express n = 1,000, Frequency: 104/yr. Ipsos U.S. Online Express n = 1,000, Frequency: 12/yr. Canadian Ipsos-Reid Express n = 1,000, Frequency: 52/yr. **Canadian Online Express** n = 1,000, Frequency: 12/yr. **Ipsos Global Express** n = 500, Frequency: 4/yr.

IPSOS U.S. EXPRESS is a nationally representative survey interviewing 1,000 adults, twice a week. This respected, timely and cost-effective omnibus survey measures the attitudes and opinions of Americans on a variety of topics from products to current events. Interviewing is completed Tuesday through Thursday and Friday through Sunday. Results are available the day after the interviewing is completed.

(See advertisement on p. 105)

Ipsos - Insight Corporation (Br.)

1700 Broadway, 15th fl. New York, NY 10019 Ph. 516-507-3000 or 516-507-3515 Fax 516-507-3300 E-mail: allyson.leavy@ipsos-na.com www.ipsos-insight.com Allyson Leavy <u>Studies:</u> Ipsos Insta-Vue n = 5,000-250,000, Frequency: 12/yr. (See advertisement on p. 105)

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Pulawska 39/4 02 508 Warsaw Poland Ph. 48-22-856-88-10 or 48-22-848-35-57 Fax 48-22-881-01-04 E-mail: mail@ipsos.pl www.ipsos.pl Alina Kosmider <u>Studies:</u> TargetBus n = 1,000, Frequency: 12/yr.

Issues and Answers Network, Inc.

5151 Bonney Rd., Suite 100 Virginia Beach, VA 23462 Ph. 757-456-1100 or 800-23-ISSUE Fax 757-456-0377 E-mail: peterm@issans.com www.issans.com Pamela J. Jenkins <u>Studies:</u> Fifty Plus Omnibus Issues of America - Newspaper Issues Omnibus

Carrick James Market Research

6 Homer St. London W1H 4NT United Kinadom Ph. 44-20-7724-3836 Fax 44-20-7224-8257 E-mail: research@cimr.co.uk www.cjmr.co.uk Studies: CJMR Child Omnibus (GB) n = 800, Frequency: 12/yr. CJMR Europen Child Omnibus n = 200, Frequency: 2/yr. CJMR Youth Omnibus (GB) n = 450, Frequency: 4/yr. CJMR Baby Omnibus (GB) n = 450, Frequency: 4/yr. CJMR Baby Omnibus (France) n = 200, Frequency: 2/yr. CJMR Child Telebus (GB) n = 200, Frequency: 20/yr.

Kadence Business Research

85 Speen St. Framingham, MA 01701 Ph. 508-620-1222 Fax 508-620-1223 E-mail: ojenkins@us.kadence.com www.kadence.com **Owen Jenkins** Studies: Electronic Pre Press n = 250, Frequency: 2/yr. **Business Car Fleets** n = 250, Frequency: 1/yr. **Truck Fleets** n = 250, Frequency: 1/yr. Independent Pharmacists n = 250, Frequency: 1/yr. **Facilities Managers** n = 250, Frequency: 1/yr. Nursing Home Directors Frequency: 1/yr. **Electrical Contractors** n = 250, Frequency: 1/yr. **Business Travel Managers** n = 250, Frequency: 2/yr. Remodelers n = 250, Frequency: 1/yr.



KidzEves.com

(a subsidiary of C&R Research) 500 N. Michigan Ave. Chicago, IL 60611 Ph. 312-828-9200 Fax 312-527-3113 E-mail: info@crresearch.com www.crresearch.com Studies: KidzEyes n = 900, Frequency: 12/yr.

KidzEyes is a national online panel of kids 6-14. Whether you want to conduct a custom, full-scale study or ask only a few questions in our monthly omnibus, KidzEyes will get you the answers you need. The omnibus fields once a month among 900 kids and provides clients with online real-time access to survey results, downloadable data files, and electronic crosstabulations. (See advertisement on p. 3)

Leflein Associates, Inc. & Research Center

1093 Greenwood Lake Turnpike Ringwood, NJ 07456 Ph. 888-LEFLEIN or 973-728-8877 Fax 973-728-0792 E-mail: bleflein@Leflein.com www.leflein.com Barbara Leflein, President <u>Studies:</u> National Survey Institute Poll n = 1,000, Frequency: 52/yr.

Market Reader Pro

608 Schuylkill Rd. Phoenixville, PA 19460 Ph. 610-933-9388 E-mail: cdahlin@marketreaderpro.com www.marketreaderpro.com <u>Studies:</u> Fragrance Omnibus n = 1,000, Frequency: 12/yr. Health & Beauty Omnibus n = 1,000, Frequency: 12/yr. Cosmetics Omnibus n = 1,000, Frequency: 12/yr. Hair Care Omnibus n = 1,000, Frequency: 12/yr.

