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JUNE 2007

Marketing Research Review

Ethnic research issue

- > Online vs. offline multicultural research
- > Searching for representative black households
- > How not to market to Asian-American youth

2007 Ethnic
Research Directory

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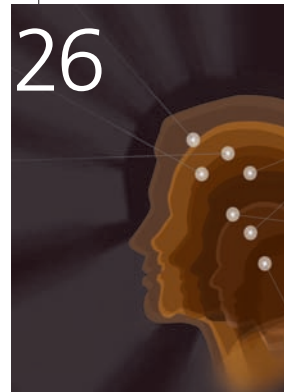


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in case you missed it...

news and notes on marketing and research



Are pre-movie commercials a cure for ad zapping?

As hard as it is to believe for those of us who hate watching commercials at our local cineplex, frequent moviegoers say commercials before the flick starts are more acceptable than commercials on television. According to an Arbitron study, over half (53 percent) of frequent moviegoers (people who attended more than five movies in the past three months) find advertising before the movie to be acceptable versus 46 percent who find television advertising to be acceptable.

The study also revealed that 59 percent of moviegoers recall having watched on-screen commercials before the movie began on their most recent trip to the theater. This is a particularly impressive number considering that not all movie theaters run on-screen ads.



One of the central themes that arose from the national survey of Americans age 12 or older is that a significant number of moviegoers accept on-screen commercials as part of the total entertainment experience.

Cinema advertising connects with the youth market. Advertising in movie theaters reaches over 124 million or 45 percent of

Americans 12 or older in a month. Eighty-one percent of teens and 67 percent of young adults age 18-24 have been to the movies in the past 30 days. Not only do movie theaters reach a high concentration of young people, but these consumers are also more likely to embrace cinema commercials than ads targeting them on the Internet, before programming on DVDs and embedded in video games.

Frequent moviegoers are early adopters and decision influencers. Thirty-two percent of past-month moviegoers and 40 percent of frequent moviegoers feel they are ahead of the curve for buying new products compared with 22 percent of all Americans 12 and older.

Movie theater advertising can provide an antidote for commercial avoidance. Moviegoers are more likely to use technology that allows them to avoid advertising such as digital video recorders (DVR) for television or pop-up blockers on the Internet. Moviegoers are more than twice as likely to use a DVR, such as TiVo, compared to non-moviegoers (26 percent vs. 11 percent).

The modern cinema environment provides advertisers with multiple opportunities to connect with consumers. Eighty percent of moviegoers looked at posters while in the lobby or concession area on their most recent trip to the theater and 54 percent noticed advertising on concession stand food and drink containers regardless of whether or not they consumed any of the items. Forty percent of moviegoers heard music playing overhead and 28 percent saw video programming in the lobby or concession area. These multiple touchpoints open the door for advertisers and marketers to create complete brand experiences within the theater setting. A free copy of the study is available at www.arbitron.com/study_o/cinema_study_2007.asp.

What would Springsteen say now?

Bruce Springsteen's 1992 song "57 Channels (And Nothin' On)," which lamented the quality and quantity of TV viewing choices, seems rather quaint now in light of a Nielsen report that says the average U.S. home received a record high of 104.2 TV channels in 2006.

As the number of channels available to a household increases, so does the number of channels tuned. In 2006, the average household tuned to 15.7, or 15.1 percent of the 104.2 channels available, for at least 10 minutes per week. This compares to 2000, when the average home viewed 22.1 percent of the available channels (13.6 channels viewed out of 61.4 available channels).

The percentage of homes receiving 100+ channels rose from 42 percent in 2005 to 47 percent in 2006, with 33 percent receiving between 60 and 99 channels, down 4 percent since 2005. Nielsen found that the average television household in the U.S. receives more than 17 broadcast TV channels, while 58 percent of all homes can receive 15 or more, and 36 percent receive 20 or more.

Education, English proficiency hinder Hispanic Internet use

The Latinos Online report from Pew Research found that 56 percent of Latinos in the U.S. (comprising 14 percent of the U.S. adult population) use the Internet. By comparison, 71 percent of non-Hispanic whites and 60 percent of non-Hispanic blacks use the Internet. Lower levels of education and limited English ability largely explain the gap in Internet use between Hispanics and non-Hispanics, concludes the report.

One in three Latinos who speak only Spanish go online. Seventy-eight percent of Latinos who are English-dominant and 76 percent of bilingual Latinos use the Internet, compared with 32 percent of Spanish-dominant Hispanic adults. Seventy-six percent of U.S.-born Latinos go online, compared with 43 percent of those born outside the U.S. Eighty percent of second-generation Latinos go online, as do 71 percent of third-generation Latinos. Eighty-nine percent of Latinos who have a college degree, 70 percent of Latinos who completed high school and 31 percent of Latinos who did not complete high school go online.

Mexicans are the largest national origin group in the U.S. Latino population but only 52 percent of Latinos of Mexican descent use the Internet. Even when age, income, language, generation or nativity is held constant, being Mexican is associated with a decreased likelihood of going online.

Internet use is much higher among Latinos who speak and read English fluently than among those who have limited English abilities or who only speak Spanish. Language is not an issue in the white and black populations as the shares of adults with limited English abilities is quite small.

Communication, however, is not limited to the computer screen, says the report: 59 percent of Latino adults have a cell phone and 49 percent of Latino cell phone users send and receive text messages on their phone. Expressed differently, 56 percent of Latino adults go online, 18 percent of Latino adults have a cell phone but do not go online, and 26 percent of Latino adults have neither a cell phone nor an Internet connection. For more information visit www.pewhispanic.org or www.pewinternet.org.

Which of these research providers should you partner with?



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Global pharmaceutical market grew 7 percent in 2006

IMS Health, Norwalk, Conn., reported that the 2006 global pharmaceutical market grew 7 percent, at constant exchange rates, to \$643 billion. A rebound in growth to 8.3 percent in the U.S. – fueled by an increase in prescribing volume due to Medicare Part D – and innovations in oncologics that drove strong 20.5 percent global



growth in that therapeutic class, were key contributors to the market's expansion. "We continue to see a shift in growth in the marketplace away from mature markets to emerging ones, and from primary care classes to biotech and specialist-driven therapies," says Murray Aitken, IMS senior vice president, corporate strategy. "Oncology and autoimmune products increasingly are demonstrating their value in answering unmet patient needs – offering significant opportunities for growth."

In 2006, specialist-driven products contributed 62 percent of the market's total growth, compared with just 35 percent in 2000. A

number of primary care classes are experiencing slowing or below market-average growth due to the entry of lower-cost, high-quality generics and switches to over-the-counter products. These classes include proton pump inhibitors, antihistamines, platelet aggregation inhibitors and antidepressants. Last year, generics represented more than half of the volume of pharmaceutical products sold in seven key world markets: U.S., Canada, France, Germany, Italy, Spain and the U.K. This trend reflects the changing balance between new and old products and the growing "genericization" of many primary care categories.

In 2006, pharmaceutical growth continued to be driven by increased longevity of populations, strong economies and innovative new products. Last year, 31 new molecular entities were launched in key markets. Overall, the contribution to global market growth by products launched from 2001 to 2005 reached \$13.5 billion in 2006.

Notable high-potential product launches in 2006 included Gardasil, the first vaccine to prevent cervical cancer; Januvia, the first-in-class oral for Type II diabetes; and Sutent for renal cancer. "There have been some exceptional advances in medicine, but public policy will continue to be the greatest influence in driving decisions on health care spending," says Aitken. "To garner support for innovative new drugs, the industry needs to better articulate the value of its medicines – demonstrating and quantifying the ability of therapies to reduce total health care costs, increase economic productivity, improve the quality of life and extend life itself."

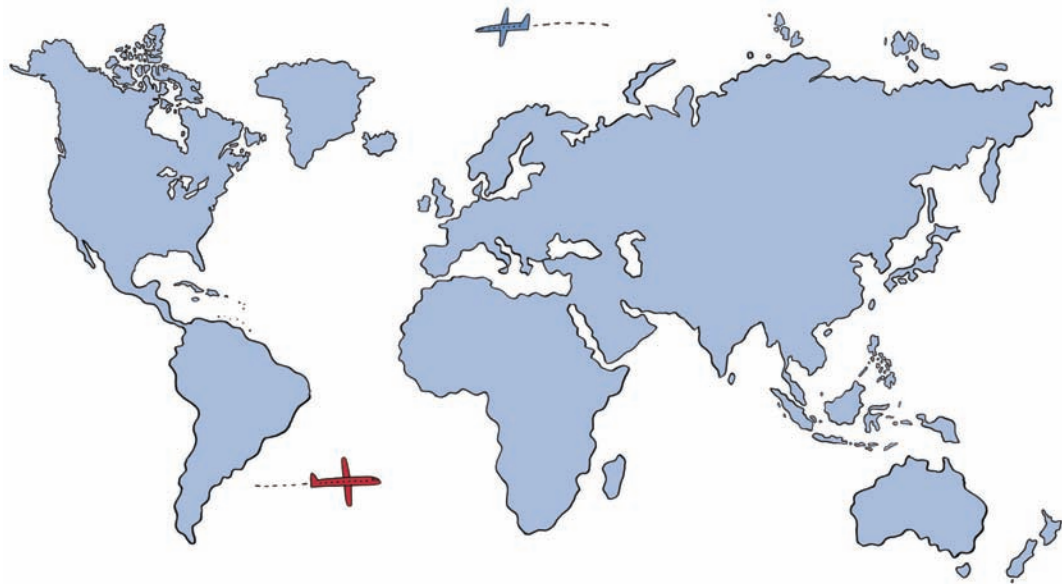
Growth in the R&D pipeline remains strong, especially in the number of products in Phase I and Phase II clinical development. At the end of 2006, some 2,075 molecules were in development, up 7 percent from 2005 levels, and up 35 percent from the end of 2003. In addition, a promising range of drugs are now in Phase III clinical trials or pre-approval stage, including 95 oncology products, 40 for viral infections and HIV, and 27 for arthritis/pain. Of the total pipeline, 27 percent of these products are biologic in nature.

Oncologics reached \$34.6 billion in sales in 2006, up 20.5 percent. This significant growth, the highest among the top 10 therapeutic classes, was fueled by strong acceptance of innovative and effective therapies that are reshaping the approach to cancer treatments and outcomes. In 2006, innovation in oncology was particularly active, with more than 380 compounds in development. Half of the oncology products in late-stage development are targeted therapies – treatments directed at specific molecules involved with carcinogenesis and tumor growth.

"Targeted therapies have revolutionized the way cancer is being treated – opening up the possibility that many forms of the disease can be fought through long-term maintenance therapy," says Titus Plattel, vice president, IMS Oncology. "These therapies are helping to win individual battles against cancer, enabling us to think of it as a chronic illness, rather than a life-ending one. With the industry's innovation and ongoing scientific advances, growth in targeted therapies will continue to be very strong and the outcomes even

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names of note

Craig Rumbaugh has been named vice president of *Integrated Marketing Associates*, a Bryn Mawr, Pa., research firm.

Menlo Park, Calif., research firm *Knowledge Networks* has hired **Charles A. DiSogra** as vice president, chief statistician.

Los Angeles research firm *OTX* announced the appointment of five executives: **Bruce Grey Tedesco** as chief research officer; **Eric Villain** as executive vice president, digital media group; **Tom Greco** as senior vice president, marketing insights; **Mike Carlon** as vice president, strategic insights; and **Ajay Durani** as vice president, marketing.

M/A/R/C Research, Irving, Texas, named **Lynn Dagar** research director and also announced a number of promotions. In the Irving office, **Erika Cinicolo** has been promoted to research manager; **Rich Eberlen** to senior programmer/analyst; and **Kristy Hoover** to marketing manager. In the firm's Nashville office **Nancy Miller** has been promoted to vice president. In Greensboro, N.C., **Bill Priest** has been promoted to account director and **Carla Penel** has been promoted to research director.

Research firm *InsightExpress*, Stamford, Conn., has named **Kimberly Pagan** senior account executive and **Jon Evoy** account manager, both within the company's advertising media sector.

Global Market Insite, Seattle, has added several new employees. In the Seattle office **Sunny Alder** has been named legal administrative assistant; **Jensen Gadley** has been named public relations specialist; **Crystal Ling** has been named accounts payable manager; and **Vera Rohlifing** has been named accounts payable accountant. In San Ramon, Calif., **Steven Hall** has

joined as business analyst. In the Sydney office, **Junji Kubota** has been named account manager. And in London, **Erik Zwartveen** has been named associate director, sales. The firm also announced that **Larry Schack** has stepped down as interim chief revenue officer and president, Americas. **Lowell Ricklefs**, executive vice president sales, America, has taken over Schack's former position.

Atlanta research firm *CMI* has added **Ellen Cabacungan** as a moderator in its qualitative research group.



Cabacungan

Berry

Rob Myers has been named managing director of *Synovate* in Canada. Separately, *Synovate* announced the addition of **Mark Berry** as executive vice president of its consumer and business insights unit in the U.S. **Laura Quinn** has been promoted to senior vice president, *Synovate Healthcare*, and will head up the custom research business of the company's office in Mahwah, N.J. In her new capacity, Quinn will become a full-time member of the *Synovate Healthcare* U.S. executive committee. **Mark Scazafave** has been promoted to senior vice president, *Synovate Healthcare*. **Greg McMahon** has been appointed senior vice president, solutions and specialisms. **Lynda Levy**, who leads the Princeton, N.J., office, has also been named head of the Florham Park, N.J., office. **Subhra Ghosh** has been appointed to the *Synovate Healthcare* U.S. executive committee. **Gloria Chambers** has been promoted to senior vice presi-

dent and will take on additional responsibilities in the day-to-day management of the Princeton office in support of **Lynda Levy**. **Stuart Bartlett** has been promoted to business development director, *Synovate Healthcare*. Replacing Bartlett as head of *Synovate Healthcare Asia Pacific* will be **Sumit Sharma**.

Farmington Hills, Mich., research firm *MORPACE International Inc.* has named **Bryan Krulikowski** and



Krukowski

Myhrer

David Myhrer vice president.

State College, Pa., research firm *Diagnostics Plus* announced that **Trish Evanitsky**, **Noret Flood**, **Jim Fong**, **Michelle Hostetler** and **Mike Hostetler** have received the Marketing Research Association's Professional Researcher Certification at the expert level.

U.K. research firm *Numwood* has added **Sarah Houghton** to head up its recently opened London office, naming her managing director for London operations.

Waltham, Mass., research firm *Invoke Solutions* has named **Josh Mendelsohn** director of marketing.

Media, Pa., research firm *ICR* has named **Marie L. Strasser** vice president client services.

Lightspeed Research, Basking Ridge, N.J., has added five new employees, naming **Harry Jefferies** vice

continued on page 96

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product and service update

Sigma tests duplicate e-mail service for online research

Fort Lee, N.J.-based Sigma Validation has begun a second round of beta testing on its Duplicate Email Search capability, which tracks respondent participation in online research studies based on the e-mail address. The program will now conduct a primary match by e-mail address, telephone number and/or physical address. In addition, if there is a match based on one of these primary variables, the system will conduct a secondary match by respondent first name and/or last name. If a respondent/interview matches with another respondent/interview on any one of the primary variables, it will be included in the Sigma Report.

Sigma's Duplicate Number Search program helps to identify respondent-level issues such as professional/conditioned respondents, fraudulent activity and unmet screening requirements. The Duplicate Email Search uses a similar methodology for online research. For more information visit www.sigmapvalidation.com.

New online qual app designed to go deep

San Francisco-based KDA Research has launched Revelation, an online qualitative research Web application for immersive research, online ethnography and remote contextual research. It combines the rich-media data collection capabilities of blogs with qualitative analysis tools to help capture customer experiences as they unfold and analyze those experiences to answer business questions. Revelation's patent-pending system enables researchers to design, moderate, analyze and manage online studies that capture day-to-day customer experiences, without needing to learn any programming or complicated interfaces. For more information visit www.revelationglobal.com.

CMOR offers compliance guide

The Council for Marketing and Opinion Research (CMOR), Washington, D.C., has created a government affairs online companion, the CMOR Compliance Guide, for all users and suppliers of survey research. "The number of restrictive legislative

bills that threaten research continues to increase nationwide," says Donna Gillin, CMOR's director of operations. "Navigating the legal landscape for the survey research profession can be complicated and time-consuming. The Compliance Guide provides guidance to prevent legal issues for today's researcher."

The online research component (release 1) of the Compliance Guide is the first of five components to launch and is available now. The online research component provides companies with information regarding state, federal and international online research-related laws, best practices for online research, information on industry codes and standards for online research, model privacy clauses and model opt-out clauses as well as additional guidance for conducting online research. Specific topics address spam or sales e-mails, spyware, electronic solicitation of minors and security breach laws. Other components of CMOR's Compliance Guide, including information on telephone, qualitative and privacy compliance laws, are set to be released throughout 2007. For more information visit www.cmor.org.



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MarketTools adds concept test capability

San Francisco research firm MarketTools has added an offering to its Concept Development and Testing Suite to help companies better identify big ideas earlier in the product development process. With the firm's new MPI (Market Potential Index) Concept Test, companies can identify product ideas with the strongest business potential and increase the odds that those products will become successful, sustaining businesses. The MPI Concept Test is designed to help companies cut their time in finding winners by providing an approach to

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research industry news

News notes

Dulles, Va.-based **Perseus | WebSurveyor** has completed a rebranding effort and renamed the combined company Vovici (voh-VEE-see).

ComScore Inc., Reston, Va., announced in early April that it had filed a registration statement on Form S-1 with the U.S. Securities and Exchange Commission relating to the proposed initial public offering of its

common stock. The offered shares will be sold by comScore and certain of its stockholders.

Wilton, Conn., research firm **Greenfield Online Inc.** announced that it would donate \$10,000 of the revenue generated through surveys executed via its Real-Time Sampling capability and survey sampling services to the Susan G. Komen Foundation to support breast cancer research.

Acquisitions/transactions

Costa Mesa, Calif., information firm **Experian** has acquired **Hitwise**, a New York Internet marketing intelligence company. The purchase price is approximately \$240 million and will be funded from Experian's existing cash resources. The transaction is subject to regulatory approval.

Separately, Experian announced it has acquired a minority stake in Sinotrust, a China-based business information and market research company.

Short Hills, N.J.-based information firm **D&B** has acquired **First Research** for \$22.5 million, with an earn-out potential of up to \$4 million based on financial performance. The acquisition was funded with cash on hand. First Research, based in Raleigh, N.C., provides editorial-based industry insight for sales professionals.

Nordic research firm **Zapera** has made an agreement with the shareholders of Norway-based research company **Receptor Markedsanalyse AS** to acquire the company.

Chicago-based **Research International** has acquired **Teenage Research Unlimited**, Northbrook, Ill.

Lightspeed Research, Basking Ridge, N.J., has acquired **Foresight International Inc.**, a Lake Zurich, Ill., employee satisfaction research firm.

Charlottesville, Va., business intelligence firm **SNL Financial** has acquired media research and analysis firm **Kagan Research**, based in Monterey, Calif.

Harris Interactive, Rochester, N.Y., has acquired **MediaTransfer AG Netresearch & Consulting**, a private European online research firm based

Calendar of Events June-September

The American Marketing Association will hold its annual Advanced Research Techniques forum on June 10-13 at the Eldorado Hotel, Santa Fe., N.M. For more information visit www.marketingpower.com.

Canada's Marketing Research and Intelligence Association will hold its annual conference on June 13-15 at the Blue Mountain Resort Village Conference Centre, Collingwood, Ontario. For more information visit www.mria-arim.ca.

ESOMAR will hold a conference on innovation on June 18-20 in Helsinki. For more information visit www.esomar.org.

IIR will hold its Market Research Event Europe on June 18-20 at the Hotel Fira Palace, Barcelona, Spain. For more information visit www.iirusa.com/euroresearch.

The Massachusetts Institute of Technology will hold the Individual Choice Behavior: Theory and Application of Discrete Choice Analysis event on June 18-22 on its Cambridge, Mass., campus. For more information visit http://web.mit.edu/mitpep/pi/courses/individual_choice_behavior.html.

ESRI will hold its user conference on June 18-22 at the San Diego Convention Center. For more information visit www.esri.com.

The Council of American Survey Research Organizations will host its annual technology conference on June 21-22 at the Roosevelt Hotel in New York City. For more information visit www.casro.org/techform/2007-techconf.cfm.

ESOMAR will hold its Brand Matters conference on June 20-22 in Helsinki. For more information visit www.esomar.org.

IIR will hold its SCOPE event (segmentation, clustering, optimization, profiling, efficiency) on June 25-27 at the Omni Chicago. For more information visit www.iirusa.com/scope/2253.xml.

The Massachusetts Institute of Technology will hold the Scientific Marketing and Offer Design: Pricing, Bundling and Customer Targeting seminar on July 9-10 on its Cambridge, Mass., campus. For more information visit http://web.mit.edu/mitpep/pi/courses/scientific_marketing.html.

IIR will hold its Shopper Insights in Action conference on July 11-13 at the Marriott Downtown Chicago Magnificent Mile. For more information visit www.iirusa.com.

ESOMAR will hold its annual congress on September 16-19 in Berlin. For more information visit www.esomar.org.

The American Marketing Association will hold its annual marketing research conference on September 23-26 at the Wynn Las Vegas Hotel. For more information visit www.marketingpower.com/research.

To submit information on your upcoming conference or event for possible inclusion in our print and online calendar, e-mail us at editorial@quirks.com.

continued on page 93

ADHD/ADD • Agoraphobia • Alcohol Problems • Allergic Rhinitis • Allergies
• Alzheimer's • Dementia/Senility • Anorexia • Anxiety • Arthritis • Asthma
Barrett's Esophagus • Bipolar Disorder • Bulimia • Bladder Cancer • Brain
Cancer • Breast Cancer • Cervical Cancer • Colon Cancer • Colorectal Cancer •
Hodgkins Disease • Kidney Cancer • Liver Cancer • Lung Cancer • Ovarian Cancer
• Prostate Cancer • Renal Cell Cancer • Skin Cancer • Testicular Cancer • Throat
Cancer • Thyroid Cancer • Uterine Cancer • Carpel Tunnel Syndrome • Cerebral
Palsy • Cholesterol • Chronic Back Problems • Chronic Bronchitis • Chronic Pain
• COPD • Crohns Disease • Cystic Fibrosis • Depression • Developmental
Disabilities • Diabetes • Digestive Diseases • Acid Reflux • GERD • Down
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Syndrome • Kidney Disease • Lactose Intolerant • Liver Disease • Lupus • Lyme
Disease • Macular Degeneration • Mental Health Conditions • Menopause •
Multiple Sclerosis • Neurological Condition • Neuropathy • Obesity • Obsessive
Compulsive Disease • Osteoarthritis • Osteopenia • Osteoporosis • Panic
Disorder • Paralysis of Extremities • Parkinson's Disease • Personality Disorder
• Phobias • Post Traumatic Stress Disorder • Raynaud's Disease • Restless Leg
Syndrome • Rheumatoid Arthritis • Sarcoidosis • Schizophrenia • Scoliosis •
Sickle Cell • Sinusitis • Sjogren's Syndrome • Sleep Apnea • Sleep Disorders •
Social Phobia • STD's • Stroke • Thyroid Disorder • Ulcerative Colitis • Vision
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Retooling a large health insurer's pricing strategy

Traditionally, the health insurance industry has priced its services on a cost-plus basis. The costs are estimated using a complex algorithm of past health care utilization and customer profile data. This process was developed and is used rigorously by the actuarial departments. However, a multibillion-dollar health insurer realized that an important element was missing from this cost-plus approach: market sensitivity to price changes. With the help of an econometric model and a revamped pricing process the insurer bridged that gap.

When an actuary examines a client's cost and utilization of health care services they will typically find a pattern of significant gain from one year to the next. There are a lot of drivers of those costs, such as technology, an increasing number of specialist physicians, etc. - but that's another article! They'll then assume those same trends moving forward, adjusting for a change in the client's profile (e.g., age, sex). This is the cost-plus approach used in a pinch by many companies. However, in the

health insurance industry there is so much variability of costs across different profile factors that this actuarial approach has been the conservative mainstay of pricing strategies. Ironically, this approach can actually hurt the bottom line.

Unlike industries that sell a product and are immediately paid for it, in the insurance industry a guarantee is sold that future, unknown costs will be paid. When an insurer hikes up their prices by 15-20 percent, the "healthier" of their existing clients, knowing they'll generate lower costs, are more apt to price-shop. The insurer is then left with the clients who tend to use more services...and generate even higher cost growth. It's a self-induced upward spiral that whittles away at the bottom line. Why? Because even the not-so-healthy clients will tolerate only so much price increasing before pushing back on the insurer for lower margins.

Using the right drivers

Generally, successfully capturing

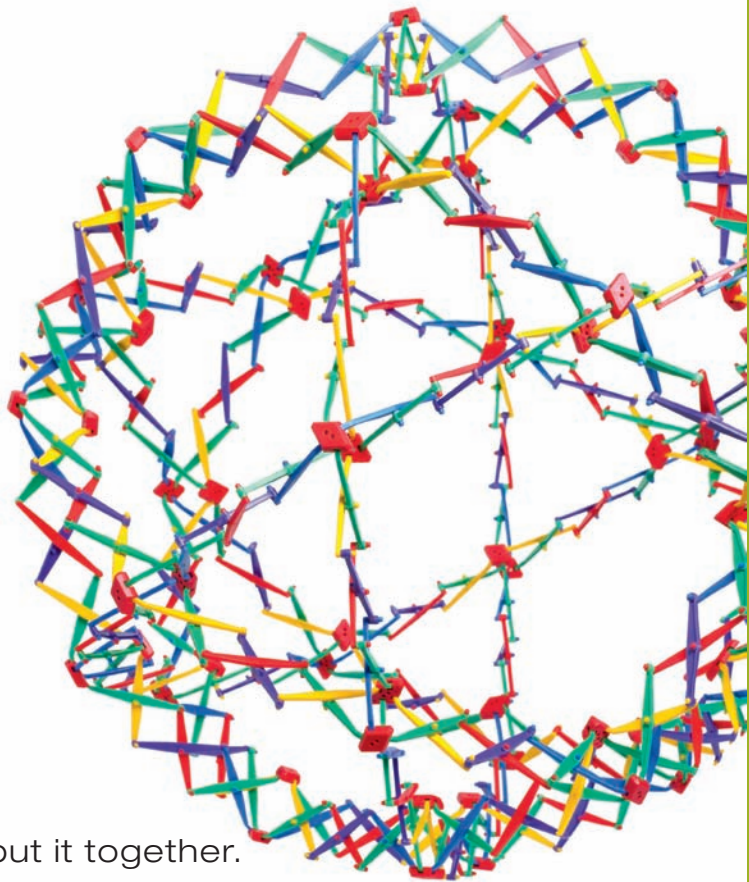
Editor's note: Jen Coriell is president of Impactrics, a Brentwood, Tenn., research firm. She can be reached at jcoriell@bellsouth.net.

market sensitivity through regression analysis is a matter of using the right drivers, measures, functional form and model evaluation methods. Because this was a major shift in approach for the insurer, most of the time and effort was actually spent in the first step: identifying the right drivers.

A cross-functional workgroup was established that first became familiar with the modeling process and requirements. (There were actually several workgroups as this was one component of a larger econometric model.) This was necessary not only for them to make valid decisions, but as importantly, so they could understand and have ownership of the new tool. This empowered them to communicate it to their functional areas with confidence. Once the group understood their charge, they quickly realized that customer



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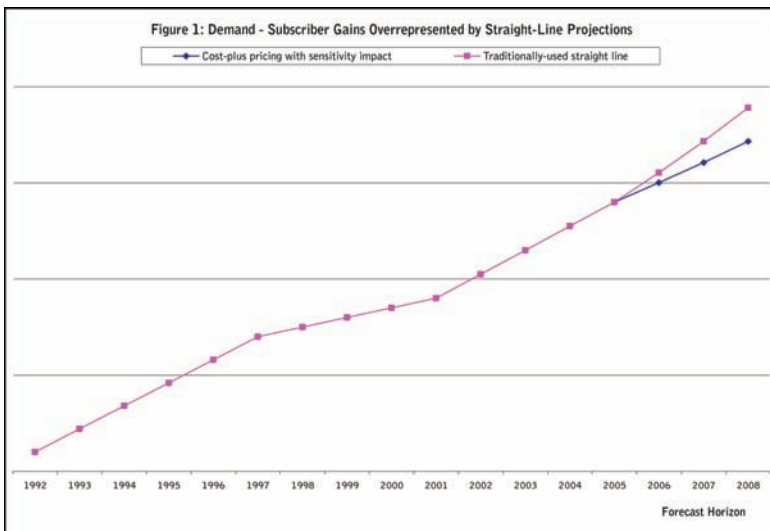


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growth doesn't occur solely as a result of the insurers' pricing actions. To model only their price as a driver would create an exaggerated estimate of price sensitivity. So, the workgroup developed a long list of drivers and then applied criteria in order to prioritize them. The result was a recommended handful of determinants of customer growth. These drivers were advertising and promotion expenditures, competitors' pricing, substitute pricing, and the size of the market itself.