MARKET TEST® Ltd.

6 Septemvri Street No. 4, 2nd floor 1000 Sofia Bulgaria Ph. 359-2-988-2779 Fax 359-2-981-7756 E-mail: office@mtest.bol.bg www.mtest.bol.bg <u>Studies</u>: Bulgaria F2F n = 1,200, Frequency: 12/yr. Sofia F2F n = 1,000, Frequency: 12/yr.

Market Trends, Inc.

375 Corporate Dr. S., Suite 100 Seattle, WA 98188 Ph. 206-575-1222 Fax 206-575-8779 E-mail: jackie@markettrends.com www.markettrends.com Devon Hensleigh, Project Manager <u>Studies:</u> King/Pierce/Snohomish County Poll n = 400, Frequency: 4/yr. Washington/Clark/Clackamas/Nultnomah County Poll n = 400, Frequency: 4/yr. Nationwide Web-based Poll n = 1,000, Frequency: 52/yr.

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Marketing Evaluations

The Q Scores Company 1615 Northern Blvd. Manhasset, NY 11030 Ph. 516-365-7979 Fax 516-365-9351 E-mail: info@gscores.com www.qscores.com Studies: Performer Q Ratings n = 1,800, Frequency: 2/yr. **TVQ Program Ratings** n = 1,800, Frequency: 8/yr. Cartoon Q Ratings n = 3,600, Frequency: 2/yr. Cable Q Ratings n = 3,800, Frequency: 4/yr. Sports Q Ratings n = 2,000, Frequency: 1/yr. Product Q Brand Equity Ratings n = 1,800, Frequency: 2/yr. Kids Product Q Brand Equity Ratings n = 2,000, Frequency: 2/yr. Performer of the Past Q Ratings n = 1,500, Frequency: 1/yr.

Marketing Resource Group, Inc.

225 S. Washington Square Lansing, MI 48933 Ph. 517-372-4400 Fax 517-372-4045 E-mail: paulk@mrgmi.com www.mrgmi.com Paul King, Dir. of Survey Rsch. Studies: MRG Michigan Poll n = 600, Frequency: 2/yr.

Marplan

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<u>C</u>C

Marktplatz 9 63065 Offenbach/Main Germany Ph. 49-69-8059-0 Fax 49-69-8059-243 E-mail: info@marplan.de www.marplan.de Birgit Samsen Studies: MCS n = 2,500, Frequency: 24/yr. MARPLAN CATI n = 1,000, Frequency: 50/yr.

Mature Marketing & Research

Mature Marketing and Research

Low Cost Omnibus Surveys 85 E. India Row, Suite 30A Boston, MA 02110 Ph. 617-720-4158 Fax 617-723-1254 E-mail: mmrharris@aol.com www.maturemarketing.com Dr. Leslie M. Harris, Managing Partner Studies: The Boomer Report n = 1,000, Frequency: 3/yr.

The Boomer Report is published three times yearly: in January, June and November. The annual cost is \$150.00. Categories include: travel and leisure (airlines, hotels, cruise lines); financial services (banking, brokerage and insurance); health and personal care; fast-food restaurants. Additional services include multiple client Studies. Low-cost omnibus Studies. Tabulation, analysis and reporting are available. Please see Web site for additional information. For sample report e-mail MMRHarris@aol.com. Please include name of company, position and mailing address. (See advertisement on p. 107)

MERCURY Research

95, Siret Street, 1st floor, District 1 Bucharest 783082 Romania Ph. 40-1-224-6600 Fax 40-1-224-6611 E-mail: contact@mercury.ro www.mercury.ro Studies: Mercury Omnibus n = 1,200, Frequency; 12/yr.

NFO AISA Slovakia Ltd.

Brnianska 55 817 18 Bratislava Slovakia Ph. 421-2-5479-2371 Fax 421-2-5479-2370 E-mail: info@nfoaisa.sk www.nfoaisa.sk Jan Hudak Studies: NFO AISA n = 750, Frequency: 26/yr.

NFO CFgroup

An NFO WorldGroup Company 1075 Bay St. Toronto, ON M5S 2X5 Canada Ph. 416-924-5751 Fax 416-923-7085 E-mail: info@nfocfgroup.com www.nfocfgroup.com Laura Manzer Studies: Monitor n = 2,000, Frequency: 12/yr. MultiFacts n = 1,000, Frequency: 52/yr. Multi-Q n = 22,000, Frequency: 4/yr. **NFO Fast Feedback** n = 1,000, Frequency: 52/yr.