A second workgroup was formed to take the model to the next stage: estimation. Estimation began with the development of solid measures for demand and its drivers.

The workgroup determined that demand for the medium-to-large-size employer groups should be the first model since it was the segment with the largest profit potential. The group also determined that because the margins varied dramatically by product group, then demand and price sensitivity for each group would be individually determined. The measure of demand, by product group, was the number of subscribers. This measure was preferred to membership data as it nets out the influence of changing family size.

Measuring advertising and promotion expenditures was straightforward as the company maintained historical financial statements.

Because the dependent variable was a non-monetary volume indicator, the expenditures had to be adjusted to net out the trend in overall consumer inflation. Not doing so would have forced the model to pick-up inflation as an influence, which the first workgroup had determined was not valid.

Competitor pricing data for an array of products was found within the state's department of insurance records. Collected for a 10-year period, composite indices were developed which tracked the change in the company's vs. competitor pricing for both similar and substitute product groups.

Finally, the size of the market was measured by employment in the geographic market. Weights were

assigned by industry and employer size that reflected the propensity to insure.

Functional form and model evaluation

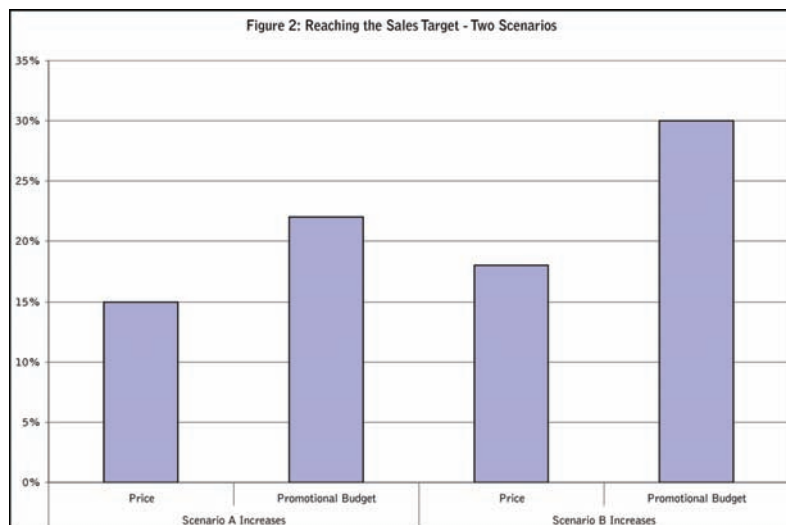
After the workgroup had identified the appropriate measures, the functional form of the model was determined. That is, are the interrelationships best described in logarithmic form? If so, to what base? Rarely are the series related in a simple linear fashion (e.g., a 10 percent price increase yields a 5 percent decline in the subscriber base). Other mathematical considerations were made to determine the appropriate functional form of the demand equations. (This functional form is different for each company as they are influenced in varying degrees by customer loyalty, brand value, etc., values captured intrinsically in price.)

A series of evaluative statistics were calculated and revealed a solid fit. Both in- and out-of-sample statistics were determined to ensure that the form specified was valid even when constrained to different time periods.

The result was a sound estimate of the impact from a change in price on the demand for an array of products.

Reign in the price increases

The pricing process used by this insurer began with the market seg-



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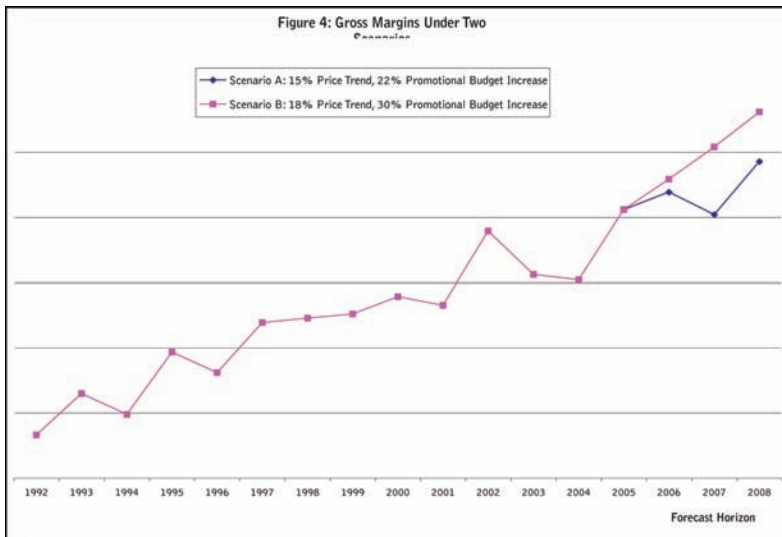
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ment team leaders being presented with the actuarial recommendations for price changes. Then, with the pressure of performance targets breathing down their necks, they'd attempt to reign in the price increases by scrambling to disprove the cost-plus calculations.

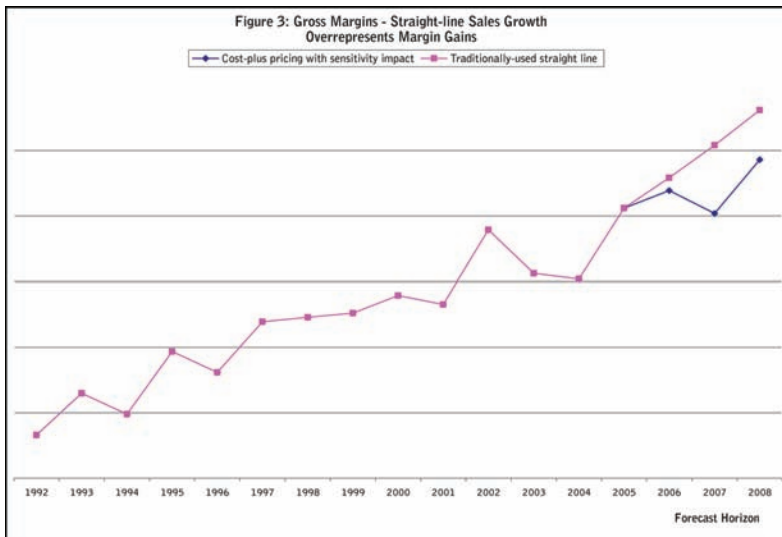
The estimates of market sensitivity were brought into the pricing process with forecasts using various assumptions. A third workgroup was assigned the task of developing forecast assumptions for the drivers. Combining the driver forecast assumptions with the statistically-determined relationships allowed for the market's perspective to be represented in four ways:

1) Demand forecast resulting from the cost-plus pricing and the esti-

mate of price sensitivity vs. the traditionally-used straight-line demand projection (Figure 1). The price sensitivity estimate allowed the market segment team to see that the cost-plus pricing had a stronger downward pressure on sales than previously thought.

2) Pricing and advertising/promotional expenditure scenarios needed in order to achieve sales targets (Figure 2). Pricing and promotion are classic marketing levers that can be used to reach targets. This chart used the company's unique price and promotion sensitivities to determine different combinations of the two. A higher price trend requires more promotional dollars to compensate sales growth.

3) Gross margin forecast, assum-



ing cost-plus pricing based on price sensitivity vs. straight line revenues (Figure 3). This forecast used the same assumptions as (1). In addition, the medical cost forecast generated by the econometric model was used. (Because of the complexities of the health care industry, the development of the medical cost model was a much longer process.) The traditional straight-line demand projection was misleading in its impact on gross margins. After adjusting for the company's price sensitivity, the diminish margins.

4) Gross margin forecast, assuming various pricing and advertising/promotional scenarios to achieve sales targets (Figure 4). This forecast used the same scenarios as (2), combined with the econometric model's medical cost forecast. One combination of price and promotion yields higher margins than the other. It was also evident that pricing yielded more bang for the buck than promotion!

ROI estimate

As with pricing, the model also yielded sensitivity estimates from advertising and promotions. A baseline demand forecast was first generated by holding pricing to the cost-plus trend over the forecast horizon and advertising/promotional expenditure increases at historical rates. Then, an increase of 15 percent was added to the advertising/promotions budget. This generated a ramped-up forecast of demand. The increase in demand was then multiplied by the price to determine revenue gain. The medical cost forecast was held at its baseline, creating an impact estimate. This estimate, divided by the 15 percent increase yielded a return on investment. The market segment team was able to use that ROI estimate for comparison to other investments that the company was considering during its corporate planning and capital budgeting season. | Q



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Compare and contrast

Are you shaping good brand decisions with your selection of research methods? Today, high Internet penetration levels among the general population allow researchers to reach a vast majority of U.S. consumers via online panel methods. At the same time, it is becoming increasingly important to ensure proper representativity of fast-growing multicultural groups in research samples, primarily African-American and Hispanics.

However, with the Internet penetration among these groups currently at

Study looks at online vs. offline multicultural research

much lower levels than the general population, it is important to stop and ask ourselves if online respondent panels are suitable for drawing samples to research these groups with confidence. The onus is on marketing research companies to demon-

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strate the representativity of their online samples, or absent that, to offer the caveat that such samples have not been demonstrated as being representative of their populations. Client companies should demand this - most cannot afford to risk multimillion-dollar decisions or hard-earned brand equities on results that are misleading due to non-representative sampling. This article is intended to motivate marketers and researchers to take a hard look at their sampling methods, question the status quo and make the right method choices when it comes to learning about multicultural markets.

Substantial benefits

Internet-based consumer research provides substantial benefits in cost and timing. With nearly three quarters of the U.S. general population accessing the Internet, 30 percent of U.S. survey research spend is now conducted online and that percentage is growing.¹ However, lower Internet penetration rates exist among African-Americans (49 percent overall; though lower among lower income/urban segments) and Hispanics (40 percent, lower among the critical mass of Mexican-origin and Spanish-dominant consumers).² These groups are increasingly attractive to U.S. marketers given that they now represent over one quarter of the U.S. population, with Hispanics contributing to half of recent population gains. Traditional best-practice research for these multicultural groups has remained offline in large part due to their

lower Internet penetration rates.

For African-Americans, traditional interviewing modes are mail, phone and central location testing (CLT); for Hispanics, the preferred modes are phone and CLT. These modes are often expensive and time-consuming, especially when compared to the efficiencies achievable online.

With these dynamics in mind, TNS, and its multicultural arm, TNS Multicultural, created the TNS Multicultural Consortium, consisting of founding members the Coca-Cola Company, Freddie Mac and Procter & Gamble and associate member General Mills. The charter of the Consortium is to form a group of non-competing companies interested in better understanding the multicultural universe as it relates to marketing, retail and research best practices. The Consortium's first priority was to conduct a research-on-research

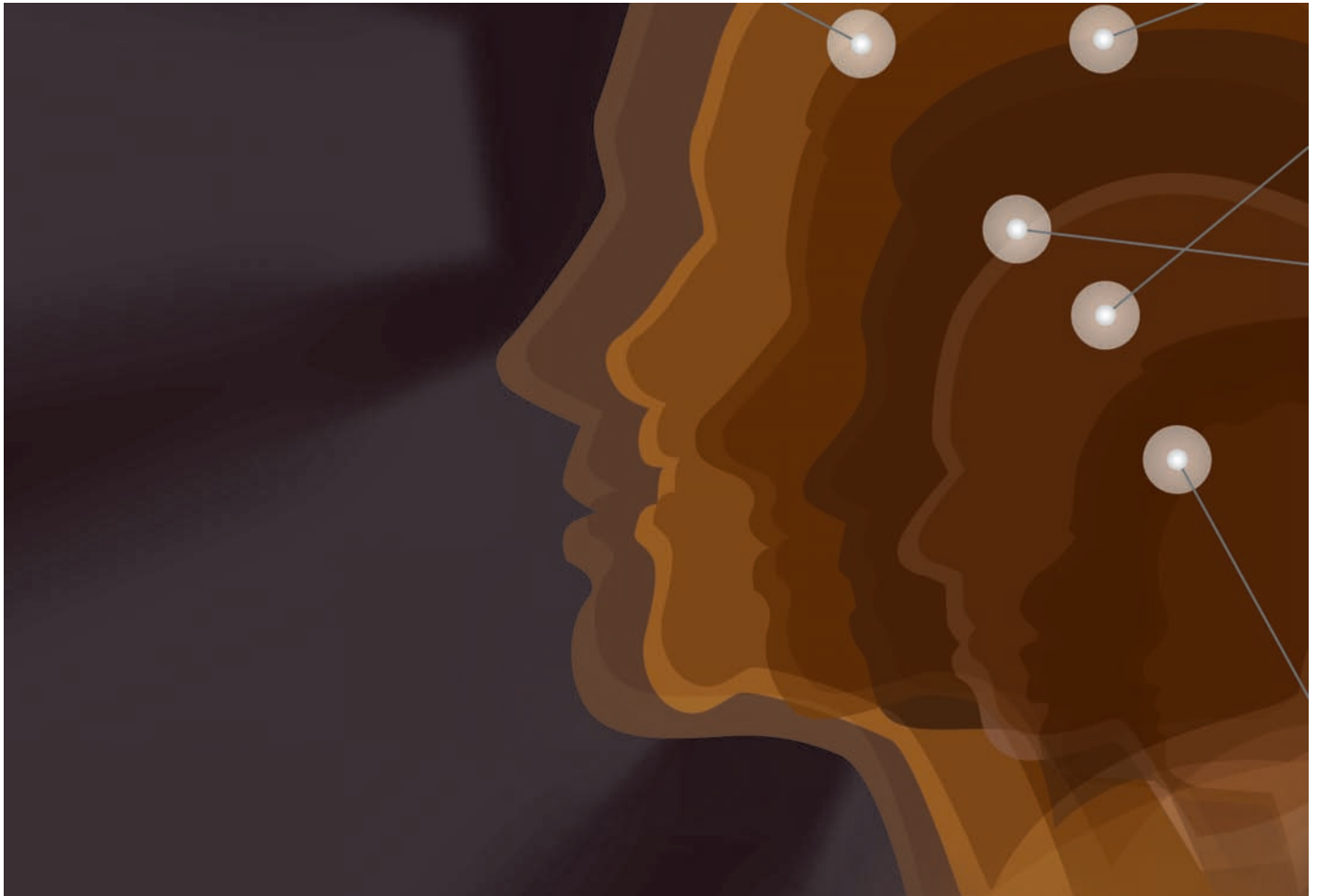
study to examine the ability of Internet fielding to provide representative samples of African-Americans and Hispanics. The study used a single questionnaire covering basic brand metrics across six categories, administered to parallel cells of mail and online African-Americans, and CLT and online Hispanics.

The research-on-research objectives were:

- To determine how well African-American and U.S. Hispanics can be represented through traditional and online means.
- To build an understanding of the conditions under which it is reasonable and not reasonable to use online samples to represent African-American and U.S. Hispanic consumers.

Specific actions to be taken were set from the beginning:

- If results are similar between the



methodologies, Consortium members could pursue their own methods-related research in their category (ies) for basic brand and category questions to ensure that the same business decisions can be reached online.

- If results differ significantly, testing should not be moved online for these clients' categories.

- Additional methods work can be done in the future to examine situations in which results line up reasonably between the methodologies.

Parallel cells

Samples were designed to achieve well-matched aggregate demographics within ethnicity across modes and employed each mode's best practices. The African-American parallel cells were mail-and online panel-based, consisting of female heads of household aged 18-65. Additional specifications were identical between mail and online panel samples balanced to the African-American population on national geographic region, market size, age, income, household size and education. For Hispanics, parallel CLT and online cells were conducted in the respondent's language of choice. CLT interviews were conducted via a Web-enabled computer-assisted interview. The samples consisted of female heads of household aged 18-65. Additional specifications for both modes were age, country of origin and language spoken at home most often. Furthermore, the online sample was balanced for national geographic region, market size, income, household size and education (per online best practices). The CLT sample covered the top seven Hispanic DMAs.

Each Consortium founding member contributed questions pertinent to their brands so that a variety of brands/categories and question types were covered. Figure 1 shows the categories and metrics which were examined for the online and offline modes.

Figure 1

Specific categories studied in parallel	Key measures
<ul style="list-style-type: none"> • Carbonated soft drinks 	<ul style="list-style-type: none"> • Brand awareness • Favorite brands • Attitudes
<ul style="list-style-type: none"> • Laundry detergents • Fabric softeners • Shampoo • Toothpaste 	<ul style="list-style-type: none"> • Brand awareness • Brand usage • Brand disposition
<ul style="list-style-type: none"> • Financial services 	<ul style="list-style-type: none"> • Brand awareness • Brand usage • Brand disposition

For each ethnicity, individual key measures for each category were compared between modes, looking for the total number of significant differences at the 95 percent level of confidence. This tally helped determine the extent to which results lined up between modes.

The specific action criteria within each of the six categories (by two ethnicities) were set up before the research began as shown in Figure 2.

Did not meet the standard

Only one category - carbonated soft drinks within African-American - lined up between online and offline. The other categories within

the African-American samples, as well as all categories for the Hispanic samples, did not meet the action standard.

Of the remaining five categories deemed "poor" among African-Americans, three of these results were due in large part to systematically higher brand awareness seen online. With knowledge of the reason behind the difference, these "poor" outcomes were footnoted to be cautiously considered by the client for further methods testing (Figure 3).

Differences among Hispanics

The differences observed among Hispanics online compared to CLT

Figure 2

Score	Total comparisons with significant differences (95% CL)	Proceed with client's own technique-level testing?
Excellent	5% or fewer	Yes
Good	6-10%	Yes
Borderline	11-20%	Maybe; use judgment and evaluate impact on category research
Poor	More than 20%	No

Figure 3

	Hispanic percent differences in parallel measures/score	African-American percent differences in parallel measures/score
Carbonated soft drinks	(27%) Poor	(9%) Good
Laundry detergents	(60%) Poor	(22%) Poor*
Fabric softeners	(60%) Poor	(23%) Poor
Shampoos	(46%) Poor	(24%) Poor*
Toothpaste	(53%) Poor	(25%) Poor*
Financial services	(73%) Poor	(44%) Poor

*Further examination revealed that "poor" results were due to systematic differences in brand awareness. Once awareness is taken out of the equation, results become borderline for these three categories.



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were many. At least three major reasons emerged. While overall quotas for both online and CLT samples were achieved, there were a number of differences within aggregate demographic quotas – finer breaks are not typically controlled for. For example, both Hispanic samples achieved about 65 percent Spanish-dominant respondents (that is, speak Spanish only or Spanish more than English, at home). However, Spanish-only speakers were 42 percent of the CLT sample and only 25 percent of the online sample.

It was also apparent that the online sample exhibited oddities that could be due to the type of respondents available online, especially for variables that are not under standard control. For example, nearly one third of online respondents were students, compared to only 5 percent via CLT. Younger online Hispanics were more Spanish-dominant when in fact the younger generations tend to be more bilingual.

Finally, there were also attitudinal differences between modes. For example, over half of CLT respondents agreed that “a woman can best contribute to her family by staying home to care for them,” compared to about one fifth online. Hispanics who are online seem to be early adopters and are more acculturated than the representative population. They tend to have higher incomes and levels of education, much like the early experience with the general-market online audience.

The conclusion is that online Hispanic panel sources are not representative of the adult Hispanic market because the critical groups – Spanish-dominant and of Mexican origin – are not well-represented on the Internet. TNS’ 6th dimension access panel is subject to these characteristics even though its recruiting uses bilingual, content-appropriate invitations and sites. The universe TNS draws from

– as is the case for all online panels and sites – is subject to the unrepresentative characteristics of those Hispanics currently available online.

Differences in metrics among African-Americans

The differences in parallel metrics among African-Americans occurred in brand awareness, usage, disposition and attitudes, despite the successful matching of online to mail aggregate demographics, requiring only minor sample weighting. The aggregate similarities mask fundamental differences between the online and offline respondents, again likely because critical segments such as lower-income and urban respondents are underrepresented in the online universe, and in TNS’ panel.

The reason carbonated soft drinks did better than other categories could be due to the fact that Coke is a universally recognized brand in a highly-penetrated category. On the other hand, financial services fared the worst (73 percent of parallel metrics differed), possibly due to the characteristics of this category or the nature of being online.

Question remains

So the key question remains: Are you shaping good brand decisions with your selection of research modes? It is especially critical to follow the market research tenet of using a mode that provides the degree of representivity needed to meet the study objectives. There is substantial business risk in using non-representative sources for making decisions intended for such broad “total” populations.

This research-on-research suggests the following business conclusions:

- For Hispanics, online is not a representative method. Results from online data cannot be projected confidently to the Hispanic population. Rather, the offline modes of CLT and phone are recommended.
- For African-Americans, online is generally not a representative

method. Results from online data cannot be projected confidently to the African-American population. Again, offline modes, e.g., mail, CLT and phone, seem best. This research suggests there may be some exceptions to investigate online if a category/brand is very strongly penetrated (as was the case with carbonated soft drinks and Coke in this study).

- Market researchers and clients must work together to understand the objectives of the research and resulting level of population representivity needed. This understanding is critical to selecting the appropriate methods and sampling plans to enable the research to accurately inform business decisions.

- Even when samples appear demographically balanced, they may be concealing “nested” demographic differences, and may still reflect respondents whose attitudes and characteristics differ from their overall population in fundamental ways.

- Currently, there are very limited uses for online research focusing on Hispanics and African-Americans. Such uses might include studies that do not require representation of the total populations, or for investigating online Hispanics, or online African-Americans.

It is the responsibility of market researchers to understand and communicate the limitations of their samples in order for their clients to measure the risk associated with the business decisions being made. TNS will continue to explore the issue of representivity of these populations via its online panel, and will update the industry on progress as the Internet penetration of these markets grows. | Q

References

¹ Pew Internet & American Life Project, Data Memo by Mary Madden, April 2006, and *Inside Research*, July 2006.

² EMarketer article “Reaching Hispanic Internet Users.” April, 2006; and TNS Multicultural.

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Looking for a few to stand for the many

Some years back, my company was given an interesting problem by a client. The client, a large government agency, wanted to do some focus group research within the black population. The research needed to be representative of all black households in the United States - within the context of being small-group research, of course - and the topic was one that could vary significantly by community. (I use the term “black” in this article because of a debate about whether the term African-American might exclude people who are of black racial ancestry but whose heritage is traced through an intermediate geography other than Africa. [Think Jamaica or Haiti.] Our client wanted “black” in its broadest definition.)

So where, they asked us, should they do the focus groups? On the surface, the question is easy to understand. Blacks, like Americans of any race, live in a vast range of economic and social environments. Other than their racial identification, a black financial analyst living in downtown Manhattan may have absolutely nothing in common with a black sales rep living in Cheyenne, Wyo., who may have nothing in common with a black farmer living outside Gadsden, Ala. Our mission was to find six communities in the nation that, in combination, best reflected this diversity. (Within those six communities, multiple focus groups would be conducted of different demographic strata such as age and gender, so we didn’t have to worry about that.)

One firm’s search for representative black households

Piece of cake. Well, except for that “in combination” part. There are 3,141 counties in the United States, which means that there are more than 1 quintillion different combinations of six that are possible. Now, I like to think I’m good at math, and I would humbly say that I’m pretty darn good at it. But crunching a quintillion combinations was a bit of a daunting assignment, particularly when the supercomputer at the office was already tied up doing some sort of calculations related to the origins of the universe. (One of our analysts has a theory...) If we evaluated a million combinations per second, it would take us about 32,000 years to run through them all.

This meant that we had to have a system. We had to first break down the problem to its core elements and narrow the possibilities as much as possible, and then we had to come up with a specific



By Kevin Raines

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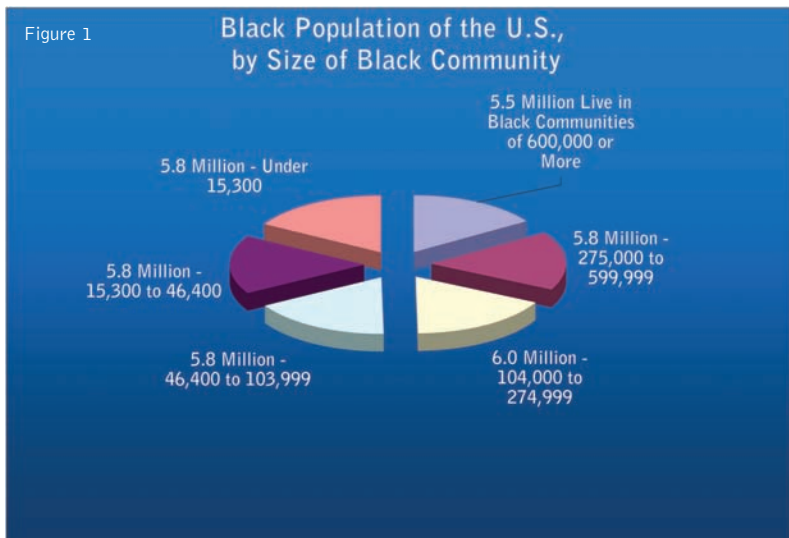


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Figure 1



analytical method to identify the best combination using a method other than brute force.

Demographics and math - I love this stuff. I hope you do, too, because you're about to get a big, interesting dose of it. However, I promise to keep it a layman's level for those who may be more inter-

ested in results than process.

Phase one: narrowing the problem

First off, I should address the whole definition of "community." We initially thought about considering a city to be a community, but this caused all sorts of problems, the

biggest of which is that there are a lot of rural people in the U.S. who don't live in cities. So we went with counties as our definition of a community. Plus, there's some great data available at a county level that isn't available for cities, so it became an easy decision.

Having made that definition, we first looked at some raw geographic criteria. Where in the country do most blacks live? What sizes of communities do they populate? Knowing that we had to pick exactly six counties when all was said and done, we decided to immediately eliminate the possibility that all six counties would be next to each other, or that all six would coincidentally be big cities or small towns. By setting constraints that forced us to pick counties in different parts of the country, and counties of different (but representative) sizes, we could force the process to be geographically equitable.

First, we divided the black population up by the size of the commu-

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nity that they live in (considering only the black population). What we found was interesting. At the top end, we found that one-sixth of the U.S. black population lives in counties that are home to 600,000 or more black people. And what's really interesting is that there are only six counties in the U.S. that fit that description: the core counties of New York City, Chicago, Philadelphia, Detroit, Houston and Los Angeles. So we had already narrowed down the candidates for one of our six sites. At the bottom end, we found that one-sixth of the U.S. black population lives in counties that have fewer than 15,300 blacks. There were a whole bunch of those, which would get narrowed down quickly when we looked at them more closely.

After figuring out these size distributions, we made the decision that one of our six communities would be drawn from each slice of the pie in Figure 1, in order to rep-

resent the varying sizes of black communities around the country.

Next, we looked at geography. Where in the nation do black populations live? That too was interesting. If you go by the regional definitions of the Census Bureau, slightly more than half of all American black people live in the South - that broad swath from Maryland to Texas. About one-sixth live in the Northeast, one-sixth in the Midwest, and about one-tenth in the West.

This again helped us. We decided that three of our six communities would be represented by Southern counties, one would be in the Northeast, one in the Midwest, and, for lack of a better landing spot, one in the West. Other than a little uncertainty about the West, the match was pretty easy.

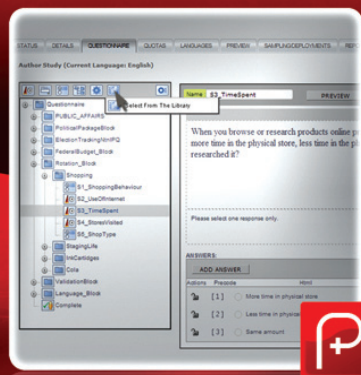
Finally, we went back to our smallest size category and started cutting out individual counties. If we needed to invite 50 or so people

to focus groups in each community, we first needed to ensure that there are enough people to recruit in that county. Believe it or not, the black population of Alaska's North Slope is pretty small. Since it's not possible to get everyone in a county to come to focus groups, or to find them and recruit them, we set a minimum population size for counties and limited our candidates to those populations.

Based on our past experience conducting focus groups with black participants, we somewhat arbitrarily set a population threshold of 10,000 or more blacks. Any county with a smaller black population was immediately eliminated. While we could certainly populate focus groups in smaller communities, and while we hated to eliminate those smaller population clusters, it made a lot of sense to do so. First off, about 90 percent of the black population lives in counties with 10,000 or more blacks, so we were still

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Table 1
Number of Counties Selected for Study

Population Category	Northeast	South	Midwest	West	Total by Size Category
600,000+	0	0	1	0	1
275,000-599,999	0	1	0	0	1
104,000-274,999	0	0	0	1	1
46,420-103,999	1	0	0	0	1
15,300-46,419	0	1	0	0	1
Under 15,300	0	1	0	0	1
Total by Region	1	3	1	1	

keeping most of our eligible population. Second, there may be practical issues in targeting smaller populations in terms of being able to do solid scientific recruiting. And third, there was another practical issue: we were able to eliminate 2,622 of our 3,141 counties by setting this threshold.

We were already making great progress. By cutting our list of candidates from 3,141 to 519, we were able to cut our number of combinations down from 1 quintillion to only about 26 trillion. That was a good start, and our computers were breathing a sigh of relief. We were now down to only about 300 days of work at a million combinations

per second.

We got kind of fancy at this point. Knowing the information in the map and the pie chart, along with a bunch of local-area statistics about the 519 counties, you can mathematically optimize which size of county should be picked from which part of the country, with a goal of being the most representative. For those of you who know linear programming, you can e-mail me and I'll walk you through it, but the bottom line is that, if you want to best approximate the nation, the optimum combination of region and community size is shown in Table 1. You'll see that it satisfies both of the constraints that we

decided on in terms of region and community size.

So this thing keeps getting easier. There are only two Midwestern counties that are home to more than 600,000 blacks: Wayne County (the core county of Detroit), and Cook County (the core county of Chicago). One of them was destined to be picked. There are only eight Southern counties with black populations of 275,000 to 599,999. One of those would be picked. It got a little hairier from there, as there were more smaller communities that were eligible, including 292 Southern counties in the two smallest categories.

All in all, we were left with 325 candidates remaining from our initial list of 3,141. I didn't care to determine our exact combinations at that point, but a quick back-of-the-envelope calculation means that we were probably below 1 trillion combinations now. Worst case, 1.5 trillion. This was great!

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Phase two: identifying the candidates

By using just a few basic geographic criteria, we were able to winnow our list of candidates from 3,141 to 325. But we care about a lot more than just the raw population and the part of the country they're in. A community is defined by a number of factors, some of which we can measure and some of which we can't. Since we needed to do this scientifically, we stuck with only those things that we could measure. Fortunately, there are a lot of those factors.

We began sifting through data sets to figure out what types of data are available. Our goal was to find data that was meaningful in defining the characteristics of a community (that one's obvious) and was consistent for these 325 communities. If we researched each community individually, it would be too easy to end up with lots of apples and oranges - data for each community that was

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gathered in different ways and didn't allow us to do direct head-to-head comparisons. For that reason, we decided to stick with data from federal government sources.

At this point, we buried ourselves in numbers. For every community, we developed a statistical profile of the community, both for the community in general and for the black community as a subset of the general community. (Okay, I admit that we didn't just do it for the 325 can-

didate counties. As long as we were doing the work, it was kind of interesting to put them together for all 3,141 counties. We had a fixed-price contract, but I still couldn't resist, so it became kind of a hobby for a while.) These profiles contained 18 different measures, including information on households, demographics, the local economy and a few measures that were specific to our client. A few examples that are representative of the main

categories include the population growth rate (both for the entire county and for the black population), household income levels, the proportion of the population that was black, home ownership rates, economic differences between black and non-black households, the job structure of the community (e.g., service economy, manufacturing, etc.), poverty rates, family structures and many others.

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Phase three: number-crunching time

At the end of phase two, we had 325 communities in our pool, and we knew a whole lot about each of them. Now we returned to our original question: Which six communities, in combination, best represent the diversity of America's black population?

Here's where it got fun. Theoretically, we could look at each of our 18 community statistics and identify whether a community was

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in the top one-sixth nationally, the bottom one-sixth, or somewhere in between when compared to all of the communities that had a black population of more than 10,000. In a perfect world, we could identify six communities where each community fell into one segment for a particular statistic. For example, one community would have high average incomes, one moderately high, one slightly above average, one slightly below average, one moderately low, and one with low average incomes. The diversity of America, right?

Our challenge was that we had to do it simultaneously for 18 different measures, and for around a trillion combinations. So it was back to advanced math, or more specifically, a really big linear programming model.

For those of you not familiar with this type of model, it's essentially a way to define a real-life situation in numbers, and also to define a meas-

ure that you want to either maximize or minimize. Once you do that, you define constraints that must be met in the selection process, and then you can use this mathematical technique to sift through potential solutions that find

the "best" minimum or maximum without violating the constraints. This type of model can be used for everything from maximizing seating in a restaurant to optimizing a client's advertising dollars. The interesting part is that, if you're cre-

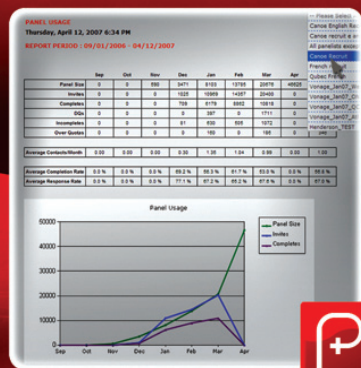


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ative, you can go beyond traditional statistics and set constraints that go beyond basic math. For example, in this model, we mathematically set a constraint that one of our six sites had to be within driving distance of Washington, D.C., so the client could drive out and observe at least one set of focus groups.

So after a lot of pondering and a few days of intense work, we were able to set up a mathematical model that included three main parts: One part was a database that defined all of our candidate communities, so the model could distinguish between communities. A second part contained a bunch of constraints, which were basically equations that defined “diversity of locale” for each of the community measures, as well as a few other specific constraints that the client wanted (e.g., the driving distance from D.C.). The third part, the master equation, would take a combination of six counties, examine their

characteristics, and do two things: determine if they met the constraints at all, and if so, assign them a score for how well they met them. High score wins.

The beauty of this type of model is that it doesn’t have to test every combination. It looks at trends and slopes, and quickly pares out blocs of combinations that don’t look promising, without testing every one of them. It’s not a perfect system, for practical reasons too detailed to describe here, but it’s a good system that will yield a strong result. We assigned it to a computer and left it alone for a while. (A while being a day or so.)

Results made sense

Once we heard the little chime that the model was done running, we checked it out. The results made sense. We ended up with six communities that seem to show quite a variety of environmental and social conditions. Our six communities were:

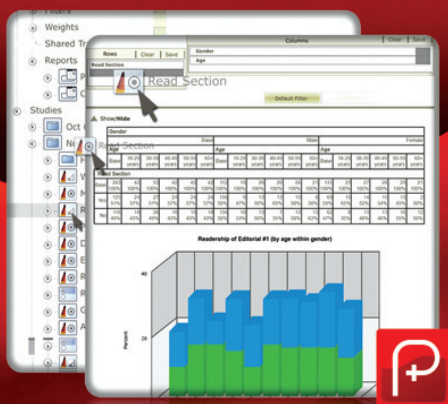
Cook County, Ill. – The core county of Chicago, this county represented a very large “flagship” African-American community that represented a broad spectrum of occupations, incomes, lifestyles and backgrounds. (An interesting bit of trivia: one out of every 30 black people in the U.S. live in Cook County.)

City of Baltimore – This combined city-county community represented a large central-city environment with relatively low median income and proportionally high black population.

Clark County, Nev. – This community, the core county of Las Vegas, represented a “black enclave,” a community where a relatively sizeable, fast-growing black population is somewhat isolated from other black populations. The black community here, as compared to other communities was also statistically somewhat similar to the gen-

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eral population, another criteria in our evaluation.

Middlesex County, N.J. – This community represented a “dispersed black population” that is a small proportion of the overall population, has a relatively high income, and (perhaps out of necessity) is statistically very similar to the general population.

Gregg County, Texas – This represented a classic mid-sized Southern community of a type that is home to a large number of black households.

Oktibbeha County, Miss. (and surrounding rural counties) – This area represented a classic small Southern community with a proportionally high black population that, on average, economically lags the general community. (A university in this location skewed our numbers here a bit, but after further analysis the site was kept.)

A spectrum

Are these sites good for you if you want to do market research with the black population? Probably. They may not be the perfect combination for your needs, because our client had some specific criteria for its own purposes (and

indeed the client later added other project-specific criteria that resulted in some changes). However, unless you have specific needs, these six communities represent a very strong combination that depicts a spectrum of black households. | Q

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Let's forget about William Hung

Today, there are approximately 3.5 million Asian-American young people under the age of 18. They represent a highly influential and media-savvy demographic with billions dollars of spending power. Yet it's surprising that more brands aren't actively reaching out to these kids. It's a demographic just ready and waiting to be served.

So where does a brand begin? How can a brand move beyond common assumptions and get to what really matters to Asian-American kids today?

The first step to establishing credibility is through listening: simply taking the time to pay close attention to what Asian-American kids have to say about their lives. And frankly, it's not always what a brand manager or advertising executive might expect.

I learned this firsthand through discussions with Asian-American writer and performer Kate Rigg. Juilliard-trained, Rigg is the force behind such cult hit shows as *Kate's Chink-o-rama* and the critically acclaimed play *Birth of a nASIAN*.

Over the past year, Rigg has interviewed hundreds of Asian-American young people as background for upcoming projects for the Smithsonian Institute, the National Endowment for the Arts and NYU's Asian Pacific American Institute.

As the president of a firm that specializes in qualitative research, this absolutely intrigued me. I wondered: What was she learning? What were kids telling her about their lives? And how can insights drawn from this work help brands, media companies and other organizations that connect to Asian-American youth better serve them? Rigg really challenged my firm's assumptions and helped us look at this very exciting market differently.

It's important to note that Rigg and our firm did this research work before the Virginia Tech shootings. The fact that the killer was Asian clearly further compounds the tragedy for young Asian-Americans struggling to be understood and experienced for who they are really are.

All the insights we're listing should be read as "before the tragedy." I'm convinced that if we went back and

talked to the same group of kids today, the brand insights would be imbued with a different set of emotions. And kids would likely have a lot say about how the media is portraying the killer and the impact the tragedy is having on their lives personally.

That said, our insights include:

1. Many Asian-American youth feel excluded and misunderstood by most

10 things every brand should know about Asian-American youth



By Deidre Sullivan

Editor's note: Deidre Sullivan is president of SnapDragon Consultants, a New York research and consulting firm. She can be reached at ds@snapdragonconsultants.com.



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brands. It's made worse by the fact that they see advertisers actively wooing the African-American and Hispanic markets. Again, the brand that takes the time really listen to Asian-American youth is only going to benefit - especially now.

2. Mixed-race kids are proudly identifying as *hapa*, a once derogatory word in Hawaiian to mean "half." Hapa is also slang for marijuana in Japanese (spelled *happa*). There are hapa Web sites and online communities. There's

the Hapa Project, an acclaimed photography exhibit featuring the portraits of 1,000 people who answer the question: What are you?

In popular vernacular, *hapa* is supplanting terms like Amerasian, biracial and blasian. For marketers, it's always important to understand how language is evolving and what resonates with kids. It's good business.

3. Asian-American youth are secret fans of easy-listening adult contempo-

rary music. Lite FM is a hidden passion. Asian-American teenagers rocking to Kenny Loggins and Olivia Newton-John? This was a surprise to me. I didn't know anyone was a fan of easy-listening. A brand could have field day with this fun and unexpected insight.

4. There's a pervasive "hero gap" among Asian-American kids, which is being filled for many by activists from other cultures. Martin Luther King Jr. is a role model and hero to many young Asian-Americans. The implications here are significant. This hero gap speaks to a leadership vacuum in the Asian-American community. Who or what will fill it? Hollywood? A musical act? A businessperson or politician? There's an opportunity here.

5. Most Asian-American kids refer to white people as "white people" the same way African-Americans do. This fact might be nothing new to the Asian-American community, but it was definitely new to me, a white person who has been making the mistake the most marketers have made for years: assuming Asian-American kids see themselves as part of a larger demographic called "kids." The fact is, Asian-American youth often see themselves as distinct and separate from "white people" and others. This simple insight is a wake-up call for brands that have often lumped Asian-American kids' interests in with interests of the dominant culture. This isn't reality: Asian-American kids have their own developing style, attitudes and appetites that are powerfully influenced by their bicultural identities.

6. Underage gambling is huge. The "new" American poker obsession is nothing new to Asian-American kids. Gambling has a long history in Asian cultures. Many students Rigg spoke with are avid online gamblers and card players. Private online poker tournaments, dorm room card games and other kinds of gambling are common.

What struck us most about this insight was that gaming and the Las Vegas casino aesthetic has huge appeal and offers potential for an interactive marketing campaign that includes elements of risk or even games with prizes. For many of the kids



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Rigg interviewed, the American Dream is still tied to the idea of winning or getting lucky at gambling.

7. Asian-American kids want an end to the hyper-nerdy images of themselves on TV and want to see more punked-out skater and graffiti DJ images which reflect a different energy. The feeling is: Enough with the math geeks, future doctors and violinists. Enough with the strictly defined model minority portrayals. Asian-American kids crave street credibility, not just academic accolades.

Few if any television shows or brands have picked up on this desire. By dismissing and depicting Asian-American kids as unhip, brands and programmers are alienating an audience that is avidly involved in cutting-edge technology, music and style and thereby implicitly dismissing their buying power.

That said, certain brands are making strides. Volkswagen, for instance, recently ran an ad which featuring twentysomethings at a poetry reading and the poet was a young Asian-American guy. Intel featured a hipster

Asian-American girl dancing in its recent Core 2 Duo campaign.

8. Asian-American kids universally hate the question “Where are you from?” – especially since the answers are usually something like “Westchester” or “Boston.”

The issue came up a lot in the research: just how utterly clueless other teenagers are about Asian-American youth. (We’ll most likely be generating a list in the future of “10 things never to say to your Asian-American friends.”)

What’s important for brands to recognize is that Asian-American kids feel separate from other kids and questions like “Where are you from?” totally reinforce this. To make matters worse, they are often not speaking up except among themselves.

There’s a pervasive sense that those outside Asian culture have absolutely no clue about who Asian-Americans really are. Again, a brand that makes an effort to listen and to understand will be rewarded because Asian-American kids are already out there in the marketplace, consuming products, interacting

with brands and creating pop culture.

9. All things Korean have been hot and getting hotter. Fashion. Foods. DJs. Online communities. Korea is the new Japan.

If ABC Carpet and Target are doing their branding and trend homework, we should be seeing Korean products in the shelves very soon. (The Virginia Tech massacre could likely have an impact here.)

10. The 15 minutes of seemingly benign *American Idol* fame for William Hung had a surprisingly negative effect on Asian-American students. There’s a feeling that Hung perpetuated the worst stereotypes about Asian people and gave non-Asians permission to indulge in years of racial stereotyping and mocking.

Hung embodies where brands shouldn’t go and what they shouldn’t embrace if they want to reach Asian-American kids. Hung represents 10 steps back. And the kids Rigg spoke with want to go 10 steps in the future. The brand that understands this will profit handsomely. | Q

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Bridging the multicultural gap

While life expectancy and overall health have improved in recent years for most Americans, health disparities that occur by race and ethnicity are persistent. The Centers for Disease Control and Prevention remind us that, for many Americans, "...good health is elusive, since appropriate care is often associated with an individual's socioeconomic status, race, and gender." Demographic trends point to the continued increase in these disparities as the groups with poorer health status grow in relation to the larger population.

Can consumer research play a role in helping to reduce these health disparities? My experience conducting qualitative studies for pharmaceutical and health services companies has demonstrated the potential for consumer insight to make a difference in the way public education campaigns and health-related marketing initiatives are designed and delivered. Indeed, I believe that sustained information-gathering efforts that raise our awareness of cultural barriers and possible facilitators to better health can play a key role in addressing knowledge gaps among policy makers, marketers and other stakeholders in the multicultural health divide.

This article will address themes and recommendations for conducting successful health care projects among multicultural populations.

How research can help improve health care for ethnic groups

Illustrate the challenges

What are some of the themes that have consistently emerged in qualitative studies of multicultural health care? The vignettes that follow illustrate just a few of the challenges around health care issues.

An African-American head of household has been instructed by her husband's physician to radically alter her cooking methods, including cutting

out fried foods, favorite meats and eliminating her tasty cooking oils. Still, she must prepare food for the rest of the household members, who don't want to participate in "the new way." Her husband has been diagnosed with cardiovascular disease and it is up to her to institute changes in his diet now. While she is up to the task, her cherished recipes handed down by tradition will suffer the ax as well.

Theme: The burden of change causes tension, anxiety and loss of



By Valerie Berman

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freedom for patients and families. Chronic illness has deep sociocultural implications. Disease becomes a family issue, one that touches not only palates but emotions as well. When a way of life, in part defined by diet, is threatened, families are forced to redefine tradition.

A Colombian-born patient with diagnosed high cholesterol files away her statin prescription in favor of eggplant water, a home-based remedy popular among Caribbean-basin populations. She is terrified of medicines that “cure one thing but damage another,” and is convinced that these medications will damage her liver - she has heard so on TV. Her erroneous interpretation of side effects keeps her from taking medication that could potentially save her life.

Theme: Myths about drug side effects are significant barriers to compliance with physician-prescribed therapeutic plans. Consumers act on fragmented information or on strongly-held beliefs about the effects of long-term medication use on their bodies. In many cases, they opt to self-dose or to halt treatment when they perceive their symptoms have dissipated.

Subplot: Home-based remedies considered “natural” are often preferred over prescriptions as ways to combat illness. Language barriers contribute to the lack of accurate information.

An adult Puerto Rican asthma sufferer seldom leaves his home for fear of needing rescue medication that has become increasingly costly. He can't afford maintenance therapy. As a result, he is suffering from depression. Environmental factors in his building, however, contribute to the vicious cycle of his disease.

Theme: Socioeconomic factors contribute to poor health and, ultimately, to compounded health problems. Isolation and fear caused by chronic illness create a dual burden: Mental health is often affected when physical health gets in the way of a productive life.

Subplot: For some immigrants, new environmental factors and radical change in diets trigger symptoms.

As these vignettes demonstrate, patient testimonials can provide valuable insight for patient education and product positioning purposes. But more important, these interactions put a human face to the suffering and vulnerability that coexist with multicultural health issues. Respondents are typically grateful for the chance to speak out, and do so earnestly and passionately. The moderator must be prepared to strike a balance between the need to meet research objectives and the respondents' eagerness to unload their burdens. Researchers can't be dispassionate here - detachment may be interpreted as disrespect.

Clarifying objectives

As with any research project, clarifying objectives is essential. In multicultural health care research, it is imperative to understand where the client company sits on the multicultural learning curve in relation to the specific segment and category. Is a multicultural/multilingual strategy already in place? How much is already known about the target, and what assumptions currently inform marketing activities? How fresh is the information?

In the absence of baseline information, companies are advised to begin by conducting exploratory research with the aim of constructing a patient profile for the target around a specific therapeutic category. This profile may draw from a combination of qualitative and quantitative sources, along with insights collected in the cultural immersion phase (see below). The result is a comprehensive portrait of the patient that incorporates multiple, relevant and timely data sources. Exploratory research - from which the cultural backdrop for health awareness and behaviors

emerges - has been found to better inform further research phases, including message development and testing of advertising and marketing materials.

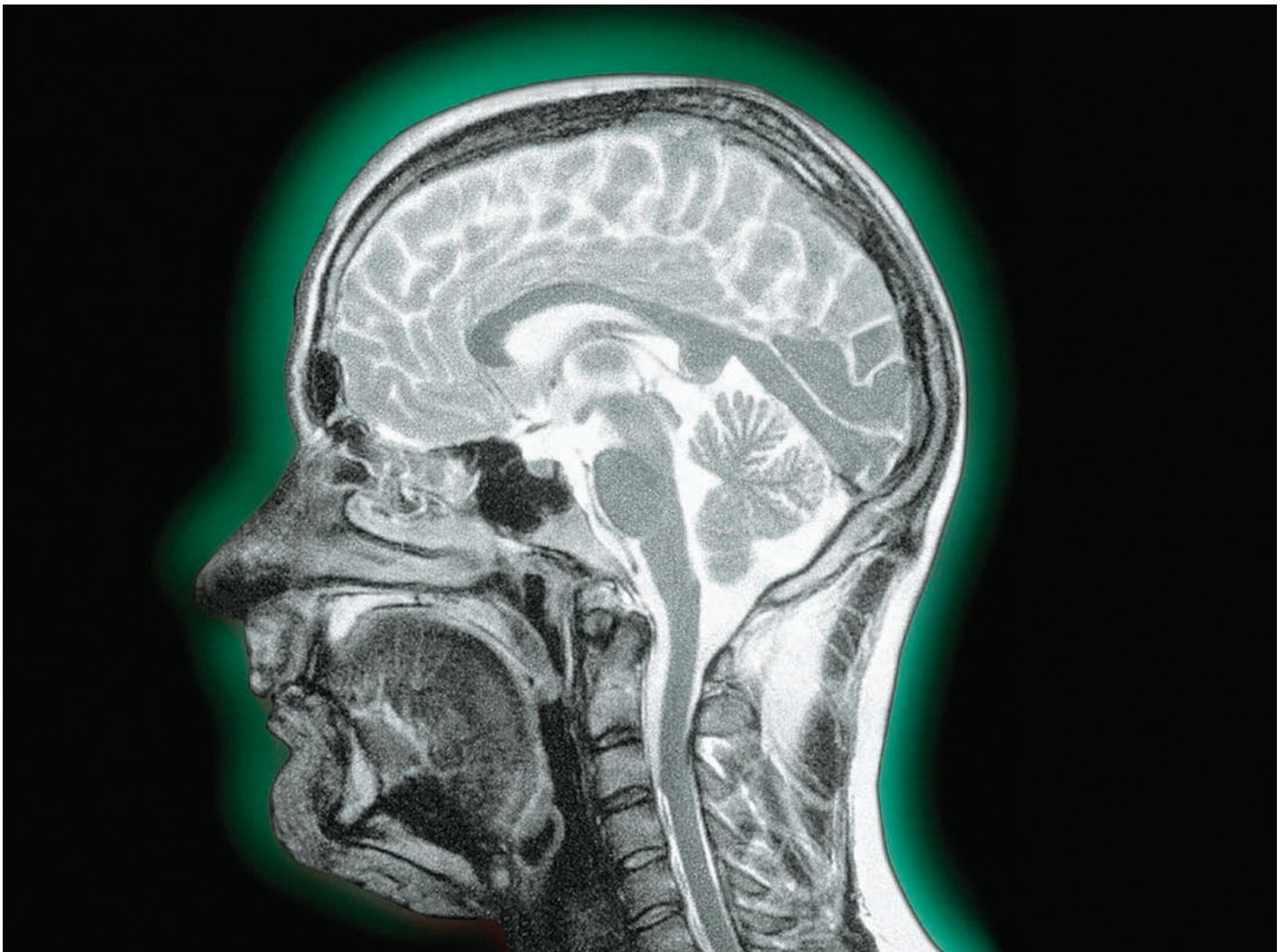
Environment and context

Many of the multicultural projects conducted by our firm are preceded by cultural immersion visits in the markets where research is to take place. This process gives clients the opportunity to gain an understanding of the environment and context in which health care is sought and delivered.

Community clinics, hospitals, pharmacies, churches, youth centers and schools are among the sites to be visited on a given tour. Clients meet with health care workers, walk through neighborhoods, eat at local restaurants and are guests at health fairs or education sessions. Clients are taught to explore with all of their senses, taking field notes and photos where appropriate. We also invite the company's local pharmaceutical rep, if applicable, to add perspective to the visit.

Appointments are made to speak informally with pharmacists, physicians and nurses, health educators and other health care workers. We work with the client to develop a list of targeted questions depending on the multicultural segment under study. These questions typically revolve around condition awareness; trust placed on various information sources; role of caregivers; understanding of risk factors; belief systems in place regarding disease states; and perceived compliance barriers.

Information gathered through these conversations is important in building the cultural backdrop during exploratory research phases. But just as important are more subtle cues identified during the tour. When walking through clinic/hospital waiting areas, what types of literature, if any, are on display? In what language(s) are these available? Do waiting areas



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reflect the customs of the target population in terms of available space and amenities? Are family members and caregivers welcomed? Neighborhood drugstores – both chain and independent outlets – can offer clues about local consumer needs: Are screenings and vaccinations offered on-site? Are pharmacists multilingual? How prevalent are homeopathic facings in over-the-counter aisles? Do you see import products from various regions of the world?

Establishing criteria

The following factors are paramount in establishing recruiting criteria for multicultural pharma or health-related projects. (One side note: At the end of any discussion, respondents appreciate any literature they can take with them. This is a chance to place information in the hands of consumers who are thirsty for it.)

Hispanic market

The Hispanic or Latino market is the largest ethnic subgroup in the United States. Any study aimed at understanding Hispanic health issues must take into account the diverse subgroups that compose the larger market. These include national origin, geography, language dominance, length of U.S. residency, acculturation levels, media consumption, educational attainment, income, age and gender.

National origin of Hispanics plays a role in helping to determine

recruiting quotas for certain therapeutic categories. The Centers for Disease Control indicate that Puerto Ricans suffer disproportionately from asthma, HIV/AIDS and infant mortality, while Mexican-Americans suffer disproportionately from diabetes. These data, in combination with demographic statistics and geographic incidence, can guide the selection of research markets. Where national origin data for different conditions is not available, we recommend working in at least three geographically dispersed Hispanic markets to cover predominant nationalities.

Study objectives will determine, in part, the language in which Hispanic focus groups ought to be conducted. Exploratory research should incorporate a spectrum of language segments (Spanish-dominant, bilingual and English-dominant, for example). If message testing were the core objective, message language would determine the language of the groups. For text-heavy research, screening must determine literacy levels for written language.

African-American market

African-Americans share a disproportionate burden in a number of health conditions, including cardiovascular disease, some forms of cancer and diabetes. The Centers for Disease control indicate that factors contributing to poor health outcomes among African-Americans include discrimination,

cultural barriers and lack of access to health care. Research among African-Americans can be conducted in traditional focus group facilities, but consideration should be given to meeting respondents in their communities as well, as family and faith are two important elements in African-American support systems.

Therapeutic segmentation/conditions

Understanding the incidence of certain conditions among ethnic and racial groups can help refine study samples, and secondarily, the markets where these groups are concentrated. The research team works with the client to identify key criteria, including time of diagnosis, treatment status, severity of condition, treatment satisfaction and co-morbidity.

During recruitment, care must be taken to carefully explain the purpose of the study and to emphasize that the study is not a clinical trial. The moderator must also underscore that she is not a physician or other health care worker.

Health insurance

Lack of access to health insurance by Hispanics and African-Americans is well documented. Any consumer study must include a cross section of health insurance status in order to obtain a representative view of experiences.

Higher risk

Multicultural populations are at a higher risk than their white counterparts to suffer from serious chronic and life-threatening illness. Market researchers can play a role in uncovering the cultural hot buttons that interfere with positive health outcomes, as well as approaches that can have a favorable impact on them. Health care and pharmaceutical organizations can benefit from gaining cultural competencies. The journey is gratifying, and our nation will be healthier for it. | Q

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Heart maps and tarot cards

Physicians are often difficult to interview deeply about their decision-making because they are literal and left-brained, busy, stressed and may not believe marketing influences them. While brilliant and insightful, some can also come off as arrogant and egotistical. They are often unable to explain their professional and emotional engagement in the disease process and treatment beyond medical training, clinical studies, comfort and habit, and sales rep inducements. However, innovative projective techniques can help to uncover physicians' deeper beliefs and values by using symbols, priorities, memories, stories, emotions, metaphors, analogies, patient segmentations and archetypes. These techniques, including magazine scrap art, heart maps, memory storytelling and photo decks, can also be useful for other respondent types, from businesspeople to consumers, depending on the research objectives.