Nippon Research Center, Ltd.

Shuwa-Sakurabashi Bldg., 4-5-4 Hatchobori, Chou-ku Tokyo 104-0032 Japan Ph. 81-3-3206-8351 Fax 81-3-3555-9895 E-mail: iijima@nrc.co.jp www.nrc.co.jp Studies: National Individual Omnibus Survey n = 2,200, Frequency: 12/yr. NRC Automobile Owners Omnibus n = 1,500, Frequency: 2/yr.

NOP Automotive

Ludgate House 245 Blackfriars Rd. London SE1 9UL United Kingdom Ph. 44-20-7890-9382 Fax 44-20-7890-9263 E-mail: londonauto@nopworld.com www.nopworld.com Katie Vosper Studies: CATI MotorBus n = 500, Frequency: 48/vr. **CAPI MotorBus** n = 1,000, Frequency: 38/yr.

NOP Consumer

Ludgate House 245 Blackfriars Road London SE1 9UL United Kingdom Ph. 44-20-7890-9000 or 44-20-7890-9777 Fax 44-20-7890-9744 E-mail: consumer@nopworld.com www.nopworld.com Studies: ParentBus n = 1,000, Frequency: 12/yr. Telebus Frequency: 104/yr. TrolleyBus n = 1,500Young Generation n = 1,000, Frequency: 12/yr.

NOP Financial

Ludgate House 245 Blackfriars Road London SE1 9UL United Kingdom Ph. 44-20-7890-9000 or 44-20-7890-9181 Fax 44-20-7890-9222 E-mail: financial@nopworld.com www.nopworld.com Studies: Small Business Omnibus n = 500, Frequency: 24/yr.

NOP Healthcare

Part of NOP World Health Friars House 157 - 168, Blackfriars Road London SE1 8EZ United Kingdom Ph. 44-20-7890-9000 or 44-20-7890-9080 Fax 44-20-7890-9159 E-mail: Healthcare@nopworld.com www.nopworld.com Studies: (GP Net) Internet n = 200, Frequency: 24/yr. (QUEST) F-T-F and Tel n = 50-200, Frequency: 132/vr. (InterQuest) Tel n = 5-75, Frequency: 72/yr.

NOP Research Group Part of NOP World Ludgate House 245 Blackfriars Road London SE1 9UL United Kingdom Ph. 44-20-7890-9000 Fax 44-20-7890-9001 E-mail: info@nopworld.com www.nopworld.com Carol Bernasconi, Omnibus Director Studies: Random dialing/Quota Omnibus n = 1,000, Frequency: 104/yr. **Random Location Omnibus** n = 2,000, Frequency: 36/yr. Quota Omnibus n = 1,000, Frequency: 12/yr. e-Omnibus

n = 1,000, Frequency: 24/yr.



Opinion Search, Inc. 160 Elgin Street, Suite 1800 Ottawa, ON K2P 2C4 Canada Ph. 613-230-9109 or 800-363-4229 Fax 613-230-3793 E-mail: info@opinionsearch.com www.opinionsearch.com Janette Niwa, V.P. Client Services <u>Studies</u>: Express

n = 2,000/1,000, Frequency: 12/yr.

Opinion Search, Inc. is Canada's largest independent data collection company, providing telephone, site, mail and online interviewing and tabulation services. Our CATI and Web-based interviewing systems are fully integrated, allowing simultaneous surveying via call centers (250 stations across Ottawa, Toronto and Montreal) and in-house CAWI hosting.

(See advertisement on Back Cover)

Pan Arab Research Center - UAB

P.O. Box 14680 Dubai United Arab Emirates Ph. 971-4-337-6696 or 971-4-334-4080 Fax 971-4-334-4456 E-mail: parcmain@emirates.net.ae www.arabresearch.com <u>Studies:</u> PARC Omnibus Kids & Teens n = 5,000, Frequency: 4/yr. PARC Omnibus F2F/Telebus n = 6,200, Frequency: 24/yr. PORI - Public Opinion & Mktg. Rsch. of Israel P.O. Box 20114 Tel Aviv 61200 Israel Ph. 972-3-561-2443 or 972-51-224-501 Fax 972-3-561-0960 E-mail: pori@attglobal.net Studies: Face-to-Face Nationwide n = 1,000, Frequency: 8/yr. Face-to-Face Arab Population n = 600, Frequency: 2/yr. Face-to-Face Russian Population n = 800, Frequency: 2/yr. **Telephone General Population** n = 500, Frequency; 48/yr, **Telephone Arab Population** n = 400, Frequency: 24/yr. Telephone Russian Population n = 400, Frequency: 24/yr.

Prisma Options Ltd.

25 Alexandroupoleos, Ambelokipi 115 27 Athens Greece Ph. 30-210-748-2001 Fax 30-210-775-6227 E-mail: prismaop@hol.gr Marita Sormunen Studies: Prisma Face-to-Face Omnibus n = 1,000, Frequency: 4/yr. Prisma Telephone Omnibus n = 1,000, Frequency: 3/yr.

ProCon GfK Business Information Services

Sisli Is Merkezi, Siracevizler Cad. Esen Sok. No:6 Kat:5 34381 Romonti, Sisli, Istanbul Turkey Ph. 90-212-368-0700 or 90-212-368-0790 Fax 90-212-368-0799 E-mail: deniz.ozerdil@procongfk.com www.procongfk.com <u>Studies</u>: Urban Omnibus n = 1,000, Frequency: 3/yr. Mature Marketing & Research

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1 S. 270 Summit Oakbrook Terrace, IL 60181 Ph. 630-889-1900 Fax 630-889-0972 E-mail: promodata@leemis.com www.promodata.com **Rich Palesh**, President Studies: Price-Trak Frequency: 52/yr. Coupon-Trak Frequency: 52/yr. Ad Activity Frequency: 52/yr. Retailer Ad Digest - Drug/Mass Merchandise Frequency: 52/yr. Retailer Ad Digest - Food Frequency: 52/yr. Target Trak Frequency: 4/yr. Volume Trak Frequency: 4/yr. PTR Services - Technology/Electronics Frequency: 52/yr. Instore Trak Frequency: 4/yr.

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524 W. Indiana Spokane, WA 99205 Ph. 509-325-8080 Fax 509-325-8068 E-mail: info@robinsonresearchinc.com www.robinsonresearchinc.com Studies: Spokane County Residential Omnibus n = 400, Frequency: 4/yr.

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Corrections

On page 54 of the April issue, Stacey Hurwitz's firm Strategic Research Horizons was incorrectly identified as Strategic Business Horizons.

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Are the days getting shorter or are the discussion guides getting longer?

By Murray Simon

Editor's note: Dr. Murray Simon is president of D/R/S HealthCare Consultants, a pharmaceutical marketing research firm based in Charlotte, N.C. He can be reached at drsimon@mindspring.com.

There is a trend in pharmaceutical qualitative market research that seems to have evolved over the years, a trend toward the lengthy, all-inclusive discussion guide. What was once a two- or three-page document with lots of room for probing maneuverability is now typically a rather bloated seven-plus pages with every word of the pending interview spelled out. This development is quite understandable in light of the globalization of pharmaceutical products, the intense competitiveness of the marketplace and the escalating cost and complexity of successfully bringing a new drug to market but it does have its problems.

• In a focus group setting with multiple respondents it can lead to a series of short answers that lack the qualitative nuances that often prove so important in making strategic marketing decisions. Do the math — 20 or 30 questions for eight respondents over a 120-minute time span?

• With individual depth interviews, there is the risk of respondent fatigue or a steep drop-off in the level of interest. In evaluating a series of potential ad headlines, is it truly productive to ask, "How unique is this headline? / How relevant is it to you in your practice? / What is its inherent message? / What impact might it have on your decision to prescribe?"...and do that repeatedly for six or eight headlines? Why not a single question (with room for probing) that encompasses uniqueness, relevance, the inherent message and its potential impact for each headline?

 A bloated report is often the progeny of a bloated discussion guide; i.e., redundancy in the discussion guide often begets redundancy in the report.

• The process of having to verbally drag around an elephantine discussion guide during a week or two in the field can result in a brain-fried moderator — the same moderator who is now supposed to smoothly segue into analysis and report-writing mode.

• In report writing, there is the temptation to use tables and/or charts in an effort to manage and clarify lots of individual pieces of information. This can potentially lead to a false sense of statistical significance on the part of some clients.

Guidelines

Here are some guidelines to consider in developing that next discussion guide:

• Stay true to the objectives of the study: prioritize questions and distill out the nice-to-know from the need-to-know.

 Resist the temptation to put two or three market research projects into a one-project bucket.

 Encourage your moderator to play an active/aggressive role in developing and formatting the discussion guide.

 If the guide seems too long, it probably is. Seek out and eliminate redundancies.

 Run a pre-test to develop concise questioning and eliminate timing issues.

 Create an "if time permits" section at the end of the discussion guide for those questions that are somewhat less than essential but might add to the depth and richness of understanding.

• A critical component of any qualitative study for the moderator is to understand the objectives of the study and stay on course with those objectives throughout the project. The same holds true, of course, for the client.



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