Qualitative Research Consultants Association (QRCA) members Pat Sabena and Nicole Sabena Feagin of Sabena Qualitative Research Services - whose award-winning ESOMAR paper, "Getting Doctors to Spill Their Guts" informed much of this article - say the setup is an important part of successful research with doctors. When each interview begins - whether focus groups, quads, triads, dyads or individual in-depth interviews - tell physicians that this research will be "unlike what they may have experienced in previous research" and

encourage them to take a leap of faith that they can "tap into their creative side" by not over-thinking and by getting into the moment. While some grumble or protest that they don't have a creative side, the research results can certainly prove otherwise.

For example, after introductions (always call physicians by their first name, not Dr. so-and-so,


telling them this is for their confidentiality), launch each interview immediately into projective techniques to avoid physician-speak and/or groupthink. The conventional view that all respondents need to build trust with the interviewer before any projective techniques are introduced has not been true in Sabena Research's experience, especially in these projects aimed at mining deeper insights. One thing to mention is how meaningful and fun other doctors have found these exercises, which helps manage expectations and challenge their competitiveness.

Using qualitative research to get doctors to open up



By Steve Richardson

Editor's note: Steve Richardson is director of communications for the Qualitative Research Consultants Association, St. Paul. He can be reached at 314-367-7359 or at steve.richardson2@sbcglobal.net.



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Work wonders

Here are some projective techniques that work wonders with physicians:

- Magazine scrap art symbolizes experiences of treating particular disease states. QRCA member Camille Carlin of Camille Carlin Qualitative Research Inc. uses magazine scrap art imagery exercises to uncover feelings and attitudes such as “the joys and challenges of being an oncologist.” For example, the oncologist is asked to look through non-medical magazines, catalogs and the Web and bring to the interview one or two images, pictures, words or phrases that best illustrate the joys and challenges of their job. This approach helps oncologists talk about their feelings of frustration, stress, anxiety and being overwhelmed; as well as feeling excited, optimistic and hopeful about the development of new medications. This exercise can be used with all types of physicians as an indirect approach to uncover their feelings and attitudes.

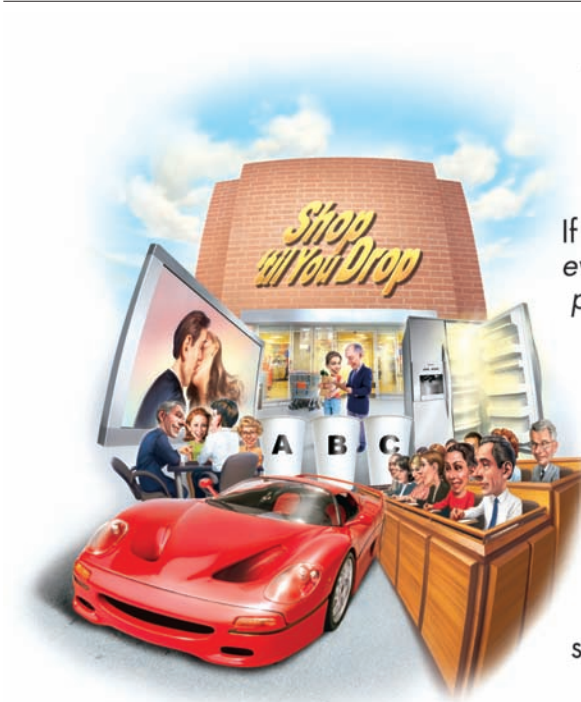
- Heart maps reveal physicians’ priorities by showing which diseases are close to, and far from, their own emotions – often in ways they may not have realized beforehand. This technique has physicians write down the ailments and diseases that are closest to their own heart, emotionally, using spatial nearness to a heart symbol, and rank order numbers. Why are their favorites their favorites? What about treating those ailments or diseases gives them the most satisfaction? Why were other conditions farther down the list? What about treating those ailments or diseases gives them less satisfaction?

In a Sabena study, internists, family/general practitioners and cardiologists ranked diabetes, high cholesterol and high blood pressure as the top three conditions they most like to treat. They explained that these medical conditions are dangerous and very prevalent in their patient populations and they now have the medications to make a sig-

nificant difference in patients’ longevity and quality of life.

These same physicians rank other ailments much lower than this “big three” because some ailments seem too minor or have less clear means to achieve results, like skin problems, acid reflux and migraines. Other disorders seem too difficult for them to treat effectively, such as Alzheimer’s, multiple sclerosis and lupus. Since they often refer these patients to other specialists, this leaves them feeling out of their depth and unable to help the patients personally.

The heart map technique was beneficial in another study conducted by QRCA member Myra Summers of Focus Forward Inc. The study was partially aimed at better understanding the attitudes of general practitioners toward treating depression. In the study, Summers found that several of the doctors who derived less satisfaction from treating depression often had little mental health training and



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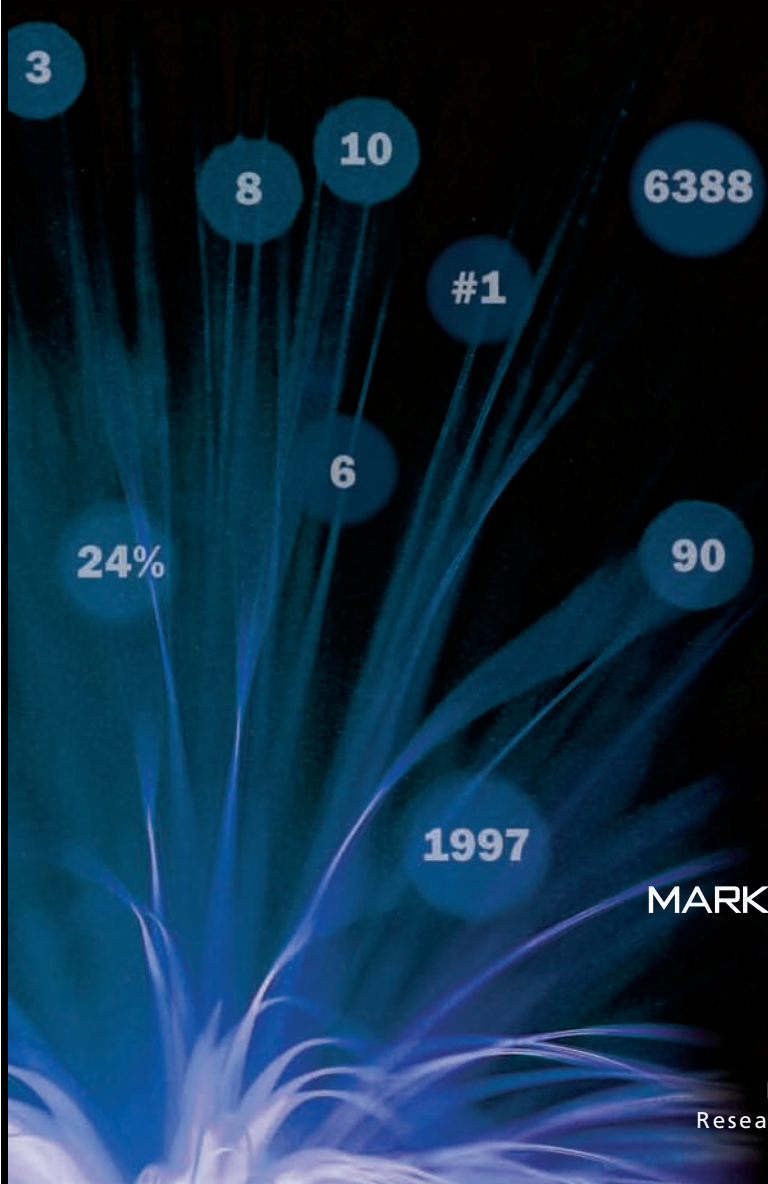
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thus lacked confidence in accurately diagnosing and treating the disorder. Several also expressed frustration with some patients' refusal to admit they are depressed, as well as patients who resist seeking counseling in conjunction with taking medication.

- Memory storytelling explores each physician's satisfying and disappointing treatment experiences to get rich details about patient types, prescribing habits and good and bad outcomes. With this technique, the researcher asks physicians to recall everything they can about a patient suffering from a disease state that proved to be a satisfying treatment experience. How did treating this patient make them feel? They are then asked to recount the story of a patient whose treatment experience was disappointing to them.

Prior completion of the scrap art exercise and the heart map seems to stir up or rekindle memories of good and bad treatment experiences in virtually all physicians. This is in sharp contrast to how they struggle

with or refuse to complete this question on a rescreeener sheet in the waiting room prior to the interview. Without exception, asked now to tell the story of a satisfying and a disappointing treatment experience, physicians immediately and emotionally come up with remarkably detailed recollections, including the patient's age, gender, race, statistics, and unique set of symptoms, treatment and outcomes.

- Sentence completions help obtain treatment metaphors and analogies. While they are in a thoughtful frame of mind after memory-based storytelling, ask physicians to perform a sentence completion exercise by borrowing analogies or metaphors from different categories or different worlds (sports, politics, movies, books, animals, foods, etc.) to describe treatment of whatever disease state is under investigation. Using such sentences, physicians come up with dozens of different and vivid metaphorical or analogous examples of relating to patients

and/or choosing from the cornucopia of medications. Some examples: "Treating diabetes is like..." or "The hardest part about treating congestive heart failure is..." These metaphors and analogies provide rich fodder for future advertising themes and executions.

- Tarot cards serve as unique picture-sort stimuli for images and archetypes (but are not used as actual tarot cards for readings, just for the symbolism). In this technique, ask physicians to thumb through the cards quickly and come up with ones that describe or dramatize how they personally feel about being a doctor in the practice of medicine as it relates to a particular disease state. Once they have made a selection of one or more cards, ask them to tell a personal story about how each relates to them in this context. The researcher should be prepared for surprises and very inventive stories about what they interpret and project from the images of these cards.

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Their individual choices and the stories they then tell about the cards they pick reveal archetypes of their engagement, their roles, their doubts and frustrations and their rewards, with many surprising outcomes busting myths about today's cynical stereotypes of physicians. In a Sabena study, there were several surprising findings:

— Much less about power and arrogance: Very few chose “powerful” or despotic “ruler” cards.

— Much more about the “magic” of healing: Many identified with magic by “waving a wand,” using a “bag of tricks,” or giving a “potion” of drugs.

— Much more about saving and rescuing patients: Many talked about feeling like the “knight in shining armor” or the “warrior.”

— Doubts about their own judgment and choices: Many cited “loneliness,” “challenge” and “frustration” in their treatment decisions.

— Acknowledgement about the role of luck: Quite a few revealed their “insecurities” about the hit-or-miss aspects of treatment.

— Considerable frustration with patients in denial or non-compliance: They feel critical of “foolish” patients who ignore the dire consequences of their risks and inaction.

— Joy and satisfaction in promoting healthy control: Ultimately, they feel truly happy and genuinely rewarded when patients comply and improve their outcomes.

In another study conducted by Summers, the tarot card technique was helpful in understanding doctors' attitudes towards treating terminally ill patients (though Summers also does not use the cards as they are used in tarot readings). The technique revealed meaningful insight into the emotional distress a number of oncologists experience every day. Some selected the judgment card as a good representation of how they feel when dealing with terminally ill patients, as the condition forces them to evaluate their own mortality, examine how they personally feel about quality of life



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and struggle to help patients decide how much pain and discomfort is too much to fight. "Oncologists who seemed to feel more positively about the experience of treating terminally ill patients chose the sun and strengths cards, saying these cards remind them of the emotional rewards of relieving suffering in someone," Summers says.

• QRCA member Suzette deVogelaere of Concepts & Strategies offers two additional techniques that have worked well for her when interviewing doctors: a bull's-eye and photo decks. For one research project, a bull's-eye was used to represent the ideal company. Physicians were handed a bull's-eye drawn with three concentric rings and IDEAL written in the middle circle. They were asked to describe what would make a company ideal - in this case, one supplying vascular products. Their responses included not only products and features but also touched on everything from sales reps and corporate ethics.

With this approach, once the ideal company is defined, ask respondents who the major companies are and give them color-coded dots with the initials of the major companies to be explored. Have them place each dot on the bull's-eye, one at a time, and discuss their reasons for the placement. In deVogelaere's study, their responses showed their impressions of: who the competition is; each company compared to the ideal; each company vis-à-vis the competition; and what each has to do to move closer to the ideal.

The bull's-eye can also be used as a crystal ball. Have respondents think 10 years out and describe what would define the ideal company and then have them speculate on which company will get there first and why.

Photo decks help physicians bring to the surface their feelings about different health care companies and what each represents to them. Hand respondents a stack of non-medical

photos randomly pulled from magazines. The pictures should have no words on them and be as ambiguous as possible; the ambiguity of the pictures (such as a tree made out of a stalk of broccoli with a swing hanging from it) is what makes physicians - and any respondent for that matter - stretch, digging deeper for the emotions around the different brands. This stretching also generates a much richer vocabulary than ordinary conversation, which is great for creative development.

Candid and authentic

As these and other similar qualitative methods show, even the most cynical or arrogant respondents (physicians, surgeons, dentists, CEOs, IT managers, etc.) can be encouraged to be more candid and authentic in their responses. Well-structured interviews and creative stimuli help them to open up in a safe and thoughtful manner, paving the way for deeper revelations about all manner of topic areas. | Q



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One true methodology?

Recently a client chose to eliminate the triad segment of a proposed qualitative primary research project that was to start with triads and end with individual depth interviews (IDIs). Her reasoning was that it represented a mix of methodologies with a potential to generate confusing results.

It was a first project with this client and I thought it best not to initiate a debate (or pick a fight). The IDIs went well, but I firmly believe the results demonstrated a distinct deficit in the area of idea-building elements that might have been gained through the dynamics of group interaction. We went in with a series of suppositions that were verified or eliminated but we probably missed generating additional ideas to be tested and evaluated.

The more I thought about it, the more I found myself focusing on the phrase “qualitative market research methodologies.” Exactly what does that mean or convey? In my view, the term “methodologies” is inaccurate and misleading. As I will set forth below, I believe there is only one true qualitative market research methodology.

Triads, dyads, focus groups, IDIs and telephone depth interviews (TDIs) are not truly methodologies; they are the venues that allow us, as moderators, to make use of the one true qualitative market research methodology. Obviously these venues influence what we can and cannot do in any particular project - you cannot pass around proprietary advertising concepts for evaluation in the TDI setting nor can you break an IDI up into competing ideation teams. Certainly different venues produce varying dynamics (as does the quality of the recruitment) but regardless of the specific venue or

caliber of the recruitment, the one true qualitative market research methodology is the major determinant of a project’s success or failure.

Go back through your files and look at various discussion guides. I suspect you will find the equivalent of the following:

- introduction and warm-up;
- current buying (or prescribing) activities;
- usage patterns and perceptions of unmet needs;
- presentation of a Product X profile, concepts or prototype followed by positives/negatives and likelihood to buy, prescribe or

The key to good qualitative research



By Murray Simon

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

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With the obvious exception of specific prompts such as *moderator passes the prototype around the table* or *have respondent put the concepts in rank order from most to least compelling*, the discussion guides remain very much the same. And yet, some projects are more successful than others.

Have you ever come out of an IDI with your adrenaline pumping because of the masterful way you managed an initially difficult respondent, only to follow with an interview that put everyone in the viewing room to sleep? Have you ever moderated a focus group that performed like a well-rehearsed professional choir, only to follow with one that came across as the choir from hell? I know what you're thinking: It was probably a bad recruit. Perhaps it was, but could it have been salvaged by better use of the one true qualitative market research methodology?

All right, let's cut to the chase.

What is this methodology? Just as any successful singer relies on preparation and execution, it includes the following:

1. The moderator must quickly establish rapport with the respondent(s).
2. Questions must be asked in a clear, concise and unbiased manner.
3. Respondents must be motivated or prompted to give comprehensive and candid answers.
4. The moderator must know when to hold 'em and when to fold 'em.

Let's take a closer look at each of these components.

1. Establishing rapport

My work is exclusively within health care. Approximately 85 percent of my respondents are physicians and other health care professionals; the remainder is patients. These professionals are well-educated, highly trained and often suspicious that the moderator may have a (sales or decision-influencing) hidden agenda. When I go out

to greet them and bring them back, as I always do with IDIs, they're wondering how naïve will my questions be, how badly am I going to mispronounce the multi-syllabic medical terminology and what do I really want from them. The first impression helps set the tone for the interview and, hopefully, diffuses their implicit concerns. It should be tailored to fit your personality, comfort zone and level of experience. After years of trial and error, my initial approach has evolved into:

"Dr. Smith, my name is Dr. Simon. I've come all the way from North Carolina to interview you. [pause] We've heard of you there. [longer pause] Some of it was positive."

It's safe to assume some of you would be quite uncomfortable with such an unconventional tongue-in-cheek approach (and many of you probably do not live in North Carolina). While it is not 100-percent effective, it does work



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well for me most of the time! It gets a smile from most respondents that is frequently followed by a question or comment about life in North Carolina. I believe it often helps in disarming those “hidden agenda” concerns among physicians. If there is no reaction or a negative one, at least I have an idea of the type of personality I will be dealing with for the next hour or so and can adjust my approach accordingly.

Patients, on the other hand, obviously require a different approach. While no two people are alike, there are two general patient respondent types to be found:

- Those who have made an ongoing study of their disease, know a lot about it and hope to learn more from you (while, perhaps, at the same time educating you as to their information and treatment needs).

- Those who are obviously not students of their disease but hope to learn about a new “magic bullet” during the interview.

My typical initial approach here is as Murray Simon, a specialist in health care market research who, as of now, knows very little about the ramifications of the disease being studied. I challenge them to educate me and hold nothing back, no matter how personal.

I believe it is critical to develop a first approach that goes beyond the standard “My name is Mary Smith. Did you have to come far to get here?” This person is about to spend 45 to 60 minutes in close interaction with you: don’t be afraid to open up a bit and express

your personality. Try to break the ice first before you jump in.

2. Questions should be asked in a clear, concise and unbiased manner

Remember, success is highly dependent on preparation and execution (coupled with a bit of experience). If you’re working with physicians and mangle the technical language or demonstrate a lack of preparation, you’re likely to get dumbed-down responses and a respondent who is impatiently looking at his/her watch. Quite obviously, you’re going to come out of a study knowing a lot more than when you went in, but you have to start off with a demonstrable foundation of comprehension in order to hold the physician’s attention and keep him/her interested in the interview process (thank goodness for Google!).

This matter of unbiased questioning is an all too common issue. We often deal with clients who have a strong vested interest in the results of their studies (and perhaps some hidden agendas we’re not aware of). How often have you been asked/told to insert language into the discussion guide that sounds more like a sales pitch than a quest for information? *“If Product X costs 10 cents per tablet, works 100 percent of the time and has no side effects, what is the likelihood, doctor, that you would prescribe it?”*

Of course it is your responsibility to point these “flaws” out to the client and suggest alternate ways to frame questions. If, however, they insist that you “stick to the script”

(and a client once actually used those very words with me), at least you know you tried.

3. Motivate respondents to give comprehensive and candid answers

Physicians generally participate in market research studies for one or more of the following reasons:

- They hope to learn something about a new product or a new indication.
- It satisfies their egos (as the scientist, the professor).
- It may afford insight into what their colleagues around the country are doing.
- It provides a welcome contribution to their kids’ college funds.

Discovering and playing off of their reasons for participating can be very useful in motivating more comprehensive and candid answers. Over time you develop a sense for what is motivating their participation. If the study includes a “Product X” evaluation, be sure to mention it a time or two early in the discussion – “In a while I’m going to give you a description of a potential new product to evaluate and I will be most anxious to get your thoughts on it” or “I’m looking forward to hearing what you have to say about a potential new treatment option for this disease.” This allows them a few minutes to get into their professorial, scientific mode.

Respondents subliminally want to know how they’re doing. I attend a one-hour indoor cycling class at my local YMCA three or four mornings a week. It starts at 5:45 a.m. and in order to motivate us at that ungodly hour, the instructor/coaches frequently compliment the class on how well it’s doing and encourage us to do more. In that same vein, I always try to drop in a compliment early in the interview. My favorite is, “I really appreciate how complete and concise your answers are. It’s very helpful; keep it up.”

Of course, motivation sometimes requires a confrontational approach, especially within the focus group setting: “Time out, ladies and gen-

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lemen. Your attention is drifting and I need to remind you this is a paid work session not a social hour. Let's get back to the task at hand, please."

4. Know when to hold 'em and when to fold 'em

You have to sense when a question has been adequately answered and that it's time to move on. And in that regard, sometimes you have to get tough with clients, especially those who are constantly rewriting questions and scripted lead-ins throughout the interviews (also known as rebuilding the plane while you're in the air). Such activity is sometimes related to client inexperience and insecurity, but more often than not it is based on underlying hidden agendas, i.e., the study is intended to prove (often incorrect) assumptions rather than generate new and previously unknown information. This problem is often complicated when various members of the research team approach you individually and pri-

vately with their "unique ideas" for properly framing the questions that bother them. It's time to take the most senior person aside and respectfully suggest he/she appoint a backroom spokesperson to field and filter suggestions from the group.

I once had a senior VP sitting in the back room among a group of mid-level marketing and brand management types. They were working hard to demonstrate their individual degrees of comprehension, which consisted mainly of debating the best way to reframe a particular segment of the discussion guide that was not producing the results they thought it should. After an hour or two of unproductive trial and error he finally spoke up and said something I find myself often quoting: "Ladies and gentlemen, sometimes 'I don't know' is the answer."

Obvious effect

So there you have it. Granted,

clients and recruited respondents do vary and have an obvious effect on the research outcomes. But success in qualitative market research depends on how well you have mastered and make use of the one true qualitative research methodology.

Looking at it another way, it's the singer, not the song. Whether Plácido Domingo is singing on the stage at La Scala, with the Three Tenors in Yankee Stadium or in his living room for a small group of friends, if he is in good voice (the true methodology) he will succeed; if he is not in good voice, the song (and the venue) will not matter. | Q

(Author's note: This article was intended to be deliberately confrontational. As such, I hope it generates some level of disagreement and perhaps an intense desire to debate the issues raised. My e-mail address is drsimon@mindspring.com. I welcome your comments.)

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It makes more than cents

In this article, we discuss the link between financial ROI and human ROI in the health care arena. As modelers of health care ROI, we are amazed at how often good health care makes good sense – from both a financial standpoint and a human standpoint. As an illustration, we ask: Can employers reduce health care costs and improve the quality of life of employees at the same time? Our answer without hesitation is absolutely.

There are many types of health care ROI models. Some models address single disease states, while others address multiple or comorbid disease states. Some models address risk factors while others do not. Some models include specific interventions (treatment with a select drug class or particular surgical procedures) and others do not. Variety aside, health care ROI models share some common components.

Health care ROI models usually start with secondary research. For example, measuring the effects of a managed care disease management program on a condition or disease (for example, depression) begins with an intense examination of the literature on that disease. Essential questions include: Have treatment programs shown an improvement in health outcome measures such as lives saved or hospitalizations? Does the evidence show direct or indirect cost savings due to positive treatment effects? What were the costs of implementing the treatment programs?

Modeling health care ROI

While the above questions may appear simplistic, they are essential to the development of a valid ROI calculator. If answers to these questions are not available in peer-reviewed publications, the authenticity of the model will certainly be questioned. If it is possible to drill down even deeper into the above questions, it should improve the accuracy of model calculations. For example, data may exist that not only shows direct or indirect cost savings, but also those savings broken down by disease severity, e.g., mild vs. severe depression. It is possible that the treatment program may show the biggest bang per dollar spent only for the most severe cases of the disease.

After the secondary research is performed, development of a ROI calculator can begin in earnest. In every ROI calculator, there are inputs, throughputs and outputs (Figure 1). Although ROI calculators can be built for many audiences, here we will use an ROI calculator built for employers as our example. (Employers, after all, pay a large



By Brett Plummer
and Peter Flannery

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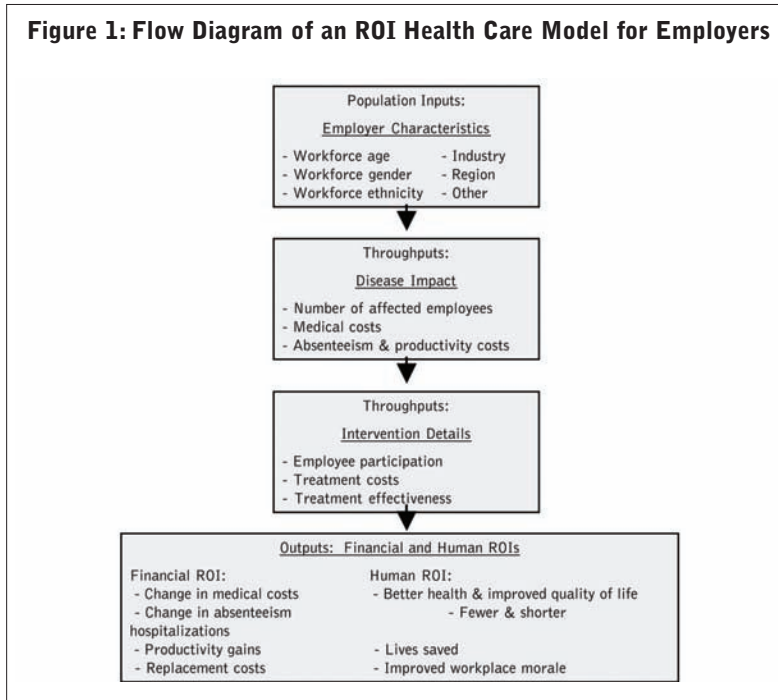
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Figure 1: Flow Diagram of an ROI Health Care Model for Employers



portion of national health care costs.) Inputs are typically characteristics about an employer that are known, such as how many employees are covered by employer sponsored health care, the employer's geographic location and industry sector. With these inputs, the model can estimate the number of covered employees (and possibly dependents) that are likely to be afflicted. These calculations then become throughputs for later calculations.

Next, an intervention or treatment program must be proposed and defined. It must be specified how much it will cost, how effective it will be and what potential savings it will have on a per-person level. When this throughput information is crossed with the prior employer characteristics, the first pass of ROI results can be calculated. This includes the total program costs, expected increase/decrease in direct medical costs and impact on absenteeism and presenteeism. When these pieces are then put together, they will reveal the financial ROI for a given population.

Many details

Although calculating ROI is usually a simple equation involving only

costs and savings, there are many details that can go into estimating these costs and savings. There are details that many employers may not know; for example, the prevalence of mild vs. severe depression in their workforce or the extent of absenteeism that may result from varying levels of depression. Providing default values for inputs is one way to assist those employers that lack precise knowledge about their workforce. Research and national datasets can also help to set default values. For example, an employer may not know what percentages of employees are likely to comply with a new depression treatment, but published research may provide a compliance estimate for them.

Many online ROI calculators are enhanced with "help" buttons. The better models may give documentation about their underlying secondary research. Some transparently share their assumptions, calculations and limitations. There are also many ways that calculators can drill down to specific details of an employer in order to better estimate model outputs. For example, employers may be able to provide the exact age and gender breakdown of their covered employees as well as their average salary.

From there, the ultimate output for an online ROI calculator is usually a one-number net or ROI figure. In the latter case, ROI will represent the incremental dollars saved (or generated) divided by the incremental dollars spent on a treatment plan. If all works well, the culmination of the model is a positive fiscal ROI for the intended treatment program or intervention. In the case of depression, using an existing online calculator and the model's default values, the fiscal ROIs vary from +5 percent up to +70 percent, depending on the employee population (see www.depressioncalculator.com for an example).

Hard numbers

The case for improving health care is increasingly being shown with hard numbers. The Institute of Medicine report, *To Err is Human*, stated that approximately 48,000 to 98,000 deaths occur each year because of medical errors.¹ Note that these are preventable errors, not random errors without remedy. The Commonwealth Fund estimates that, if the U.S. improved its health care quality and access to realistic target levels (levels already being achieved by leading states and health plans), over 100,000 lives would be saved annually and direct medical costs would be reduced by 50 to 100 billion per year.² The Dartmouth Center for Evaluative Clinical Science indicates that 20 percent to 30 percent of Medicare spending goes for procedures, visits, drugs, hospitalizations and treatments that do not improve quality or extend life. Its data shows, for example, that Medicare spending is usually higher in states where medical quality is lower.³ In all these studies, the authors believed it was reasonable to assume that quality improvements will lead to cost reductions.

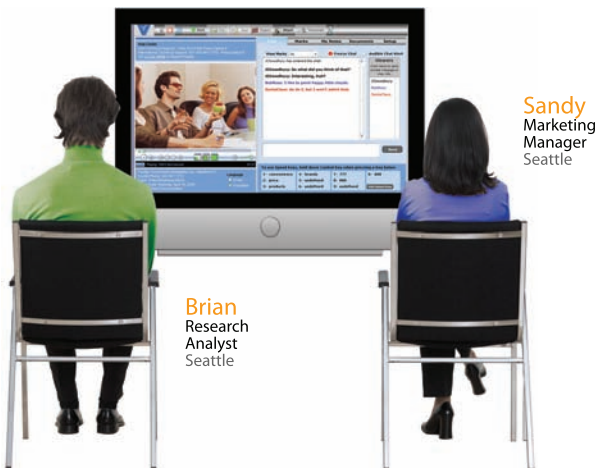
Similar trends are also shown in health care ROI models. For example, a growing body of evidence shows that quality health care can reduce direct medical costs while also reducing employers' indirect



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costs due to increased absenteeism and decreased productivity.⁴ More generally, health care ROI models usually show a sizable reduction in costs. At the same time, they also show a shortening of hospital stays and/or other quality-of-life improvements. Depending on the topic, ROI models may even predict a substantial number of lives saved.

Although the above trends are decidedly positive, there are a few caveats. First, there are occasions when health care investment does not result in positive fiscal ROI. Some medications and procedures are so expensive that they cannot be repaid or justified solely on financial grounds. Rather, such medications and procedures are justified on humanitarian grounds, e.g., we provide a transplant because it prolongs life, not because it reduces overall costs. Second, even when the positive ROI trend does hold, there are still winners and losers in the quality contest. For example, there are hospitals that score worse on medical

errors, unnecessary procedures, or complications (e.g., higher nosocomial infection rates). Third, who gets the cost savings associated with improved quality of care? It depends. The benefits of cost savings are not necessarily shared equally. In some cases, the savings go to the employer. In other cases, the savings accrue to health care providers, to health insurance companies, or to the government (Medicare and Medicaid). These caveats aside, there is no denying that investments in health care quality lead to substantial quality of life benefits. Preventative care, wellness programs, disease management programs, timely screening, and appropriate drug treatment show increasing evidence that they help both employees and employers – both in the human sense that people are healthier and in the fiscal sense that health care costs are reduced.

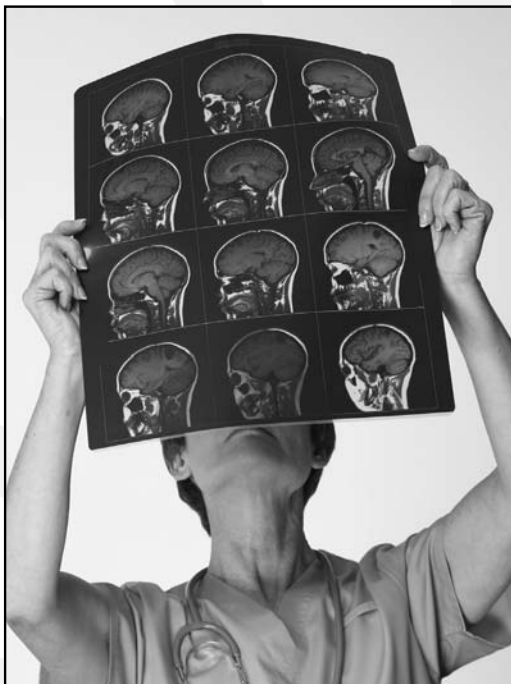
Profitable link

For over 10 years, patient satisfaction research and now ROI modeling

have shown a robust and profitable link between doing what is good for patients and bottom line financial results.⁵ Over the next 10 years, we believe that this link will become further documented by market researchers who continue to demonstrate the combined fiscal and human ROI of health care investments. | Q

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Adopt early, prescribe often?

Getting new products adopted, including those with obvious advantages, is many times difficult. As Machiavelli (1513) famously wrote: “There is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage than the creation of a new order of things. Whenever his enemies have the ability to attack the innovator they do so with the passion of partisans, while the others defend him sluggishly, so that the innovator and his party alike are vulnerable.”

Since Machiavelli, adoption of new products has been studied extensively. Even the relationship between diffusion of innovation and the adoption process has been explored. Here, diffusion is concerned with the spread of a new product or technology from an innovative manufacturer to the end user, while adoption refers to the sequence of psychological stages the end user progresses through from becoming aware of the new product or technology to final acceptance and adoption.

Rogers (1962) first outlined his innovation adoption process with five stages: knowledge, persuasion, decision, implementation, confirmation.

However, Beal, Rogers and Bohlen (1957) validated five stages empirically which were known as: awareness, information, application, trial, adoption.

These labels are very similar to current marketing models including the product life cycle.

Rogers (2003) has also postulated there are individual members of a social system who are predisposed to be innovative and will adopt an innovation sooner than those who are not. The tendency of members of a social system to adopt innovations was classified into five categories according to the amount of time passing from innovation availability to adoption:

- Innovators (2.5 percent);
- Early Adopters (13.5 percent);
- Early Majority (34.0 percent);
- Late Majority (34.0 percent);
- Laggards (16.0 percent).

The proportion of members of a social system falling into each of these categories appears in parentheses above. At one end are the risk takers or pioneers who adopt innovations early while at the other end are those who resist adopting innovations for a long time if they ever adopt.

A field test of Rogers' adoption typology among health care providers



By Michael Latta

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Adoption of pharmaceuticals

Adoption of pharmaceuticals has been studied by academics who are interested in testing theories about product adoption and by marketing research practitioners who are employed by pharmaceutical companies to maximize the adoption rate of new products to increase return on investment.

Empirical research on adoption of pharmaceuticals began in 1954 with the Columbia University drug diffusion study of tetracycline. This field study sponsored by Pfizer was done among 125 general practitioners, internists and pediatricians in Bloomington, Galesburg, Peoria and Quincy, Ill. An additional 128 physicians who were colleagues of these physicians were included as members of the social system. The results indicated that medical journal ads, detailing by sales representatives, providing physicians with peer-reviewed journal articles and sampling created awareness and knowledge of product attributes and benefits among members of the medical community, but were insufficient to persuade the average physician to adopt tetracycline. Peer-to-peer communications which are personal, targeted and trustworthy were found to be powerful determinants of adoption of the new drug. Today pharmaceutical marketers spend many promotional dollars on peer influence groups and symposia to influence both key opinion leaders and community physicians.

More recent academic research on diffusion of pharmaceuticals has focused on trial and repeat use and diffusion of new drugs into developing nations. Other studies of pharmaceuticals have described the timing of prescription writing by individual physicians to determine the effects of face-to-face selling on physician prescribing.

On the practitioner side, commercial primary marketing research on new pharmaceutical adoption

Example 1

How would you describe your first use of a new [product type] for something like [medical need]?
Which are you?

[Check only one.]

<input type="checkbox"/>	An Innovator	You are venturesome and able to quickly understand and apply complex clinical trial information concerning new [product type]
<input type="checkbox"/>	An Early Adopter	You command respect and are an opinion leader concerning new [product type]
<input type="checkbox"/>	In the Early Majority	You deliberate for some time before trying new [product type]
<input type="checkbox"/>	In the Late Majority	You are skeptical and wait for peers to adopt new [product type] first
<input type="checkbox"/>	A Traditionalist	You are in favor of the status quo unless there is a strong need to change to a new [product type]

has focused on practical questions such as:

- What do you like about this drug?
- What do you dislike about it?
- If it were to become available tomorrow, what is the likelihood you would prescribe it?
- What patients would you prescribe it for?
- What patients would you not prescribe it for?
- What drugs currently in use might it replace?

Historically, there has been an impressive array of academic research studies done on Rogers'

adoption model. However, to date no one has attempted to develop a measure of the predisposition to adopt new products to use in both academic and commercial new product research.

The implication of Rogers' adoption theory is that there are members of a social system known as Innovators and Early Adopters who begin using new products as soon as they are available or shortly thereafter and who then influence other members of their social system to try and adopt the innovation. These members of the medical social

Example 2

How would you describe your office's first use of a new [product type] for something like [medical need]?
Which is your office?

[Check only one.]

<input type="checkbox"/>	An Innovator	Your office is venturesome and able to quickly understand and apply complex clinical trial information concerning new [product type]
<input type="checkbox"/>	An Early Adopter	Your office commands respect and is an opinion leader concerning new [product type]
<input type="checkbox"/>	In the Early Majority	Your office deliberates for some time before trying new [product type]
<input type="checkbox"/>	In the Late Majority	Your office is skeptical and wait for peers to adopt new [product type] first
<input type="checkbox"/>	A Traditionalist	Your office is in favor of the status quo unless there is a strong need to change to a new [product type]

system participate in the promotion of new pharmaceuticals during peer influence groups, convention exhibit discussions and word of mouth. Thus, development of such a psychometric scale of a predisposition to adopt new products would be helpful in identifying how many and who the Innovators and Early Adopters are, before launch.

Versions were pretested

As a start, a version of the adoption categories worded to reflect the medical environment surrounding pharmaceutical adoption was created. Throughout the year 2000 different versions of the original scale were pre-tested with medical professionals to check the face validity, the content validity and to refine the wording.

One change made early on was the substitution of Traditionalist for Laggard as the name of the final adopter status category. This change is consistent with Rogers (1995) approach and was more in line with medical practice and customary use.

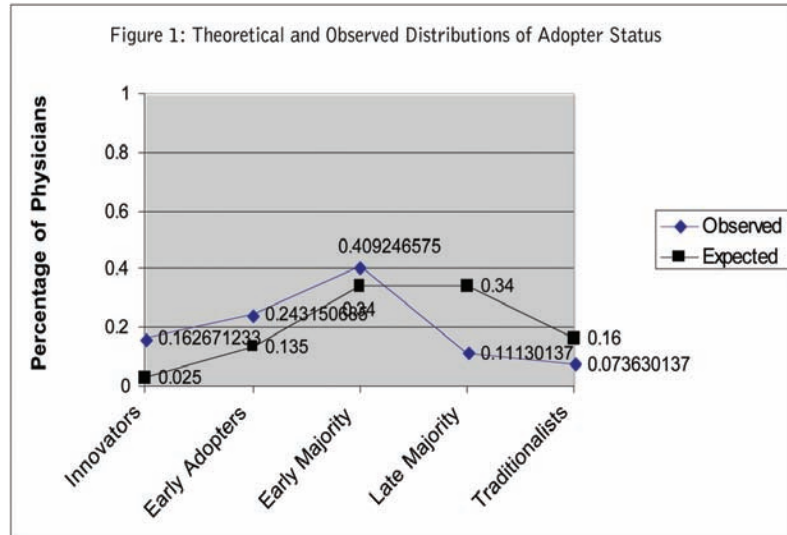
Participants in medical marketing research studies typically fill one of the following four decision maker roles. A physician, nurse or other medical professional like a dietician who either: makes the final decision alone; decides with others; evaluates options; recommends to others who decide.

Consequently, different wording was developed depending upon whether or not the individual medical professional makes decisions on use of new products alone (category 1) or the individual plays some other role in the process (categories 2 to 4 for junior physicians in a group setting, nurses, dieticians, etc.).

The final scale definition for a physician who is the final decision maker is shown in Example 1.

If the medical professional involved was a junior physician in a group practice, nurse, dietician or

Samples	Participants	Project Types
Prostate cancer	24 urologists	Qualitative (IDIs)
Chronic kidney disease	124 nephrologists	Quantitative survey
Chronic kidney disease	108 dieticians	Quantitative survey
Chronic kidney disease	61 nephrologists	Qualitative (IDIs)
Chronic kidney disease	20 nephrologists	Qualitative (IDIs)
Rota virus vaccine	13 pediatricians, 4 GPs, 17 pediatric nurses and 13 GP nurses	Qualitative (IDIs)
HPV vaccine	22 nurses in GP and 22 in IM offices	Qualitative (IDIs)
New liquid formulations	58 GPs, 6 psychiatrists, 6 cardiologists and 6 gastroenterologists	Qualitative (focus groups)
Once-a-day ADHD drug treatment pathway	14 pediatricians 14 child psychiatrists	Qualitative (IDIs)
Once-a-day ADHD drug war games	27 pediatricians 27 child psychiatrists	Qualitative (focus groups)



some other specialty not in a final decision-making role, but in an influence role, the wording was modified to reflect their status in decision making within a physician practice, as shown in Example 2.

Hypotheses

Two obvious hypotheses can be stated as follows:

Does the distribution of medical professionals in the adopter categories first specified by Rogers conform to the expected values specified?

Does the distribution of medical professionals in the adopter categories vary a great deal or are they similar?

Methodology

Data were collected from participants in 10 primary marketing research projects concerned with

new product development, trial and use. Eight of the 10 samples came from qualitative projects, with six involving individual depth interviews (IDIs) and two involving focus groups. The two quantitative projects involved self-administered surveys conducted at conventions. The samples, the medical specialty of the participants and the project type appear in Table 1.

Results

A graph of the theoretical and observed distributions of adopter status for all samples combined appears in Figure 1. The distributions show a higher percentage of medical personnel in the Innovator, Early Adopter and Early Majority than would be expected according to Rogers' theory. A chi-square test shows the two dis-

Table 2: Distribution of Medical Professionals in Adopter Categories

Sample	Adopter Category				
	Innovator	Early Adopter	Early Majority	Late Majority	Traditionalist
Prostate cancer	12.5%	29.2%	41.7%	16.6%	0.0%
Chronic kidney disease	14.5%	16.9%	48.4%	12.1%	8.1%
Chronic kidney disease	26.9%	28.7%	26.9%	5.6%	12.0%
Chronic kidney disease	23.0%	16.4%	39.3%	13.1%	8.2%
Chronic kidney disease	25.0%	20.0%	35.0%	20.0%	0.0%
Rota virus vaccine	12.8%	38.3%	31.9%	6.4%	10.6%
HPV vaccine	25.0%	29.5%	34.1%	11.4%	0.0%
New liquid formulations	4.1%	31.1%	54.1%	8.1%	2.6%
Once-a-day ADHD drug	10.7%	17.9%	39.3%	14.3%	17.8%
Once-a-day ADHD drug	5.6%	18.5%	51.9%	18.5%	5.5%
All sample total	16.3%	24.3%	41.0%	11.1%	7.3%
Theoretical values	2.5%	13.5%	34.0%	34.0%	16.0%

tributions are significantly different from each other ($p < .0001$).

The distributions of medical professionals across the five adopter categories are presented in Table 2 for each sample separately and for all samples combined. The last row of the table shows Rogers' theoretical values.

All of these 10 samples yielded a distribution of adopter status that is statistically significantly different ($p < .05$) from the expected values suggested by Rogers (1962) adoption theory.

Discussion

Clearly, the first hypothesis specifying that the distribution of medical professionals in the adopter categories conform to Rogers' expected values is not supported. More medical professionals defined themselves as innovators, early adopters or early majority than is expected.

A second finding is that the distributions of medical professionals vary from one sample to another. For example, in three samples (prostate cancer with oncologists, chronic kidney disease with dieticians and HPV vaccine with nurses, GPs and IMs) there were no self-described Traditionalists. This finding is not surprising given the methodology exposed the participants to new product profiles prior to measuring their predisposition to adopt

new products of that kind.

In addition the following situational factors are relevant to the lack of Traditionalists in these three samples.

- The product described to oncologists is indicated for late-stage prostate cancer where bone metastases are common. This particular product strengthens bones and there are data suggesting it has the potential to prevent bone metastases, making it attractive for early adoption.

- The product class described to dieticians is used with virtually every dialysis patient. The new product was developed to move the mode of administration for this class of drugs from injection to an oral medication, providing both quality of life and economic benefits making it also attractive for early adoption.

- Finally, the product described to nurses, GPs and IMs was shown in clinical data to be 100-percent effective against HPV infections, which can cause cervical cancer, making it extraordinarily attractive for early adoption.

Conclusions and implications

The strength of field studies is their external validity or ability to reveal real-world relationships between theory and practice. Thus, a strength of the present study is exposing practicing physicians, nurses and dieticians to a new-

product profile as well as measuring adoption tendencies. However, a weakness of field studies is their lack of internal validity or the ability to control extraneous sources of relationships, thereby allowing alternative explanations of the results that cannot be attributed to a relationship between adoption theory and adoption behaviors.

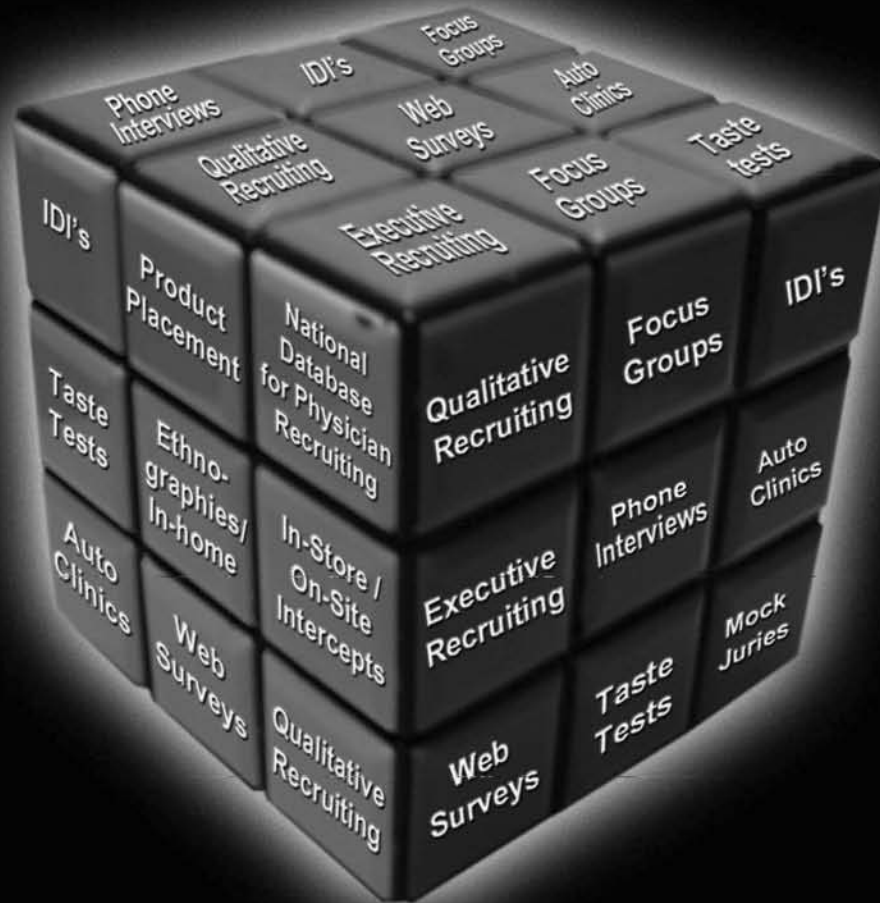
Two such sources of alternative explanations are demand characteristics of the measurement process and lack of randomization (Orne, 1962). Thus, the resulting distribution of responses on the adoption measurement scale proposed here might be expected given the self-selection bias in primary marketing research studies concerning new product development and adoption. Another possible reason for this distribution is that medical professionals define a segment of the population that just happen to behave in a way consistent with Rogers' definition of Innovators, Early Adopters and Early Majority.

Ways to support using Rogers' theory as a viable explanation of the results reported here include exploration of other professions and populations to validate these results. In addition, future research is needed to see if the adoption scale proposed here is related to actual new product adoption behaviors. | Q

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You have my word on it

Many makers of nonprescription (over-the-counter, OTC) medicines devote some fraction of their marketing resources to professional promotion - trying to convince doctors and dentists to recommend their brand above all others. The effect of a health care provider's recommendation (reco) for a specific brand has long been a measurement challenge. A series of studies over the last eight or nine years has shown that health care provider (HCP) recos can have a dramatic impact on some brands (even in categories where they have no effect). Alternatively, they may have little impact on a brand. The latter occurs especially in categories that are not strongly medical, as one would expect, e.g., hand lotion.

One issue has repeatedly been raised and rarely, if ever, addressed: What do the professionals themselves think about recommending and what do they think are the hot buttons that cause them to recommend a given brand or brands? Since this question is academic (most medical marketers want to know the impact of a given promotional technique on recommending, not what the professionals think it might do), the question has rarely been researched.

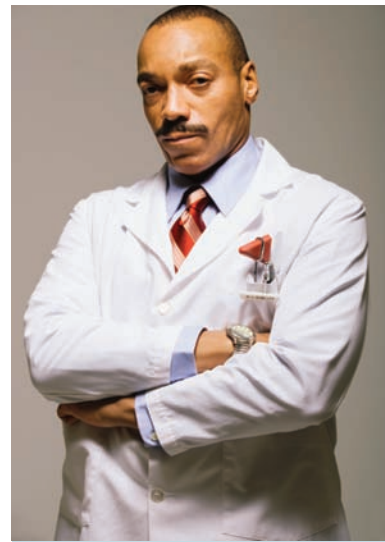
The author had an opportunity to do so, using his firm's e-mail panel of doctors. The panel also includes a small number of dentists (who, of course, are also doctors, but work in a different area than primary care physicians). In conjunction with a presentation given in January 2005, we used our panel and asked 25 primary care physicians (PCPs) and 26 primary care dentists their opinions on a number of topics surrounding recos.

The objective was to determine what a group of doctors and dentists think of recommending as compared to prescribing, what they think drives recos and what they think consumers (patients) do when they receive a reco.

The sample consisted of 26 dentists and 25 PCPs who have

been in practice for at least two years and are 65 or younger. Each received a \$40 honorarium for their time and participation.

Study examines health care providers' views on recommending nonprescription medicines



By Stephen J. Hellebusch

Editor's note: Stephen J. Hellebusch is president of Hellebusch Research and Consulting Inc., Cincinnati. He can be reached at 800-871-6922 or at info@hellrc.com.

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Table 1

Percent of Patients in Each Category

Q1. In general, what percent of the patients you see fall into each of the four categories shown below?

	Dentists	PCPs
Base: total respondents	26	25
	%	%
Receive Rx, no OTC	18	43
Receive reco, no Rx	25	20
Receive Rx and reco	10	30
Receive neither	47	7
Total	100	100

Table 2

Preference Rank of Each Category (Based on the Mean Rank)

Q2. What is your preference? That is, rank those four categories in order of what you would like to see first as #1, what you would like to see as #2, etc.

	Dentists	PCPs
Base: total respondents	26	25
Receive Rx, no OTC	3rd	2nd,3rd (tie)
Receive reco, no Rx	1st	1st
Receive both Rx and reco	4th	2nd, 3rd (tie)
Receive neither	2nd	4th

Potential respondents were screened and, if qualified, taken through an online interview lasting six to seven minutes.

Findings

Patient recommendations

Respondents were asked what percent of their patients fit into the following categories: receive an Rx and no OTC; receive a reco and no

Rx; receive both an Rx and reco; and receive neither. Nearly half of dentists' patients receive no Rx or reco (Table 1). Most patients of PCPs receive an Rx and no OTC. Only 7 percent of patients of PCPs receive no Rx or reco.

Then, respondents were asked to rank the previous four categories in order by preferred course of action (Table 2). Of the four possibilities both professionals prefer a

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Table 3

Number of Dentists Saying How They Decide: Prescribe or Reco

Q3. If a patient could be treated with either type of product, how do you decide whether to Rx or reco?

Base: total dentists	26
	#
Either (net)	22
Depends on severity/symptoms/infection/pain	8
Which most efficient, thorough/worked before	3
Compliance	3
Psychological response	2
Reco (net)	10
Less costly/cheaper	3
First choice is to reco	3
More available/convenient	2
Rx (net)	7
More severe, Rx/if no confidence in OTC	2
Patient more likely to follow, use	2

Note: single responses omitted

Table 4

Number of PCPs Saying How They Decide: Prescribe or Reco

Q3. If a patient could be treated with either type of product, how do you decide whether to Rx or reco?

Base: total PCPs	26
	#
Cost (net)	14
Cost	7
Insurance will cover Rx	3
Severity/strength/efficacy (net)	6
Efficacy/overall effectiveness	3
Compliance (net)	3
Other	
Patient preference/wish	3
Access to the medication/convenience	3
Depends on medical history/clinical presentation	3
Reco has fewer side effects/side effects	2
Interact with other Rx/what meds taking	2
Seeing me, patient wants Rx/has tried OTC	2

Note: single responses omitted

Table 5

Percent Who Have Given Patient Rx - OTC Choice, Past Week

Q4. In just the past week, have you given a patient a choice on whether to get a prescription product or to go get a recommended OTC?

	Dentists	PCPs
Base: total respondents	26	25
	%	%
Yes	42	84
No	58	16

reco and no Rx. Perhaps this lets the HCP believe they have contributed while generating the least hassle for the patient. Dentists prefer “both Rx and reco” the least; speculation is that they dislike seeing patients in that much trouble. On the other hand, PCPs prefer “neither Rx nor reco” the least. Perhaps they feel they have not done enough if no product is provided.

Dentists decide whether to treat their patients with an Rx or reco by severity or degree of pain, cost and convenience of recos for patients versus an Rx, which product does the job most efficiently and which has the best chance of compliance (Table 3).

PCPs decide their course of action by which is least expensive, taking insurance into account, the need for effectiveness, patient preference and patient history (Table 4).

A significantly higher percentage of PCPs than dentists had given their patients a choice between an

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Table 6

How Dentists Decide What Brand to Reco (Number of Dentists)

Q5. How do you decide what brand to reco?

Base: total dentists	26
	#
Familiarity/name brand/brand comfortable with	8
Efficacy/performance	4
Cost/patient economic situation	4
Personal knowledge	2
Manufacturer's reputation	2
What has worked in past for problem	2
The generic/almost always the generic	2

Table 7

How PCPs Decide What Brand to Reco (Number of PCPs)

Q5. How do you decide what brand to reco?

Base: total dentists	25
	#
Familiarity/experience	8
Cost	5
Efficacy/effectiveness	3
Generic	2
Reco class and let patient pick/tell brand names	2
Formulary	2

Table 8

Factors Influencing How Decide OTC Brand to Reco

Q6. Which of these factors influence how you decide which brand to reco? (Check all that apply.)

	Dentists	PCPs
Base: total respondents	26	25
Percent checking each:	%	%
I have samples of the product.	81	72
I have talked with my peers about the product.	65	68
I have looked the product up and read about it online.	62	44
I've seen ads in professional journals for the product.	62	36
I have talked to a pharmaceutical sales rep about the product.	42	64
I have product patient information (brochures, etc.)	42	28
I receive direct mail promotions for the product.	12	12
I have received information about the product online, from the manufacturer.	8	44

Rx and reco within the past week, 84 percent to 42 percent, respectively (Table 5).

Brand recommendations

When they decide what brand to recommend, dentists consider brands that they are familiar with, based on efficacy, the patient's economic situation, the cost and how well the product has worked before (Table 6).

When they decide what brand to recommend, PCPs consider brand familiarity, their experience with the brand, cost, efficacy and the existence of generics (Table 7).

Respondents were shown eight factors and asked if each influenced them at all in determining which brand to recommend. Among dentists, the highest percent selected samples, peers and self online.

Among PCPs, the top three choices are samples, peers and pharmaceutical sales reps (Table 8).

After selecting which influenced them at all, these professionals were asked to look at the list and rank the top three. The rankings are shown in Figure 1 and Figure 2. For dentists, peers, samples and self online came out highest. Somewhat surprisingly, self online received the highest number of 1st rankings. PCPs ranked peers, samples and sales reps highest, with peers receiving the highest number of first-rank votes.

Respondents were asked what percent of patients they believe buy and use the brand that is recommended to them. Dentists' responses ranged from 15 percent to 95 percent, averaging at 71 percent. PCPs' responses ranged from 20 percent to 90 percent, averaging at 70 percent (Table 9).

Patients follow through

These PCPs and dentists believe that marketing attempts to increase recommendations for certain brands make sense; they believe patients follow through. They also prefer to recommend over a number of other options, which gives OTC products a competitive edge.

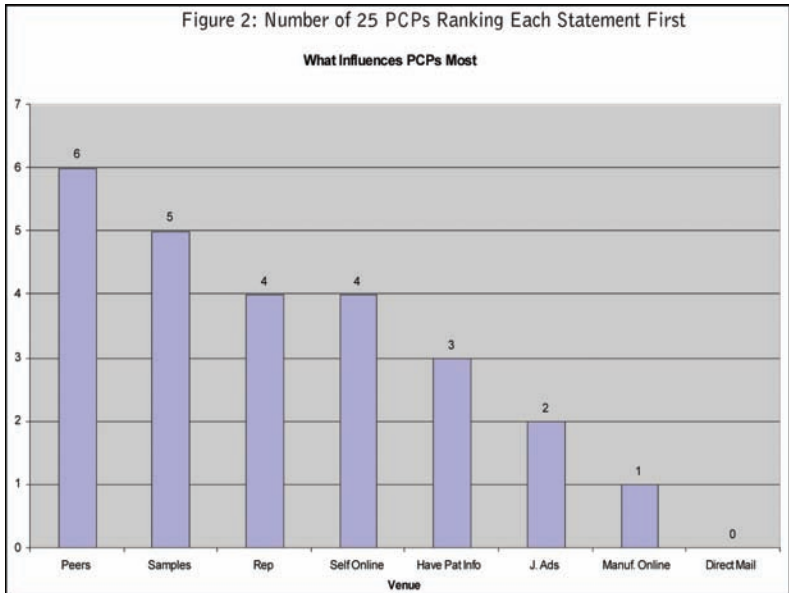
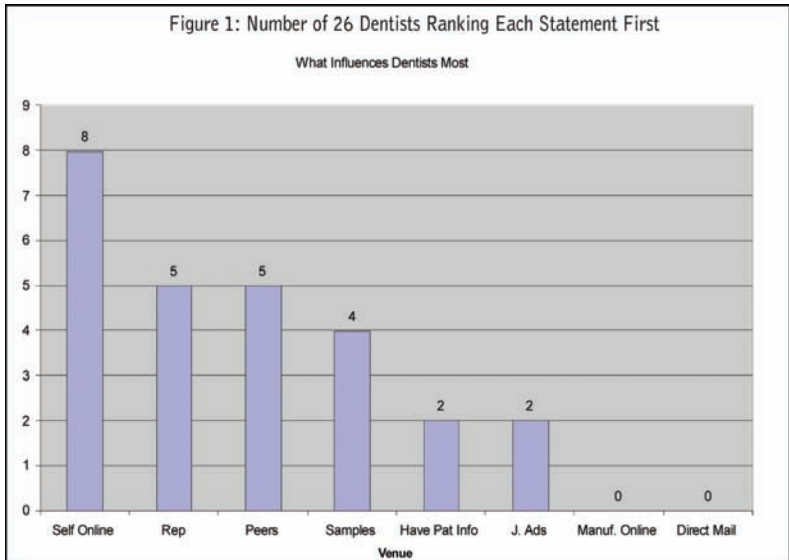


Table 9
Percent of Patients Professionals Think Follow Through on Recos

Q.8 What percent of patients do you think actually follow through on your recos - that is, buy and use the reco'd brand?

	Dentists	PCPs
Base: total respondents	26	25
	%	%
Less than 50%	12	8
50% - 59%	15	16
60% - 69%	4	8
70% - 79%	15	20
80% - 89%	19	32
90% - 100%	35	16
Average Percent	71	70

These professionals also clearly indicate that persistence in marketing pays, since familiarity with a brand is the primary reason for recommending it, among both groups of professionals.

Many of the differences noted between dentists and PCPs were to be expected, such as the lack of prescribing or recommending among dentists. Of greatest interest was the differential role of pharmaceutical sales reps. The dentists see few, and, as a result, the sales representatives' influence is not all that important in the scheme of things. The PCPs see pharmaceutical sales reps much more often and think the reps are much more important to them.

The lack of interest among PCPs in manufacturers' online information is also interesting given the resources devoted to this method. While the dentists appear to take full advantage, PCPs prefer to rely on other sources - including especially their peers. This squares well with anecdotal stories of PCPs using in-office equipment purchased in the late 1980s and early 1990s - antiques. More surprising is that these particular professionals were interviewed online, and this pro-computer-biased sample apparently has little experience with surfing the Net. | Q

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Survey Monitor

continued from page 10

more impressive.”

In 2006, North America, which accounts for 45 percent of global pharmaceutical sales, grew 8.3 percent to \$290.1 billion, up from 5.4 percent the previous year. This strong growth was due to the impact in the U.S. of the first year of the Medicare Part D benefit and the resulting increase in prescribing volume, as well as solid 7.6 percent growth in Canada. The five major European markets (France, Germany, Italy, Spain and the U.K.) experienced 4.4 percent growth to \$123.2 billion, down from 4.8 percent growth in 2005, the third year of slowing performance. Sales in Latin America grew 12.7 percent to \$33.6 billion, while Asia-Pacific (outside of Japan) and Africa grew 10.5 percent to \$66 billion.

Japan experienced a 0.4 percent decline from a year earlier, to \$64 billion, the result of the government’s biennial price cuts. Pharmaceutical sales in China grew 12.3 percent to \$13.4 billion in 2006, compared with a 20.5 percent pace the prior year. This slowdown in growth was due to the government’s introduction of a campaign to limit physician promotion of pharmaceuticals. India was one of the fastest-growing markets in 2006, with pharmaceutical sales increasing 17.5 percent to \$7.3 billion.

“Last year, India transitioned from a developing market to an emerging one, with many multinational pharmaceutical companies tapping into the huge potential this market offers,” says Ray Hill, IMS’s general manager, global consulting. “Several factors, including the acceptance of intellectual property rights, a robust economy and the country’s burgeoning health care needs have contributed to accelerated growth in that country.”

Overall, 27 percent of total mar-

ket growth is now coming from countries with a per-capita gross national income of less than \$20,000. As recently as 2001, these lower-income countries contributed just 13 percent of growth.

Despite continued expansion of the pharmaceutical market, underlying dynamics continue to alter the landscape. In 2006, products with sales in excess of \$18 billion lost their patent protection in seven key markets – including the U.S., which represents more than \$14 billion of these sales. With high uptake of lower-cost therapies replacing branded products in classes such as lipid regulators, antidepressants, platelet aggregation inhibitors, antiemetics and respiratory agents, generics will assume a more central role as payers seek to restrict the growth of health care expenditures. Another factor influencing the market is the increasingly active role of patients as they take charge of their health and demand greater access to therapies that will improve or prolong their lives.

“To sustain growth, pharmaceutical companies need to stay ahead of the dynamics that are rebalancing the marketplace worldwide,” Aitken says. “This requires a sharper focus on realizing productivity gains from their sales, marketing and launch investments, a comprehensive assessment of their R&D and portfolio strategies to support opportunities in both emerging and mature markets, and a commitment to better demonstrate the value of their medications among key stakeholders.”

Total global pharmaceutical sales include audited and estimated unaudited information. These pharmaceutical sales are derived from IMS audits, which cover 94 percent of the market, while the remaining 6 percent are estimates derived from IMS Market Prognosis. Growth in sales is measured in constant dollars, enabling analyses without the influence of

fluctuating currency exchange rates. Pharmaceutical sales figures are measured in current U.S. dollars, include prescription and certain over-the-counter data, and reflect ex-manufacturer prices. For more information visit www.imshealth.com/media.

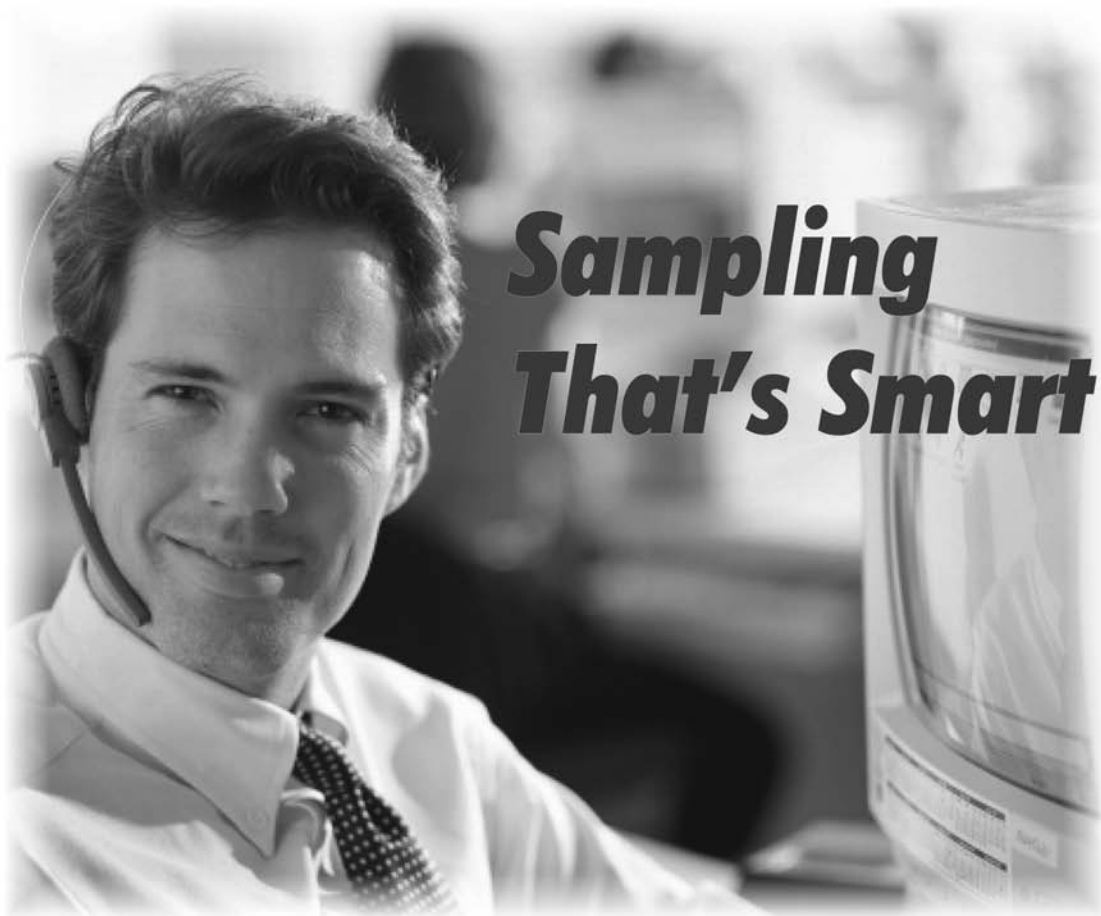
Caribbean immigrants are brand-loyal

The Caribbean-American population continues to experience tremendous growth, as does its influence on American culture, according to a report compiled by the Hunter-Miller Group, a Chicago research firm.

In 2006, President Bush approved designating June as Caribbean Heritage Month, noting that, “For centuries, Caribbean-Americans have enriched our society and added to the strength of America.” Caribbean-Americans come to the United States with a strong work ethic and desire for a better life for themselves and their children. They are generally well-educated, middle-class and loyal consumers.

The steady influx of immigrants from the Caribbean has fueled the growth of black people in the United States. Their influence on U.S. culture has expanded beyond food and music to politics and social action. They are proud of their heritage and maintain strong ties to their home countries. Caribbean-Americans view themselves as black, not African-American. Therefore marketing campaigns targeting African-Americans usually do not translate over to the Caribbean market. The large cultural celebrations of Caribbean-Americans held around the country are ideal opportunities to show support for this growing consumer segment.

Between 2000 and 2003, the U.S. admitted 356,958 immigrants from the Caribbean. The top five countries those immigrants arrived from are: Cuba (86,110); Haiti



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(82,066); Jamaica (59,675); Trinidad & Tobago (23,249); and Barbados (3,027).

Caribbean-Americans are heavily concentrated on the East Coast. The top five metro areas where they reside are: New York City (25.7 percent of black populations; 6.1 percent of total metro) Miami (28.5 percent of black population; 6.8 percent of total metro); Fort Lauderdale, Fla. (29.6 percent of black population; 1.8 percent of total metro); Boston (25.6 percent of black population; 1.8 percent of total metro); and Nassau-Suffolk, N.Y. (25.5 percent of black population; 2.2 percent of total metro).

Their primary reasons for migrating to the United States are: 1) reunification with family, 2) upward mobility, and 3) seeking adventure.

The average Caribbean-American lives in a neighborhood where the median income is \$41,328 versus \$35,679 for the average African-American. The average Caribbean-American lives in a neighborhood where 49.8 percent of the residents are homeowners versus 53.1 percent for the average African-American. The average Caribbean-American lives in a neighborhood where 20.3 percent of the residents are college-educated versus 17.5 percent for the average African-American.

Blacks from the Caribbean tend to live segregated from whites and African-Americans. They have strong national identities but gradually assimilate. Although their primary language is English, many Caribbean-Americans also speak French or Spanish.

They are brand-loyal in their home country due to the lack of available brands. This loyalty remains when they move to the United States. According to an August 2003 Black Diversity Study by University at Albany and State University of New York, Caribbean-Americans are loyal buyers of consumer goods, annual

vacations and personal homes. Brand loyalty is bolstered by community involvement and corporate sponsorship.

Caribbean-Americans are hard-working and take pride in financially supporting loved ones left behind in their home country. Often they are the sole source of income for their families in their home country. For example, World Bank estimated remittances accounted for 52.7 percent of Haiti's gross domestic product in 2004.

Being from countries where blacks are the majority, Caribbean immigrants have had less personal experience with racism of the kind that American blacks have faced. Therefore they expect less racism and view their interactions with whites as being based on their individuality rather than on their racial characteristics. For more information visit www.huntermilergroup.com.

Young financial services consumers still want the personal touch

Raised in an age of evolving technology, many young consumers are still banking the way their parents historically have done, according to a report by Chicago researcher Mintel. The firm found that only 33 percent of consumers 18-34 are using online banking services. In addition, 37 percent of those ages 18-34 say that "better customer service" would cause them to switch banking providers.

With numerous financial service options available, Mintel's research also shows that younger consumers still have concerns about the security of online banking. Some 40 percent of those who do not use online banking state it is because they "don't trust transactions on the Internet."

"Financial services companies continue to elevate their level of safety and security messaging to their consumers, but it is interest-

ing that the Echo Boom and Gen X groups have not necessarily had their fears laid to rest," says Susan Menke, senior financial services analyst for Mintel. "The fact that many of them still rely upon human interaction for their banking is actually surprising, given the fact that these generations have grown up with the Internet already being a staple in American culture."

In addition, with 80 percent of respondents in the 18-24-year-old range and 83 percent of 25-34-year-olds owning debit cards, credit card ownership has been dropping in recent years for these age groups. However, contactless credit cards provide a new outlet for attracting new consumers, with over 60 percent of consumers in this age range showing interest in the newer option.

"Younger consumers understand that many of their parents have dealt with credit card debt, specifically during the boom of these types of products and services," says Menke. "Because they have been able to see older consumers dealing with potential debt challenges, it has made some younger consumers more cautious when it comes to using credit cards. Over 70 percent of respondents in the 22-24 age range stated that they do not like the idea of being in debt, and that can significantly impact their relationship with credit card companies."

Consumers in this group are looking more to the future, with more than a third of respondents in the 18-34-year-old range stating that they already have a retirement savings account of some kind. Approximately a third of these consumers also have high expectations from the financial services industry, as they continue to look for quality personal service, either with or without competitive fees and interest rates or other bank offerings. For more information visit www.mintel.com.

Product and Service Update

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concept testing that incorporates interactive text analysis tied to market potential. MPI Concept Test gauges all the components of an idea's business potential. The study is conducted early in the concept development process, even before marketing plans and traditional volume estimation models are done. Additionally, interactive text analysis helps to refine these ideas by gathering consumer reactions to specific components of the concept description. MPI Concept Test with interactive text analysis is available now as part of MarketTools' Concept Development and Testing Suite. For more information visit www.markettools.com.

Mobile interviewing using IVR

Dallas-based Common Knowledge Research Services now offers mobile interviewing that combines interactive voice response (IVR) and a permission-based cell phone panel. The combination of IVR and mobile panel capabilities is designed to give more options for respondents to connect, leading to higher response rates from a broader range of ages and incomes, and allows for more complex surveys than with text alone.

IVR capabilities provide ease and convenience for the majority of mobile respondents by allowing them to take a survey using the buttons on their keypads or by speaking their answers. IVR combined with a permission-based mobile survey panel (necessary since the FCC banned the use of automated dialing to cell phones), provides a way to conduct surveys and collect consumption/use diary data via text or voice, allowing for anytime, anywhere data collection. For more information visit www.commonknowledge.com.

Word directory aids communication with mobile kids

Young Author's Magazine Anthology (YAM) has published The Ad Word Directory, based upon word association studies within its Mobile Kids

Feedback Forum. YAM is a program of Regulus Communications Inc., Lincoln, Neb.

Companies and organizations marketing to mobile kids will now have a keyword tool for helping them develop Web and mobile content based on the language of mobile kids. The Ad Word Directory is a word-association roadmap for brand managers, Web content developers, advertising agencies and mobile marketing services designed to help identify words and word associations that mobile kids know and use. The directory contains over 900 stimulus words with keyword associations organized by teen, preteens and gender, plus stimulus word contexts for adjectives, adverbs, nouns and verbs. For more information visit www.regulus.com/adworddir.pdf.

Scarborough updates PRIME NEXt; adds Personix data

Scarborough Research, New York, has made enhancements to its proprietary data analysis software, PRIME NEXt. The main enhancement is the addition of a Trade Area Builder function, which enables the user to create a customized geography for analysis by indicating one or more ZIP codes in an area, and a radius around those ZIP codes. The Trade Area Builder automatically creates the custom trade area accordingly, which can then be used for data analysis in a variety of applications.

Separately, Scarborough Research and Acxiom Corporation, Little Rock, Ark., announced a marketing arrangement that will make Acxiom Personix household segmentation data available through Scarborough Research and make the Scarborough Local Market and USA+ data available through Acxiom Personix. For more information visit www.scarborough.com.

Scarborough has also debuted www.scarboroughdelivers.com, a new online portal that lets Scarborough clients download local market and national databases and software they subscribe to via the Internet. Previously, subscribers received data and software via CD. For more infor-

mation visit www.scarborough.com/sdelivers.php.

Harris debuts commitment framework

Harris Interactive, Rochester, N.Y., is now offering the Harris Interactive Commitment Model, a research framework designed to allow businesses to understand and measure the drivers of customer loyalty. The firm uses the model to create loyalty simulators that allow businesses to see how changes in service delivery, facilities or any other aspect of business will affect their bottom line.

The Commitment Model represents the bonds between customer and brand in a two-dimensional format, using the rational and emotional dimensions of commitment. This representation of commitment reveals four relationship states: acquaintance (the customer is not connected to the brand); partnership (the customer is rationally connected to the brand); romance (the customer is emotionally connected to the brand); and commitment (the customer is both rationally and emotionally committed to the brand). For more information visit www.harrisinteractive.com/loyalty.

2007 estimates and 2012 projections now available

The Demographic Data Center is now offering the latest U.S. population demographics with its 2007 Estimates and 2012 Projections. The 2007 Estimates and 2012 Projections include the Census Bureau's post-hurricane county-level estimates that adjust for population displacements in the Gulf states.

The 2007 Estimates and 2012 Projections provide basic demographic variables for the current U.S. population and for five-year projections of population trends. The 2007 Estimates and 2012 Projections are available on CD. Variables include total population, population change, total households, race, age, gender, household income, owners vs. renters and more. The data from the estimates and projections is available in five geographies: states, counties, tracts, block groups and ZIP

codes. Users can also run a radius around a latitude/longitude point. For more information visit www.demographic-information.com/estimates/estimates.htm.

The firm is also offering the Estimates Professional 2007/2012 product, which includes all the variables on the standard Estimates and Projections product along with break-outs of sex-by-age-by-race, household types and household size, median incomes by race and more. In addition, the Estimates Professional 2007/2012 has consumer expenditures and demographic profiles. The Estimates Professional is available on DVD and in the same geographies: states, counties, tracts, block groups, ZIP codes and radius. For more information visit www.demographic-information.com/estimates/estimates_professional.htm.

New enterprise feedback suite from Vovici

Dulles, Va.-based research software firm Vovici (formerly Perseus | WebSurveyor) has launched its EFM Continuum product suite. Enterprise feedback management (EFM) comprises tools and services that enable the collection and management of feedback from customers, partners and employees to help shape organizational strategy. The suite includes:

EFM Feedback – a survey management system that enables customers to design questionnaires, manage survey campaigns and analyze survey responses (EFM Feedback replaces the WebSurveyor tool);

EFM Reporting – a tool that provides reporting capabilities including data analysis, sharing and filtering to enable customers to understand and leverage feedback within their organizations to drive strategic decision making;

EFM Community – a community management product that enables customers to widen collaboration on the feedback process within their organization while controlling access to key respondent pools (EFM Community replaces Perseus SurveySolutions/EFM);

EFM Polls – a free online polling tool that allows creation of simple one-question polls for presentation directly on Web sites (EFM Polls is a rebranding of WebSurveyor Polls);

EFM for CRM – a salesforce.com add-on that enables salesforce.com users to embed feedback directly into their sales, service and support processes (EFM for CRM was formerly branded CRMSurveyor). For more information visit www.vovici.com.

Book compiles best ESOMAR output

ESOMAR has assembled *ESOMAR Market Research Best Practice - 30 Visions for the Future*, published by Wiley, which collects the recent best discussion papers, case studies and methodologies from ESOMAR events and publishing over the last decade.

It is designed to provide insight into how the market research environment and researchers perpetually evolve and innovate to meet the fast-moving needs of their clients.

The book demonstrates how good practice fits with the modern business of research by showcasing innovative and efficient methodologies and approaches developed by market research specialists all over the world. The book is available at www.esomar.org/web/publication/publication.php?id=1513 or at retail outlets.

Pulse Train updates Pulsar products

U.K.-based research software firm Pulse Train has released version 3.17-02 of its Web-based survey analysis tool Pulsar Web, which contains new features to extend the functionality of Pulsar Web to allow greater project customization and a new tool for defining table structure on a global basis.

Logos can now be added to tables and charts, which can be used to brand the project view for specific clients. A new global function, which will apply a common banner to all defined tables, has also been introduced to allow faster redefinitions of the current analysis to a new set of variables. This feature can be activated

or deactivated as part of the user permissions if/when required.

Version 3.17 also offers increased performance within profile reports, which will now export many thousands of records to a tab-delimited format within seconds.

The firm has also upgraded its end-user survey analysis package Pulsar. Pulsar 4.00-00 offers new capabilities designed to make data analysis easier for all levels of user. A main improvement is to the user interface and the inclusion of new toolbars that aim to make table formatting, category ranking and suppression easier.

Pulsar 4.00-00 also offers improved analysis of numerical variables by the inclusion of two new developments. Rating scale values can now be directly assigned as part of the variable properties, while a new numeric banding wizard allows the quick creation of banded categories for numeric variables. For more information visit www.pulsetrain.com.

Briefly

Arbitron Inc., New York, has added three new markets to its Radio Ratings Survey: Aspen, Colo.; Hot Springs, Ark.; and Twin Falls (Sun Valley), Idaho. These markets will be surveyed twice a year, in spring and fall, as part of the Qualitative Diary Service. For more information visit www.arbitron.com.

ESRI, Redlands, Calif., will provide ArcGIS spatial data management solutions to IBM DB2 9 for z/OS on System z. This support for a centralized, location-aware DB2 database on System z will enable ESRI's enterprise customers to extend GIS-based business solutions, applications and Web services throughout their organizations. For more information visit www.esri.com.

Industrial Marketing Research, Oak Brook, Ill., has launched automotiveresearch.com, a site providing current automotive market data on replacement rate trends and channel share trends, etc.

Research Industry News

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in Hamburg, Germany. Harris Interactive paid EUR 9 million in the all-cash deal for the firm, which has excess net working capital of approximately EUR 1 million and no debt. The MediaTransfer employees will join the Harris Interactive Europe organization and remain in their current location.

Market Force Information Inc., Boulder, Colo., has acquired Houston-based **Speedmark Information Services**, a mystery shopping provider.

Alliances/strategic partnerships

Greenfield Online Inc., Wilton, Conn., has formed a relationship with consulting firm **Frost & Sullivan** to create a new business-to-business offering to serve the marketing research industry. Under the new agreement, the firms will recruit panelists to participate in marketing research surveys. In return for participating in surveys, respondents will receive various incentives, including a temporary free access pass to www.frost.com.

Synovate has entered a worldwide partnership with Seattle-based **Global Market Insite Inc.** which gives Synovate access to over six million panelists around the world. Combined with its existing ViewsNet panels, this partnership now enables Synovate to offer panel research in more than 50 markets.

Association/organization news

The Council for Marketing and Opinion Research (CMOR), Washington, D.C., is calling on all survey research professionals to join the State Capitol Network, a new volunteer committee created to monitor and respond to state legislative issues affecting the survey research profession.

CMOR is searching for representatives on the state level to help effectively protect the survey research profession. Representatives would be the profession's observer for their state(s) and serve on behalf of the profession when any issues arise in

their state legislature.

While CMOR already has mechanisms to monitor such activity, this new network will supplement CMOR's efforts in order to remain proactive and be as alert as possible on all issues. CMOR staff will provide training to volunteers of the State Capitol Network to speak to congressional staff on behalf of the survey research profession.

State Capitol Network volunteers would monitor issues related to survey research, which include: general business practice for the survey research profession, marketing and opinion research, including technical uses of information, health care benefits, taxes, privacy and human resource issues. Volunteers interested in joining the State Capitol Network should contact CMOR's State Legislative Director LaToya Rembert-Lang at lrembert@cmor.org or at 202-775-5171.

Separately, **CMOR** and **The Marketing Research Association** have opened an additional office in Washington, D.C., at 1111 16th Street.

The Mystery Shopping Providers Association (MSPA),

Dallas, issued a press release supporting the Federal Trade Commission's (FTC) action against Mystery Shop Link and the Tangent Group. Mystery Shop Link is not and has never been affiliated with the MSPA, and the MSPA does not support the practices of which the company has been accused.

The FTC filed deceptive practices and contempt charges against Mystery Shop Link on March 22. The firm promised consumers hundreds of dollars in income for conducting mystery shopping exercises. According to the FTC, consumers were charged a \$99.95 fee for training and to obtain mystery shopping job opportunities. In reality, those who paid the fee had no advantage over others interested in the same opportunities who accessed the information for free.

The MSPA has cooperated with the FTC in its investigation of Mystery Shop Link and encourages the FTC to continue investigating all mystery shopping-related scams.

The MSPA believes mystery shop-

pers should not have to pay to find mystery shopping assignments. The association's member companies are required to follow a code of ethics that prohibits them from charging mystery shoppers a fee or misleading applicants on actual mystery shopping assignment opportunities.

The Marketing Research

Association will celebrate 50 years of service to the opinion and marketing research profession at its annual conference in San Francisco on June 6-8.

New accounts/projects

Broadcasters in Iceland have selected New York-based **Arbitron Inc.'s** Portable People Meter (PPM) system as the audience measurement currency system for both radio and television. The six-year contract was awarded to the Reykjavik-based research and consulting firm Capacent, supported by TNS Norway. TNS already provides currency measurement for the radio industry in Norway using the PPM and has licensed the use of the PPM system to Capacent. TNS will support the setup and ongoing running of the audience measurement panel by Capacent. The contract with Iceland's major TV and radio broadcasters was awarded through a competitive RFP for electronic audience measurement. The PPM technology, which was evaluated in field trial in Iceland, was selected over a "wristwatch meter" system proposed by Swiss firm Telecontrol, a GfK subsidiary.

20/20 Online, a division of **20/20 Research Inc.**, a Nashville-based marketing research support firm, has entered into an agreement with Delta Airlines to provide online qualitative research services, including the use of 20/20 Online's Qualboard.

New companies/new divisions/relocations/expansions

G & S Research has moved to 9229 Delegates Row, Suite 400, Indianapolis, Ind., 46240. Phone 317-252-4500. Fax 317-252-4510.

Reston, Va.-based **comScore** has

expanded its London-based European headquarters and opened a marketing office in Paris.

A new firm, **Demand Decisions**, based in Durham, N.C., has opened to provide demand forecasting, planning and management services to retailers. The company is an independently managed subsidiary of rsc, the quality measurement company, Evansville, Ind.

Company earnings reports

In results for the quarter ended March 31, 2007, **Arbitron Inc.**, New York, reported revenue of \$91.8 million, an increase of 7.9 percent over revenue of \$85.1 million during the first quarter of 2006. Contributing to the revenue growth for the quarter were equipment sales consummated in the quarter related to the company's international Portable People Meter licensing business. Excluding the impact of these sales, revenue grew 7.1 percent.

Costs and expenses for the first quarter increased by 18 percent, from \$53.7 million in the first quarter of 2006 to \$63.3 million in the first quarter of 2007, due primarily to planned spending on the rollout of the Portable People Meter radio ratings service.

The proportionate share of net loss of affiliates in the first quarter of 2007 increased to (\$3.8) million from (\$2.4) million in the first quarter of 2006. The increase was due primarily to Arbitron's (\$1.1) million share of the net losses for the Project Apollo LLC, the joint effort to develop a national marketing research service with The Nielsen Company.

EBIT for the quarter were \$24.7 million, a decrease of 15 percent over EBIT of \$29 million during the comparable period last year.

Net income for the quarter was \$15.5 million, a decrease of 14.8 percent from \$18.2 million for the first quarter of 2006. Net income per share for the first quarter of 2007 was \$0.52 (diluted), compared with \$0.58 (diluted) for the comparable period last year, a decrease of 10.3 percent.

In financial results for the full year ending December 31, 2006, **The Nielsen Company** bv reported pro

forma unaudited revenues for the full year 2006 of \$4,174 million, an increase of 5 percent in constant currency over the prior year, excluding a \$90 million decrease in revenues associated with the preliminary purchase price allocation (the "deferred revenue adjustment"). Reported revenues for the predecessor period (January 1, 2006 through May 23, 2006) were \$1,626 million and for the successor period (May 24, 2006 through December 31, 2006) were \$2,548 million, an overall increase of 3 percent versus the prior year (including the effects of the deferred revenue adjustment).

Pro forma unaudited operating income was \$212 million for the full year 2006 compared to \$373 million in 2005. The 2006 pro forma results were negatively impacted by a number of acquisition-related items including the \$90 million deferred revenue adjustment, \$75 million in restructuring expenses, \$98 million in increased amortization expense and \$53 million in costs associated with recruiting and other acquisition-related compensation. Operating income for 2005 was impacted by \$91 million in litigation settlement costs and failed acquisition costs. Reported operating income for the predecessor period and successor period was \$57 million and \$109 million, respectively.

Covenant earnings before interest, taxes, depreciation and amortization and other adjustments permitted under the firm's senior credit facility (covenant EBITDA) was \$1,097 million for the full year 2006. Covenant EBITDA is a non-GAAP measure.

During the first quarter of 2007, Omaha, Neb.-based **infoUSA** delivered record revenues of \$157.9 million, which includes \$48.1 million for Opinion Research. (The firm's marketing research group is composed of Opinion Research and Macro International.) Segment revenue for the marketing research group in the first quarter was \$48.1 million. Excluding Opinion Research, revenue was \$109.8 million for the first quarter of 2007, compared to \$103.1 million for the same period in 2006, an increase of 6 percent. InfoUSA's first-

quarter operating income was \$14.8 million, which includes \$1.6 million for Opinion Research. Excluding Opinion Research, operating income was \$13.2 million, compared to \$15.5 million in the first quarter of 2006. During the first quarter of 2007 the company spent \$4.6 million for advertisements for the Super Bowl and the NCAA Final Four Basketball Tournament. The company also recorded expenses of \$2.1 million related to the transition of infoUSA National Accounts to Omaha. InfoUSA's earnings per share for the first quarter of 2007 were \$0.11 versus \$0.15 in the first quarter of 2006. EBITDA for the first quarter was \$24 million, which includes \$3.2 million for Opinion Research. Excluding Opinion Research, EBITDA was \$20.8 million, compared to \$23 million in the first quarter of 2006.

IMS Health, Norwalk, Conn., announced first-quarter 2007 revenue of \$510.3 million, up 14 percent or 11 percent on a constant-dollar basis, compared with revenue of \$446.2 million for the first quarter of 2006. Operating income in the first quarter of 2007 was \$111.1 million, up 15 percent, compared with \$96.7 million in the year-earlier period. First-quarter 2007 diluted earnings per share on a GAAP basis was \$0.43, compared with \$0.56 in the prior-year quarter. Earnings per share for the first quarter of 2007 and 2006 included tax benefits and foreign exchange hedge gains and losses. When adjusted for these items, on a non-GAAP basis, earnings per share for this year's first quarter would have grown \$0.04 year over year to \$0.35. Net income on a GAAP basis was \$85.6 million, compared with \$118.1 million in the year-earlier quarter. This decline is primarily due to higher tax benefits realized in the first quarter of 2006. Net income for the first quarter of 2007 and 2006 included tax benefits and foreign exchange hedge gains and losses, net of taxes. Adjusted for these items, on a non-GAAP basis, net income for this year's first quarter would have grown \$5.3 million.

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Names of Note

continued from page 12

president, business development for North America; **Rowena Collier** account director, West Coast (based in Los Angeles); **Joanne Crowley** account director (based in Los Angeles); **Paul Caputo** account director (based in New York); and **Brendan Egan** account director (based in New York).

The Marketing Research Association has

named **Adrienne Ford** public relations manager.

New York research firm *Ziment* has added **Venk Ramakrishnan** as chief methodologist.

Alex Vayslep has been named division vice president, technology/telecommunications sector lead for *Maritz Research*, St. Louis.

Michael Georgianna has joined *J. Reckner Associates Inc.* as facility

manager of the firm's Center City Philadelphia facility. **Peter Reckner** has been promoted to vice president, quantitative services in the firm's Montgomeryville, Pa., office.

Boston research firm *Kadence* has named **Fory McCandless** field services director.

London-based research firm *KMR Group* has consolidated its United States and Puerto Rico business operations under the leadership of **Bill McKenna**, who has been appointed president and chief executive officer of *KMR North America*. McKenna will initially be based in Puerto Rico.

Stephen Kraus has joined *AbsolutData Research and Analytics*, Alameda, Calif., as director of market research services.

The GfK U.S. Healthcare Companies, Blue Bell, Pa., announced appointments for its family of companies. *GfK Strategic Marketing* named **Brian Hull** president following the departure of **Marty Glogowski**, who announced his retirement in March. *GfK Market Measures* named **Bill Bowman** vice president of oncology and **Jenny Donohue** senior vice president, multi-client. *GfK V2* named **Andrea Alfonsi**, **Steve Finestone** and **Howard Jaffe** senior vice president and strategic business unit head.

Roger Chacko has joined *Kimberly-Clark*, Neenah, Wis., as vice president/global marketing knowledge and intelligence.

Boston research firm *Observant LLC* has made Vice President **Erik Coats** a full partner of the firm and added **Robert Ramirez** as director.

Shelli Field has been named chief operating officer at *Paragon Research and Consulting*, West Chester, Pa.

Meadowlands Consumer Center Inc., Seacaucus, N.J., has named **Andrea Michaels** evening facility manager. At New York City-based *New York Consumer Center*, **Amber Shemesh** has been named evening facility manager.



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Directory



This directory was developed by mailing forms to firms we identified as specializing in ethnic research and/or are a certified ethnic minority-owned business. In addition to each company's vital information, we've indicated the type of research services the firm offers (e.g., full-service, data collection, survey translation, etc.) and the ethnic group(s) the organization specializes in researching. As an added feature, firms that are certified ethnic minority-owned businesses are marked with an asterisk. A fully searchable version of this directory is available on our Web site (www.quirks.com)

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Service Codes

FS	Full-Service
C	Consulting
DC	Data Collection
DP	Data Processing
FG	Focus Group Facility
M	Moderating
S	Sampling
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(See advertisement on p. 84)

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Ph. 800-627-8334 or 559-252-2727
jdawson@aismarketres.com
www.aismarketres.com
Jennifer Dawson, Manager
Services: FS, C, DC, DP, FG, M, S, ST, T
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Almiron-Caban & Assoc. Bilingual Research, Inc.*

141-22 85th Rd.
Briarwood Queens, NY 11435
Ph. 718-523-9323
ACBR1@aol.com
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Services: DC, ST
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Ph. 800-951-5020
alan@alsglobal.net
www.alsglobal.net
Alan Weiss, Sales Manager
Services: ST, T
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Ph. 203-912-7175
inquiries@andersonanalytics.com
www.andersonanalytics.com
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www.aocresearch.com
Betty Collins, Co-Owner
Services: DC, FG
African-American

Arizona Market Research Services (Br.)

Div. of Ruth Nelson Research Services
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Ph. 602-944-8001 or 303-758-6424
azmktres@att.net
www.ruthnelsonresearch.com
Lincoln Anderson, Manager
Services: FS, DP, FG, ST, T
African-American, Asian, Hispanic, Native American
(See advertisement on p. 101)

Asia Link Consulting Group*

10 W. 66th St.
New York, NY 10023
Ph. 212-721-5825
www.asialinkny.com
Wanla Cheng, President
Services: FS, C, M, ST
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tveliz@mmrx.com

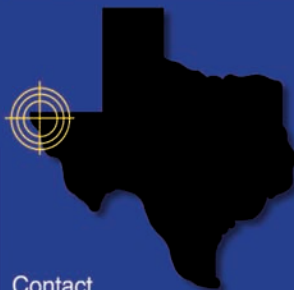
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African-American, Hispanic

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FG	Focus Group Facility
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S	Sampling
ST	Survey Translation
T	Transcriptions

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bainborrego@adelphia.net
Cris Bain-Borrego
Services: C, M, ST, T
Hispanic

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Al Barraza, President
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 Bilingual
 Services: C, M, ST
 Hispanic

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 www.c-asoc.com
 Enrique F. Castillo, Principal
 Services: FS, C, M, ST, T
 Hispanic

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 Redwood Shores, CA 94065-1404
 Ph. 650-802-2100
 dklarquist@cheskin.com
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 Services: FS, C
 Asian, Hispanic

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 222 Merchandise Mart Plaza, #240
 Chicago, IL 60654
 Ph. 312-755-0720
 info@chicagofocus.net
 www.thefocusnetwork.com
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 African-American, Hispanic

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 Marietta, GA 30067
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 info@cityfocusny.com
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 Denver, CO 80222-5203
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 Ruth Nelson, President
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 Jerry Karson, Director of Client Services
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comScore Networks

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 jmcabe@comscore.com
 www.comscore.com
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1398 West 7th Avenue
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www.mdavisco.com
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African-American

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Hispanic

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African-American, Asian, Hispanic, Middle Eastern, Native American

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Edgardo de la Garza, Partner
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Hispanic



DMS Research

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Kathleen M. Doyle, President
Services: M
Hispanic



DSG Associates, Inc.

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(See advertisement on p. 103)



ebony
marketing
research, inc.

Ebony Marketing Research, Inc.*

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emr@interport.net
www.ebonymktg.com
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(See advertisement on opposite page)

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emr@interport.net
www.ebonymktg.com
Services: FS, C, DC, FG, ST
African-American, Asian, Hispanic
(See advertisement on opposite page)

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African-American
(See advertisement on opposite page)

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Martin G. Cerda, President
Services: FS, C
Hispanic

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Services: FS, C, M
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Ph. 866-693-2287 or 301-610-0590
restrepoj@eurekafacts.com
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Jorge Restrepo, President
Services: FS, C, DC, DP, FG, M, S, ST, T
Hispanic

FGI Research

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Dino Fire, General Manager
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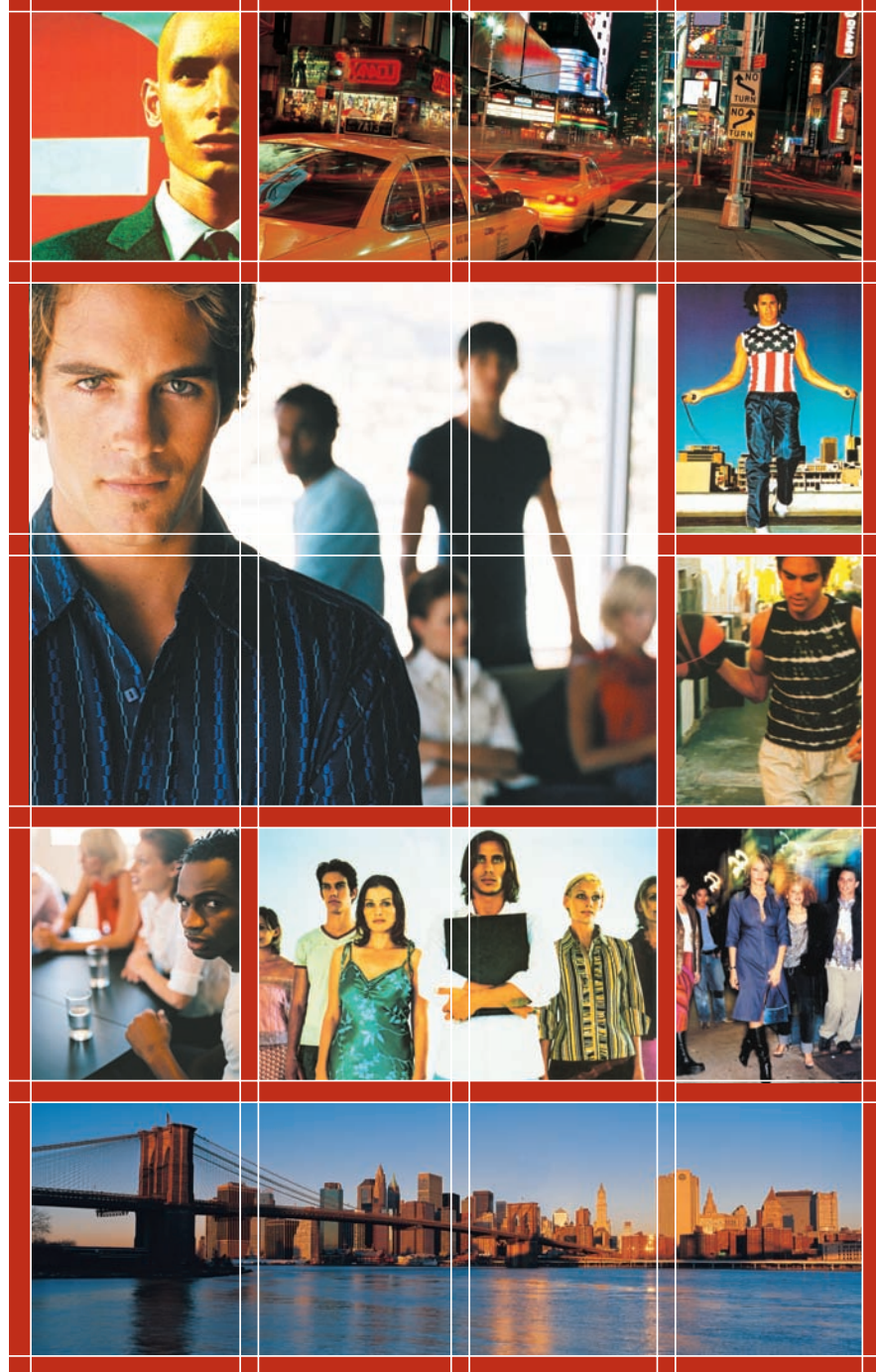
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ST	Survey Translation
T	Transcriptions

Fieldwork Chicago-O'Hare

8420 W. Bryn Mawr Ave., Suite 650
Chicago, IL 60631
Ph. 773-714-8700
info@ohare.fieldwork.com
www.fieldwork.com
Services: DC, FG
African-American, Asian, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Chicago-Schaumburg

425 N. Martingale Rd., 20th Floor
Schaumburg, IL 60173
Ph. 847-413-9040
info@schaumburg.fieldwork.com
www.fieldwork.com
Karyn Picchiotti
Services: DC, FG
African-American, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Dallas, Inc.

15305 Dallas Pkwy., Suite 850
Addison, TX 75001-4637
Ph. 972-866-5800
info@dallas.fieldwork.com
www.fieldwork.com
Jessica Najjar
Services: DC, FG
African-American, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Denver, Inc.

Wells Fargo Center
1700 Lincoln St., Suite 2650
Denver, CO 80203
Ph. 303-825-7788
info@denver.fieldwork.com
www.fieldwork.com
Nikki Darre
Services: DC, FG
Hispanic
(See advertisement on Inside Back Cover)

Fieldwork East, Inc.

2 Executive Dr., Suite 800
Fort Lee, NJ 07024
Ph. 201-585-8200 or 877-993-4353
info@ftlee.fieldwork.com
www.fieldwork.com
Sandy Starr
Services: DC, FG
African-American, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Los Angeles, Inc.

In Orange County
2030 Main St., Suite 300
Irvine, CA 92614
Ph. 949-252-8180
info@losangeles.fieldwork.com
www.fieldwork.com
Kami Celano
Services: DC, FG
Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Minneapolis, Inc.

7650 Edinborough Way, Suite 700
Edina, MN 55435
Ph. 952-837-8300
info@minneapolis.fieldwork.com
www.fieldwork.com
Denice Duncan
Services: DC, FG
African-American, Asian, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork New York at Westchester

555 Taxter Rd., Suite 390
Elmsford, NY 10523
Ph. 914-347-2145
info@westchester.fieldwork.com
www.fieldwork.com
Tamara Curtis, President
Services: DC
African-American
(See advertisement on Inside Back Cover)

Fieldwork Phoenix at Scottsdale, Inc.

6263 N. Scottsdale Rd., Suite 380
Scottsdale, AZ 85250
Ph. 480-443-8883
info@phoenix.fieldwork.com
www.fieldwork.com
Vicki Knoell
Services: DC, FG
Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Phoenix, Inc.

7776 Pointe Pkwy. W., Suite 290
Phoenix, AZ 85044
Ph. 602-438-2800
info@phoenix.fieldwork.com
www.fieldwork.com
Vicki Knoell
Services: DC, FG
Hispanic
(See advertisement on Inside Back Cover)

Fieldwork Quant Group

4849 N. Milwaukee Ave., Suite 500
Chicago, IL 60630
Ph. 888-TO-FIELD or 773-282-0203
info@quantgroup.fieldwork.com
www.fieldwork.com
Mary Pederson
Services: DC, DP
African-American, Hispanic
(See advertisement on Inside Back Cover)

Fieldwork San Francisco, Inc.

201 Third St., Suite 1000
San Francisco, CA 94103
Ph. 415-268-8686
info@sanfran.fieldwork.com
www.fieldwork.com
Loretta Dienzo
Services: FG
Asian
(See advertisement on Inside Back Cover)

Fieldwork Seattle, Inc.

5150 Carillon Point
Kirkland, WA 98033
Ph. 425-822-8900
info@seattle.fieldwork.com
www.fieldwork.com
Ryker Lammers
Services: FG
Asian
(See advertisement on Inside Back Cover)

Fleischman Field Research

250 Sutter St., Suite 200
San Francisco, CA 94108-4403
Ph. 800-277-3200 or 415-398-4140
ffr@ffrsf.com
www.ffrsf.com
Services: DC, DP, FG, ST, T
African-American, Asian, Hispanic

Focus & Testing, Inc.

20847 Ventura Blvd.
Woodland Hills, CA 91364
Ph. 818-347-7077
spence@focusandtesting.com
www.focusandtesting.com
Spence Bilkiss, President
Services: DC, FG, ST, T
African-American, Asian, Hispanic, Middle
Eastern, Native American

**Focus Groups of Cleveland**

2 Summit Park Dr., Suite 225
Cleveland, OH 44131
Ph. 216-901-8075 or 800-950-9010
morris@focusgroupsofcleveland.com
www.focusgroupsofcleveland.com
Amy Morris, President
Services: FG, M, T
African-American, Hispanic

In business over 40 years, we are Greater Cleveland's only centrally located state-of-the-art three-suite full-service focus group facility/large multi-purpose room; designed to serve today's marketing needs. Specialize in consumer, litigation, executive and medical research. Over 5,500 square feet of comfort and technology with on-site recruiting to conduct focus groups, IDIs, taste tests, pre-recruits and entire project management in an upscale environment.
(See advertisement on p. 41)

* Indicates minority-owned firm

FOCUS LATINO

Focus Latino*

1617 Cabinwood Cove
Austin, TX 78746
Ph. 512-306-7393
gcafocuslatino@austin.rr.com
Guy Antonioli or Beatriz Noriega
Services: FS, C, DC, M, ST, T
Hispanic

Established 1996. Specialize in Hispanic qualitative consumer research - focus groups, triads, dyads, IDIs, in-homes, shop-alongs and ethnography. Beatriz - a psychologist, Guy - a marketing, advertising and research professional, each has 25+ years of experience working in USA, Mexico and Latin America; Guy II - a 2002 University of Texas graduate in communications. Bilingual and bicultural, all moderate in Spanish or English. (See advertisement on p. 38)

Focus On Miami*

8603 S. Dixie Hwy., Suite 218
Miami, FL 33143
Ph. 305-661-8332
focusom@bellsouth.net
www.focusonmiami.com
Lisa Switkes, President
Services: FS, C, DC, FG, M, ST
African-American, Hispanic

Focus World International, Inc.*

146 Hwy. 34, Suite 100
Holmdel, NJ 07733
Ph. 732-946-0100
gary@focusworldint.com
www.focusworldinternational.com
Paulette Eichenholtz, President
Services: C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern

Focuscope, Inc.

1100 Lake St., Suite 60
Oak Park, IL 60301
Ph. 708-386-5086
krooney@focuscope.com
www.focuscope.com
Kevin Rooney, President
Services: DC, FG
African-American, Hispanic

Garcia Research Associates, Inc.*

2550 Hollywood Way, Suite 120
Burbank, CA 91505
Ph. 818-566-7722
info@garciaresearch.com
www.garciaresearch.com
Carlos Yanez, Project Director
Services: FS, C, DC, DP, FG, ST, T
Hispanic

GC Global, LLC

25 Eighth Ave.
Brooklyn, NY 11217
Ph. 718-623-2266
grace@gcglobalresearch.com
www.gcglobalresearch.com
Services: FS, C, DC
Asian, Hispanic



GENESYS Sampling Systems

565 Virginia Dr.
Fort Washington, PA 19034-2706
Ph. 800-336-7674 or 215-653-7100
info@m-s-g.com
www.genesys-sampling.com
Gregg Kennedy, Vice President
Services: S
African-American, Asian, Hispanic, Middle Eastern, Native American

GENESYS Sampling Systems has the experience and resources to help you define and reach any low-incidence target group. Ethnic sampling capabilities include geo-targeted RDD (random digit dialing), listed surname, dual frame and other options. We will outline your alternatives in balancing representational accuracy and data collection costs. GENESYS-CSS wireless number screening and sample/list enhancement services also available. (See advertisement on p. 45)

What is your Hispanic Marketing I.Q.?

Answer the following questions to test your knowledge of the Hispanic customers.

Because of their lower income, Hispanics are more likely to use coupons than other consumers.

True False

It is a good idea to mix Hispanics from different countries in a focus group to get a more representative group consensus.

True False

The internet is not a good way to survey any groups of Hispanic consumers.

True False

Miami and New York would be good cities to test a new Hispanic salsa.

True False

Hispanics are less brand loyal than other groups of consumers.

True False

Acculturated Hispanics are presently growing at a faster rate than first generation Hispanics.

True False

Like mainstream Americans, Hispanics as a whole are interested in low fat and low carb foods.

True False

Hispanic is a race just like Caucasian and African-American.

True False

Whenever Hispanics rate a product significantly higher than mainstream consumers, they like the product more.

True False

In advertising to Hispanics, commercials in English can usually be translated into Spanish as long as the message is relevant to the Hispanic audience being targeted.

True False

To find out the answers to these and other questions you might have about the Hispanic consumers and to conduct your next Hispanic Research project, call Rafael Hernandez at Hispanic Research Consultants.

Hispanic Research Consultants can help you identify potential Hispanic marketing opportunities and solve Hispanic marketing problems. We will help you arrive at profitable business solutions with this fast growing segment of the U.S. market. And unlike most other companies that do Hispanic research, **we are experts in both Hispanic Marketing Research and Hispanic Marketing.**



13747 Montfort
Dallas, Texas 75240
phone 972.450.8400
fax 972.450.8493
cell 972.365.9446
rhernandez@hispanicresearchconsultants.com
www.hispanicresearchconsultants.com

Service Codes

FS	Full-Service
C	Consulting
DC	Data Collection
DP	Data Processing
FG	Focus Group Facility
M	Moderating
S	Sampling
ST	Survey Translation
T	Transcriptions

The Golden Door*

200 W. 20th St., #1208
New York, NY 10011
Ph. 212-647-9181
eleanorew@goldendoor.net
www.goldendoor.net
Services: FS, C, M
African-American

Greenfield Consulting Group

A Millward Brown Company
274 Riverside Ave.
Westport, CT 06880-4807
Ph. 203-221-0411
information@greenfieldgroup.com
www.greenfieldgroup.com
Barbara Clancy, Sr. Dir. Client Svcs.
Services: FS, M
African-American, Hispanic

HEADFIRST market research, inc.*

332 Osprey Point
Stone Mountain, GA 30087
Ph. 770-879-5100
research@headfirstinc.com
www.headfirstinc.com
Greg Head, President
Services: FS
African-American

Herrera Communications*

28751 Rancho California Rd., Suite 201
Temecula, CA 92590
Ph. 951-676-2088 or 877-676-2088
eherrera@herrera-communications.com
www.herrera-communications.com
Enrique Herrera, Vice President
Services: FS, DC, FG, M, ST, T
Hispanic

Hispanic America, Inc.*

12 Roszel Rd., Suite A-103
Princeton, NJ 08540
Ph. 609-333-1400
info@HispanicAmerica.com
www.HispanicAmerican.com
Dr. J.M. Acuna, President
Services: FS, C, DC, FG, S
Hispanic

Hispanic Focus Unlimited*

303 W. Park Ave.
Pharr, TX 78577
Ph. 956-797-4211
hispanicfocusunltd@aol.com
www.hispanicfocusunltd.com
Ruben Cuellar, President
Services: FS, C, DC, FG, M, ST, T
Hispanic

Hispanic Perspectives*

A division of Q & A Research, Inc.
64 Digital Dr.
Novato, CA 94949
Ph. 415-883-1188
info@qar.com
www.qar.com
Diana Layseca, V.P. Field Director
Services: FS, C, DC, DP, FG, M, S, ST, T
Hispanic

**Hispanic Research Consultants**

13747 Montfort Dr., Suite 330
Dallas, TX 75240
Ph. 513-777-0289
rhernandez@hispanicresearchconsultants.com
www.hispanicresearchconsultants.com
Rafael Hernandez, Vice President
Services: FS, C
African-American, Hispanic

Hispanic Research Consultants provides in-depth insight and direction for Hispanic marketing and Hispanic marketing research with extensive knowledge and experience with the Hispanic/Latino culture and the effects of acculturation and country of origin. The firm is directed by Rafael Hernandez, former Director of Marketing for Fiesta Foods and Research Manager for Exxon-Mobil where he did research in the U.S., Central and South

America and the Caribbean. We offer large bilingual telephone and in-person interviewing staff and focus group facilities in five of the top Hispanic cities (Los Angeles, Dallas, Houston, Chicago and New York) and a monthly omnibus survey. We have professionally trained moderators on staff and a host of proprietary models on promotion, customer satisfaction, pricing and more.
(See advertisement on p. 107)

**Hispanic Research Inc.**

1 Springfield Rd.
East Brunswick, NJ 08816
Ph. 732-613-0060
info@hispanic-research.com
www.hispanic-research.com
Ricardo A. Lopez, President
Services: FS, C, M, ST
Hispanic

Hispanic Research Inc. is a marketing consulting firm that specializes in the U.S. Hispanic market. It provides consulting services to businesses that intend to market their products and/or services to the U.S. Latino community. The services offered by the company fall within these general categories: consulting, secondary research, speaking events and presentations, qualitative research and quantitative research.
(See advertisement on this page)

Horowitz Associates, Inc.

1971 Palmer Ave.
Larchmont, NY 10538-2439
Ph. 914-834-5999
info@horowitzassociates.com
www.horowitzassociates.com
Howard Horowitz, President
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

House of Marketing Research*

2555 E. Colorado Blvd, Suite 205
Pasadena, CA 91107
Ph. 626-486-1400
amy@hmr-research.com
www.hmr-research.com
Amy Siadak
Services: FS, DC, DP, FG, M, ST, T
African-American, Asian, Hispanic

The Hunter-Miller Group*

1525 E. 53rd St., Suite 605
Chicago, IL 60615
Ph. 773-363-7420
pmiller@huntermillergroup.com
www.huntermillergroup.com
Pepper Miller, President
Services: FS, C, M
African-American, Hispanic

* Indicates minority-owned firm

Experts In Qualitative Hispanic Research

Hispanic Research Inc.

Tel. (732) 613-0060 Fax (732) 613-8612

Email: info@hispanic-research.com Web: www.hispanic-research.com

ICR

53 W. Baltimore Pike
Media, PA 19063-5698
Ph. 484-840-4300
info@icrsurvey.com
www.icrsurvey.com
Gilbert Barrish, President/CEO
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

IMAGES Market Research*

914 Howell Mill Rd.
Atlanta, GA 30318
Ph. 404-892-2931
research@imagesusa.net
www.imagesusa.net
Juan Quevedo, Director Market Research
Services: FS, C, DC, DP, FG, M, ST
African-American, Asian, Hispanic, Middle Eastern, Native American

In Focus Consulting

2327 Blueridge Ave.
Menlo Park, CA 94025-6709
Ph. 650-854-8462
echardon@pacbell.net
Elena Chardon-Pietri, Ph.D., President
Services: FS, C, M, ST
Hispanic

Informa Research Services, Inc. - Seattle

375 Corporate Dr. S., Suite 100
Seattle, WA 98188
Ph. 800-637-6878
inquiries@informars.com
www.informars.com
John Polich, Sr. Vice President
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

Informa Research Services - Calabasas

26565 Agoura Rd., Suite 300
Calabasas, CA 91302
Ph. 800-637-6878
inquiries@informars.com
www.informars.com
John Polich, Sr. Vice President
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

Informa Research Services, Inc. - New York

420 Lexington Ave., #615
New York, NY 10170
Ph. 800-637-6878 or 212-889-5941
inquiries@informars.com
www.informars.com
John Polich, Sr. Vice President
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

Insight Research Group

401 Greenwich St., 3rd Floor
New York, NY 10013
Ph. 212-343-9894
stacey@insightresearch.biz
www.insightresearch.biz
Services: FS, C, DP, S, ST, T
African-American, Hispanic



The Insight Works, Inc.

1123 Broadway
Suite 1007, The Townsend Bldg.
New York, NY 10010
Ph. 212-929-9072 or 212-929-5115
mark@theinsightworks.net
www.theinsightworks.net
Mark Cooper, Managing Director
Services: FS, C, M
African-American, Asian, Hispanic, Middle Eastern, Native American

We specialize in visual ethnography in the general and multicultural markets. This consumer research technique provides a springboard that connects manufacturers and service companies with their customers and markets. We conduct these ethnographic studies using multilingual anthropologists located around the U.S. and multilingual editors operating out of our N.Y.C. office and editing suites. We operate locally, nationally and globally.
(See advertisement on p. 59)

We know how to say



Hello

in 65 languages.

**Over Twenty Years of
Multicultural Experience**

*The Leader in
Multicultural Research*



INTERVIEWING SERVICE of AMERICA

www.isacorp.com



- Asian & Hispanic American Specialists
- 325 CATI Stations
- Entho-Specific Sample
- Internet/IVR Interviewing & Customer Satisfaction
- Culturally Sensitive Translations
- Complete Data Processing

For Expert Multicultural Research Call the ISA Office Nearest You

Chicago (312) 335-9004	Dallas (817) 354-7154	Los Angeles - Corp. (818) 989-1044	New York (212) 473-0718	Seattle - Cust. Sat. (866) IVR-SRVY	Washington D.C. (410) 827-4855
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Service Codes

FS	Full-Service
C	Consulting
DC	Data Collection
DP	Data Processing
FG	Focus Group Facility
M	Moderating
S	Sampling
ST	Survey Translation
T	Transcriptions

InnoTative® MR
Connecting with your customers



Insights Marketing
Group

Insights Marketing Group, Inc.*

2665 South Bayshore Dr., Suite 615
Miami, FL 33133
Ph. 305-854-2121
belkist@insights-marketing.com
www.insights-marketing.com
Services: FS, C, M, ST
African-American, Asian, Hispanic

InnoTative® market research is IMG's three stage consumer-centric innovation process of exploration, ideation, and evaluation. Consumer insights gathered in the exploration stage provide the stimulus for the InsightsLab® - a facilitated ideation session with your team designed to create new concepts for products and marketing strategies. Concepts are refined with Evaluative research. Learn more at www.insights-marketing.com/innotative.html. (See advertisement on p. 15)

International Data Collection*

303 H St., Suite 449
Chula Vista, CA 91910
Ph. 619-628-2370
jandere@intdatacollection.com
www.intdatacollection.com
Victor Mayer
Services: DC, DP, S, ST
Hispanic



INTERVIEWING SERVICE of AMERICA, INC.

Interviewing Service of America, Inc.

15400 Sherman Way, 4th Floor
Van Nuys, CA 91406-4211
Ph. 818-989-1044
halberstam@isacorp.com
www.isacorp.com
Michael Halberstam, President
Services: FS, C, DC, DP, FG, S, ST, T
African-American, Asian, Hispanic, Middle Eastern

ISA is the recognized expert in Asian and Hispanic-American and multicultural research. Since 1984 we have completed projects in 67 languages including Mandarin, Cantonese, Vietnamese, Korean, Tagalog, Japanese, Russian and Polish. Six of the largest Asian and Hispanic-American TV networks use ISA! Of course English is still the majority of our business but with 650 positions, complete translations, in-house DP, Internet/IVR and international capabilities we can complete any type of project. (See advertisement on p. 109)

IPC (International Point of Contact)

32 E. 31st St.
New York, NY 10016
Ph. 212-213-3303
rbrooks@ipcgroup.us
www.ipcgroup.us
Rhoda Brooks, Partner
Services: DC, DP
African-American, Asian, Hispanic, Middle Eastern

JRH Marketing Services, Inc.*

29-27 41st Ave., Penthouse
New York, NY 11101
Ph. 718-786-9640
jrobharris@cs.com
J. Robert Harris, II, President
Services: FS, C, M
African-American, Asian, Hispanic, Middle Eastern, Native American

Juarez & Associates*

12139 National Blvd.
Los Angeles, CA 90064
Ph. 310-478-0826
juarezla@gte.net
www.juarezassociates.com
Nicandro Juarez, President
Services: FS, C, DC, FG, M, ST
African-American, Hispanic

Just The Facts, Inc.

P.O. Box 365
Mt. Prospect, IL 60056
Ph. 847-506-0033
slb@jtfacts.com
www.justthefacts.com
Bruce Tincknell, President
Services: FS, C, M, ST, T
African-American, Asian, Hispanic

Karchner Marketing Research, LLC

202 Paperbirch Drive
Collegeville, PA 19426
Ph. 610-489-0509
mike@kmrinsights.com
www.kmrinsights.com
Mike Karchner, President
Services: M
Hispanic

Kiyomura-Ishimoto Associates*

1906 18th Ave.
San Francisco, CA 94116-1246
Ph. 415-566-3603
norm@kiassociates.com
www.kiassociates.com
Norman P. Ishimoto, President
Services: FS, C, DC, M, ST
Asian, Hispanic

L & E Research

5505 Creedmoor Rd., Suite 200
Raleigh, NC 27612
Ph. 919-782-3860
bidrequest@leresearch.com
www.leresearch.com
Christine Conrad, Sr. Project Manager
Services: FG, ST, T
African-American, Hispanic

Latin Facts Research, Inc.

14550 Chase St., Suite 78B
Panorama City, CA 91402
Ph. 818-986-4820
bonnie_ponaman@latinfactsresearch.com
www.latinfactsresearch.com
Services: FS, DC, FG, M
Hispanic

LaVERDAD Marketing & Media*

7817 Cooper Rd., 2nd Floor
Cincinnati, OH 45242
Ph. 513-891-1430
rob.hanson@laverdadmarketing.com
www.laverdadmarketing.com
Services: FS, C, DC, DP, FG, M, ST, T
African-American, Hispanic

Leflein Associates, Inc.*

1093 Greenwood Lake Turnpike
Ringwood, NJ 07456
Ph. 973-728-8877
HBalkema@leflein.com
www.leflein.com
Heidi Balkema
Services: FS, C, DC, DP, FG, M, S, ST, T
African-American, Asian, Hispanic

Leibowitz Market Research Associates

GroupNet Charlotte
3120 Whitehall Park Dr.
Charlotte, NC 28273-3335
Ph. 704-357-1961
info@leibowitz-research.com
www.leibowitz-research.com
Karen Johnson, Senior Project Manager
Services: DC, FG
African-American, Asian, Hispanic

LexPark Studio

873 Broadway, #408
New York, NY 10003
Ph. 212-529-7570
info@lexparkstudio.com
www.lexparkstudio.com
Carlos Montoya, Facility Director
Services: FS, FG, M, ST, T
African-American, Asian, Hispanic, Middle Eastern, Native American

Lighthouse Research and Development

1292 W. 12700 South
Salt Lake City, UT 84065
Ph. 801-446-4000 or 801-244-8987
janderson@go-lighthouse.com
www.go-lighthouse.com
Joe Anderson, Dir. Business Dev.
Services: FS, DC, DP, M
Hispanic

Lightshed Group*

4037 24th St., Suite A
San Francisco, CA 94114
Ph. 415-640-7795
info@lightshedgroup.com
www.lightshedgroup.com
Roberto Lartigue, Principal
Services: FS, C, DC, DP, M, S, ST, T
African-American, Asian, Hispanic

* Indicates minority-owned firm

Lightspeed Research

180 Mt. Airy Rd., Suite 100
Basking Ridge, NJ 07920
Ph. 908-630-0542
us@lightspeedresearch.com
www.lightspeedresearch.com
Services: DC, S
Asian, Hispanic

Loretta Marketing Group*

13935 S.W. 102 Court
Miami, FL 33176
Ph. 305-232-5002
jimloretta@bellsouth.net
www.lorettagroup.com
Jim Loretta, President
Services: FS, M
Hispanic

LPM Market Research Services

640 High Ridge Rd.
Stamford, CT 06905
Ph. 203-322-6890
focus3003@aol.com
Services: DC
African-American, Asian, Hispanic

LRW (Lieberman Research Worldwide)

1900 Avenue of the Stars
Los Angeles, CA 90067
Ph. 310-553-0550
info@lrwonline.com
www.lrwonline.com
Dave Sackman, President
Services: FS, M
Asian, Hispanic

LW Research Group

17337 Ventura Blvd., Suite 301
Encino, CA 91316
Ph. 818-501-4794
info@LWresearchgroup.com
www.LWresearchgroup.com
Lisa Balelo or Wendy Feinberg, Partners
Services: FS, FG
African-American, Asian, Hispanic, Middle
Eastern

M G Z Research

5715 Silent Brook Lane
Rolling Meadows, IL 60008
Ph. 847-397-1513
MGZipper@aol.com
Martha Garma Zipper, President
Services: C, M, ST, T
Hispanic

Mari Hispanic Research & Field Services

2030 E. Fourth St., Suite 254
Santa Ana, CA 92705
Ph. 714-667-8282
mari.h@ix.netcom.com
www.marihispanic.com
Lance L. Lindemann
Services: DC, M, ST
Hispanic

Market Ease Urban Focus*

1165 N. Clark St., Suite 410
Chicago, IL 60610
Ph. 312-654-9910 or 866-399-EASE
(3273)
marketeas@aol.com
Iliana R. Moran, President
Services: FS, DC, FG, T
African-American, Asian, Hispanic, Middle
Eastern

Market Research Dallas

2723 Valley View Lane, Suite 100
Dallas, TX 75234
Ph. 972-239-5382 or 866-830-5382
mail@marketresearchdallas.com
www.marketresearchdallas.com
Gail Airoidi
Services: FS, DC, FG, M, ST, T
African-American, Asian, Hispanic, Middle
Eastern

Market Segment Research*

Colonnade Corporate Center
2332 Galiano St.
Coral Gables, FL 33134
Ph. 305-669-3900
vberman@marketsegment.com
www.marketsegment.com
Valerie S. Berman, Bilingual Qual. Consultant
Services: FS, C, M, ST, T
African-American, Hispanic

Market Trends Pacific, Inc.*

1136 Union Mall, Suite 405
Honolulu, HI 96813
Ph. 808-532-0733
wanda@markettrendspacific.com
www.markettrendspacific.com
Wanda L. Kakugawa, President
Services: FS, DC, DP, M
Asian

Marketing & Research Resources, Inc.

1303-A E. Patrick St.
Frederick, MD 21701
Ph. 301-694-2800
john_bekier@m-rr.com
www.m-rr.com
John Bekier, COO
Services: FS, DC, DP, S
African-American, Hispanic

Marketing Matrix International, Inc.*

2612 S. Sepulveda Blvd.
Los Angeles, CA 90064
Ph. 310-312-1717
research@markmatrix.com
www.markmatrix.com
Lynn Walker Moran
Services: FS, M
Hispanic

Marketing Semiotics, Inc.

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Evanston, IL 60201
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info@marketingsemiotics.com
www.marketingsemiotics.com
Laura Oswald, Ph.D. Director
Services: FS, C, DC, T
African-American, Asian, Hispanic

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sales@markettools.com
www.markettools.com
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African-American, Hispanic

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(See advertisement Insert & p. 13)

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Ft. Lauderdale, FL 33309
Ph. 954-771-7725
joyceg@marsresearch.com
www.marsresearch.com
Joyce Gutfreund, Executive Vice President
Services: FS, C, DC, DP, FG, ST, T
Hispanic

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linda.segersin@martecgroup.com
www.martecgreenbay.com
Linda Segersin
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Native American

Service Codes

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M	Moderating
S	Sampling
ST	Survey Translation
T	Transcriptions

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www.mdiis.com
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Hispanic

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nbmurphy@themedianetwork.com
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Miami, FL 33137
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bizdev@medimix.net
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Services: FS, C, DC, DP, S, ST
African-American, Hispanic

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Hispanic

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www.metropolisresearch.com
Vaughn Stakes, President
Services: FS, DC, M, ST
African-American, Hispanic

Miami Market Research, Inc.*

6840 S.W. 40 St., Suite 201A
Miami, FL 33155
Ph. 305-666-7010
info@miamimarketresearch.com
www.miamimarketresearch.com
Luis Padron, President
Services: DC, FG, ST, T
African-American, Hispanic

Millward Brown, Inc.

501 Kings Highway E.
Fairfield, CT 06825-4859
Ph. 203-335-5222
info@us.millwardbrown.com
www.millwardbrown.com
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President
Services: FS, C
African-American, Hispanic

Moderators Etc.*

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arivera@moderatorsetc.com
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Ana Rivera, Principle
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African-American, Asian, Hispanic, Middle
Eastern, Native American

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Services: FS, C, DC
African-American, Hispanic

MRS Houston

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Houston, TX 77082
Ph. 888-320-6277
mbates@mrshouston.com
www.mrshouston.com
Mary Bates
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African-American, Asian, Hispanic

MRSI (Marketing Research Services, Inc.)

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Cincinnati, OH 45202
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Services: FS, C, DC, DP, M
Hispanic

Multicultural Insights, Inc.*

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Branch Office
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Service Codes

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murphy3039@bellsouth.net
www.murphymoderating.com
Daniel Murphy
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African-American, Hispanic

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azmktres@att.net
www.ruthnelsonresearch.com
Lincoln Anderson, Manager
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African-American, Asian, Hispanic, Native American
(See advertisement on p. 101)

Ruth Nelson Research Services-Colorado

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Denver, CO 80222-5203
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rncmrs@aol.com
www.ruthnelsonresearch.com
Ruth Nelson, President
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(See advertisement on p. 101)



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Hispanic

New York Consumer Ceter*

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New York, NY 10036
Ph. 800-998-4777
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www.meadowcc.com
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African-American, Asian, Hispanic, Middle Eastern, Native American

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Services: FS, DC, DP, FG, ST
Asian

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African-American

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www.pacificmarketresearch.com
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Services: DC, DP, S, ST
African-American, Asian, Hispanic

Perceptive Market Research, Inc.

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www.pmrresearch.com
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African-American, Asian, Hispanic, Native American

Pfeifer Market Research, Inc.

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www.pfeifermarketresearch.com
Services: DC, FG
Hispanic

Phase III Market Research

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San Jose, CA 95128
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npphase3@JPS.net
Martha Mogyorossy, Director Field Services
Services: DC, ST
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African-American, Asian, Hispanic

* Indicates minority-owned firm

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North Miami, FL 33181
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Horacio Segal, President
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Swaran L. Saxena, President
Services: FS, C
Asian

Precision Research Inc.

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jmuller@precisionresearchinc.com
www.precisionresearchinc.com
John Muller, President/CEO
Services: FS, C, DC, DP, ST
African-American, Hispanic, Native American

Probe Market Research, Inc.

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African-American, Asian, Hispanic, Middle
Eastern

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Services: DC, FG, ST, T
African-American, Hispanic

QMark Research & Polling

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Asian

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www.q-insights.com
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www.qresearch.us
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www.recruitingresourcesllc.com
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African-American

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marketingusa@research-int.com
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(See advertisement on p. 44)

Service Codes

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DP	Data Processing
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Arvind Datta
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Hispanic

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www.reyesresearch.com
Services: DC, FG, M, ST, T
Hispanic

Reyes Research (Br.)*

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Services: DC, FG, M, ST, T
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African-American, Hispanic, Native American

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info@rinconassoc.com
www.rinconassoc.com
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African-American, Asian, Hispanic

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rminer@sachsinsights.com
www.sachsinsights.com
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Services: FG, M
African-American

San Jose Focus

The Focus Network
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Santa Clara, CA 95054
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info@sanjosefocus.net
www.thefocusnetwork.com
Heidi Flores, President
Services: FG
Asian, Hispanic

Savitz Field and Focus - Dallas

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Dallas, TX 75240
Ph. 972-386-4050
information@savitzfieldandfocus.com
www.savitzfieldandfocus.com
Lisa Wilkin, V.P. of Client Svcs.
Services: DC, FG
African-American, Hispanic
(See advertisement on p. 107)

**Schlesinger Associates, Inc.**

Executive Plaza, Suite 400
10 Parsonage Rd.
Edison, NJ 08837
Ph. 732-906-1122
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Steven Schlesinger, President
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www.scpmarketresearch.com
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Hispanic

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www.seaportsurveys.com
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Services: DC, FG
African-American, Asian, Hispanic, Middle Eastern

SIL Group

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www.silgroup.net
Timm Sweeney
Services: FS, C, DC, DP, M, S, ST, T
Hispanic

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www.six-9s.com
Noel Lesniak
Services: FS, C
Asian, Hispanic

Southern Spectrum Research, Inc.*

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Ph. 504-539-9222
teadecuir@aol.com
www.southernpectrum.com
Tierney DeCuir, Research Coordinator
Services: C, DC, FG, S
African-American, Asian, Hispanic

Southwest Planning & Marketing

3600 Cerrillos Rd., Suite 107
Santa Fe, NM 87507
Ph. 505-989-8500 or 800-989-9275
info@swpm.biz
www.swpm.biz
Bruce Poster, President
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Hispanic, Native American

Spaulding & Associates*

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Agoura Hills, CA 91304
Ph. 818-540-2950
greg@marketing-methodology.com
www.marketing-methodology.com/biography.html
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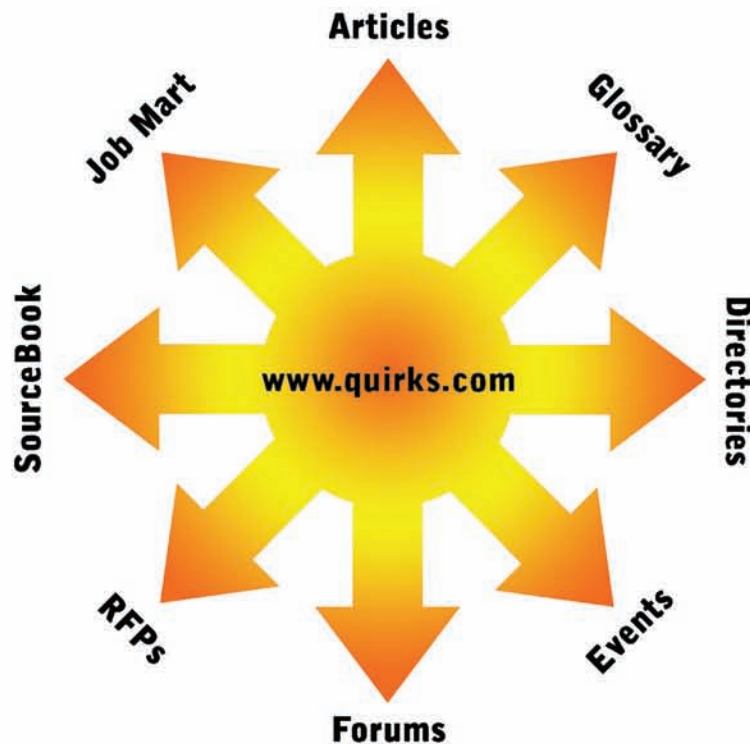
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Trade Talk

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who indicated they read similar direct mail items.

While 29 percent of non-Mexican Hispanics surveyed read direct mail advertising for financial services or institutions, just 20 percent of people with Mexican heritage indicated they read this type of financial direct mail.

Additionally, 20 percent of non-Mexican Hispanics read direct mail items from telecommunications companies, compared to 10 percent of Mexicans.

And while readership for other forms of direct mail varies, retail direct mail remains popular throughout, with 69 percent of Mexicans and 70 percent of non-Mexican Hispanics surveyed indicating they read retail direct mail.

- The offer of a gift with purchase is a strong

incentive. Of the Hispanic adults surveyed who read retail direct mail, 43 percent indicated they've responded to direct mail advertisements that offer a gift with purchase, compared to just 31 percent of the non-Hispanic population.

Mexican retail direct mail readers seem to be less responsive to discounts off one single item, as 50 percent indicate they have responded to direct mail items offering this incentive, compared to 65 percent of non-Mexican Hispanics who have responded to a similar direct mail offer. However, non-Mexican Hispanics surveyed who read retail direct mail seem more responsive to coupons, with 69 percent indicating they've responded to coupon direct mail offers, as opposed to 56 percent of Mexicans surveyed. | Q

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Direct mail a direct line to Hispanics

A study from Baltimore-based Vertis Communications shows that of the Hispanic adults surveyed who read direct mail, 64 percent say they responded to direct mail advertising in the past 30 days, compared to just 46 percent of the general U.S. population.

The study, Customer Focus OPINIONES, also found that 72 percent of U.S. Hispanic adults surveyed who speak English at home read direct mail advertising, compared to 69 percent who speak only Spanish at home and 58 percent who speak Spanish inside and out of the home. "We are finding that while more Hispanics are reading direct mail advertising than non-Hispanics, a majority of these readers are primary English speakers, even when at home with their families," said Jim Litwin, vice president of market insights at Vertis Communications, in a press release. "However, findings also reveal that direct mail response rates are higher among those who primarily speak Spanish inside the

home, indicating the need for marketers to continue creating bilingual marketing pieces. U.S. direct mail is predominantly English, so when Hispanics do see bilingual pieces in their mailboxes that speak their language, the urge to respond is significantly higher."

Looking across direct mail response rates, the findings revealed that 70 percent of Hispanic adults who speak only Spanish at home have responded to direct mail advertising in the past 30 days, while 60 percent of Hispanics who speak English at home have responded. Further, of the total Hispanic adults who have responded to direct mail items in the past month, 31 percent have done so by visiting the sender's Web site, while 27 percent visited the nearest store location and 15 percent called an 800 number listed on the mailing.

The study, which surveyed 500 Hispanic adults via telephone in August/September 2006, also revealed the following, as taken from Vertis press materials:

- Hispanic adults are more likely

to make purchases through direct mail: 75 percent of Hispanic adults living in the United States have made a purchase through direct mail, compared to 62 percent of the non-Hispanic U.S. population. Findings also show that of the 75 percent of Hispanics who have made direct mail purchases, 14 percent first learned about the offering from television, compared to 9 percent of non-Hispanic adults.

Additionally, 19 percent of Spanish-speaking Hispanics who've purchased through direct mail first learned of the offering via television, compared to 11 percent of at-home English-speaking Hispanics.

- Interests in direct mail vary by Hispanic country of origin, but retail direct mail is popular throughout. Of all Hispanic adults surveyed who read direct mail, 48 percent of non-Mexican Hispanics indicated they read direct mail regarding books, clubs or music, compared to 39 percent of those surveyed with Mexican heritage

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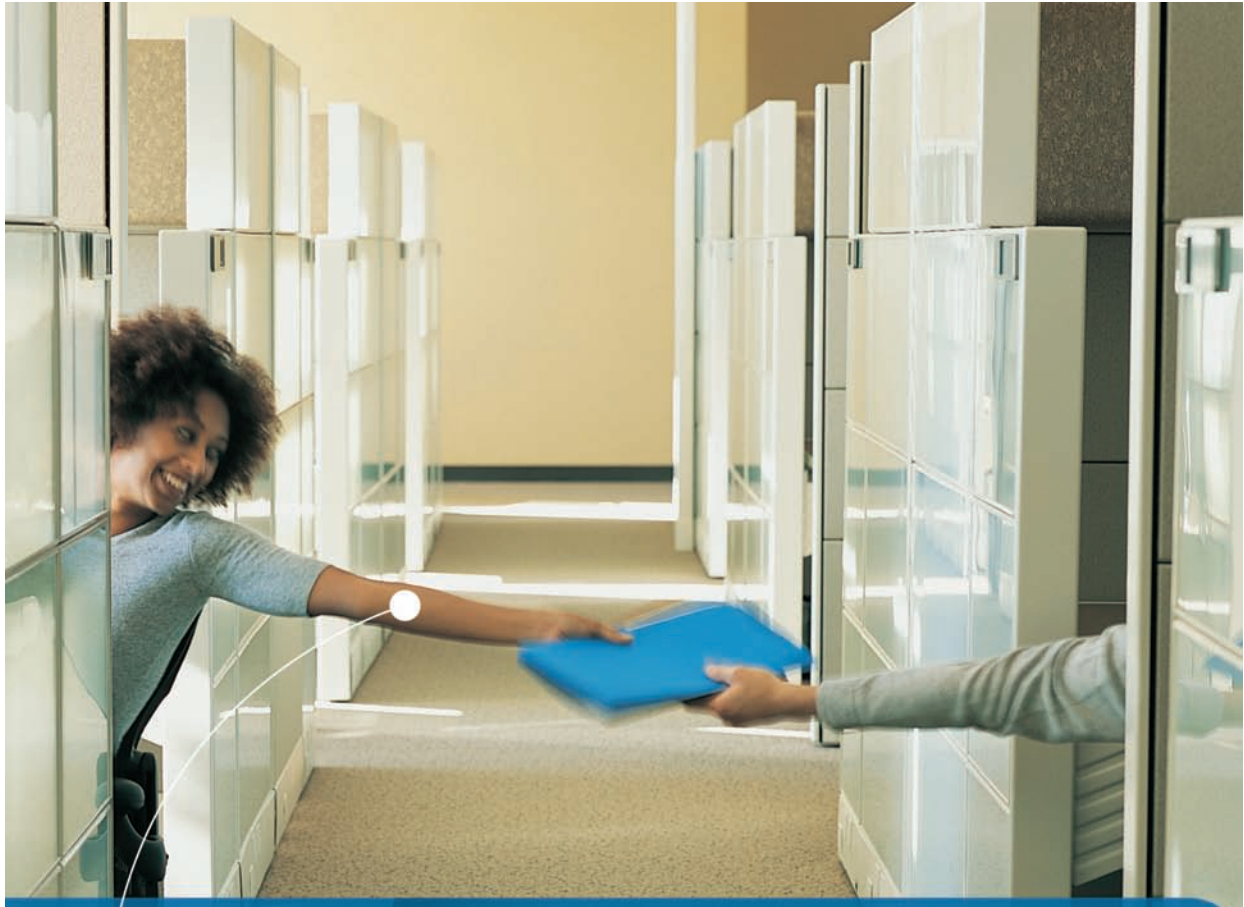
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