

EFFECTIVENESS OF ADVERTISING METHODS AND SATISFACTION WITH
RESULTS AMONGST OPTOMETRISTS IN MICHIGAN BY MAIL-IN SURVEY

by

Jamie Marie Harris

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ABSTRACT

Background: This research study explores the methods used by optometrists in the state of Michigan to advertise their practices and the services offered there. Previous studies have focused on how widespread certain types of advertising are, but do not focus on the satisfaction with it or the resulting effect on business. This useful data provides us with more information on what forms of advertising have the most value and where to procure such advertising. *Methods:* The study was completed by sending questionnaires to selected optometrists in the different regions of Michigan, as defined by the Michigan Optometric Association (MOA). Expected return of surveys was 30%. The questionnaire detailed different methods of advertising used, who produced it, how easy it was to convey what optometry does to someone outside the profession (if outsourcing was used), expected results of advertising and how happy people were with the final product, and the effect the advertising had on the business. *Results:* The majority of responders are self-employed males. They selected Word-of-mouth as the top method of advertising. Most responders self-created their chosen advertising, and most would chose to produce advertising the same in the future. A majority felt their revenue or patient base increased due to the advertising. *Conclusions:* Word-of-mouth is viewed as the top method of advertising and most responders agree it generated increases in patients and revenue. Results also revealed that optometrists in Michigan are not tracking their advertising expenditures and resultant revenue changes effectively.

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Chapter 1 Introduction

This research study explores the methods used by optometrists in the state of Michigan to advertise their practices and the services offered there. Previous studies have been done looking at how widespread certain types of advertising are, but do not focus on the satisfaction with it or the resulting effect on business. This data is useful because it will provide us with more information on what forms of advertising have the most value and where to procure such advertising.

Chapter 2 Study Participation Selection

Survey subjects were chosen based on region, from the Michigan Optometric Association (MOA) directory. Regions are broken down by county and are defined by the MOA as follows (Table 2-1):

Table 2-1. MOA Regions

Region	Included Michigan Counties
1	Macomb, Monroe, Oakland, Saint Clair, Wayne
2	Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa
3	Branch, Kalamazoo, St. Joseph
4	Arenac, Bay, Clare, Genesee, Gladwin, Gratiot, Huron, Isabella, Iosco, Lapeer, Midland, Ogemaw, Saginaw, Sanilac, Tuscola
5	Berrien, Cass, Van Buren
6	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft
7	Barry, Calhoun, Clinton, Eaton, Hillsdale, Ingham, Ionia, Livingston, Jackson, Lenawee, Shiawassee, Washtenaw
8	Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Leelanau, Manistee, Missaukee, Montmorency, Oscoda, Otsego, Presque Isle, Roscommon, Wexford

Selections were made so the eight regions were as equally represented as possible. This representation was limited by the total number of optometrists located at different offices in each region.

Three-hundred surveys were mailed out. Copies of the survey are included in Appendix A. The breakdown per region is Region 1 (63 surveys; 21.0%), Region 2 (37 surveys; 12.3%), Region 3 (28 surveys; 9.3%), Region 4 (54 surveys; 18.0%), Region 5 (14 surveys; 4.7%), Region 6 (31 surveys; 10.3%), Region 7 (38 surveys; 12.7%), and Region 8 (35 surveys; 11.7%).

Chapter 3 Results

3.1 Demographics Information

Of the 300 surveys mailed to optometrists in Michigan, 89 surveys (29.7%) were returned and 72 surveys (24.0%) were complete enough to be included in the results. The breakdown per region for returned, usable surveys is Region 1 (8 surveys; 11.1%), Region 2 (13 surveys; 18.1%), Region 3 (4 surveys; 5.6%), Region 4 (12 surveys; 16.7%), Region 5 (2 surveys; 2.8%), Region 6 (10 surveys; 13.9%), Region 7 (12 surveys; 16.7%), and Region 8 (11 surveys; 15.3%). This information is included below in Table 3-1, along with information regarding Average Percent of Revenue Spent on Advertising for each region.

Table 3-1. Survey Responses and Average Spent on Advertising

Region	# of responses (% of responses)	Average % of Revenue Spent*
1	8 (11.1%)	3.4%
2	13 (18.1%)	3.6%
3	4 (5.6%)	1.5%
4	12 (16.7%)	2.7%
5	2 (2.8%)	3.0%
6	10 (13.9%)	3.6%
7	12 (16.7%)	2.5%
8	11 (15.3%)	2.9%

*of reported

Gender information as it pertains to returned surveys and Average Percentage of Revenue Spent on Advertising by Gender is included in the Table 3-2, which follows.

Table 3-2. Survey Responses and Average Spent on Advertising by Gender

Gender	# of responses (% of responses)	Average % of Revenue Spent*
Male	61 (84.7%)	3.0%
Female	11 (15.3%)	3.1%

*of reported

Responses to the survey seem to be skewed by gender with males representing an unusually large portion (84.7%) of the responders. This may be due to the low number of females to enter the field until relatively recently, or may be due to unforeseen, outside factors. Regardless of rate of response, the average percent of revenue did not show a significant difference between the genders and was on average just over 3%; slightly higher for females (3.1%) versus males (3.0%).

There appears to be a possible relationship between graduation year and amount spent on advertising. This can be observed in Table 3-3 below.

Table 3-3. Survey Responses and Average Spent on Advertising by Graduation Year

Graduation Year	# of responses (% of responses)	Average % of Revenue Spent
1960-1964	1 (1.4%)	4.0%
1965-1969	1 (1.4%)	1.0%
1970-1974	5 (6.9%)	1.6%
1975-1979	12 (16.7%)	3.1%
1980-1984	6 (8.3%)	1.9%
1985-1989	18 (25.0%)	2.4%
1990-1994	10 (13.9%)	3.3%
1995-1999	13 (18.1%)	3.8%
2000-2004	4 (5.6%)	7.1%
2005-present	2 (2.8%)	1.5%

*of reported

Spending on advertising is greatest for graduation years from 2000-2004, although it steadily increases to this point from 1980. The highest number of responses comes from doctors who graduated between 1974-1979 and 1985-1999.

Responses were also analyzed based on mode of practice, as seen below in Table 3-4. A much greater response was seen from self-employed doctors (90.3%) compared to those who are in employed positions. The majority of these (77.8%) came from those in solo or 2-4 person practices. This is not unexpected, as those who are employed by

someone else or who are working out of commercial offices likely have less involvement in marketing of the practice.

Table 3-4. Survey Responses and Average Spent on Advertising by Mode of Practice

Mode of Practice	# (%) of responses	Average % of Revenue Spent*	# (%) male/female
Self:	65 (90.3%)	3.1%	Male: 57 (87.7%) Female: 8 (12.3%)
Solo	32 (44.4%)	3.1%	
2-4	24 (33.3%)	2.9%	
5 or more	-	-	
Franchise	3 (4.2%)	3.3%	
Ind. Contractor	6 (8.3%)	3.4%	
Other	-	-	
Employed:	7 (9.7%)	2.2%	Male: 4 (57.1%) Female: 3 (42.9%)
OD	1 (1.4%)	-	
OMD	4 (5.6%)	2.0%**	
HMO	-	-	
Multidisciplinary	1 (1.4%)	2.7%	
Optical Chain	1 (1.4%)	2.0%	
Other	-	-	

*of reported

**only 1 person out of 4 responded

The number of males and females employed in each of these areas resemble our overall findings for those who responded to the survey. Self-employed show a split of male versus female employment (87.7% male, 12.3% female) similar to that seen in the overall average by gender (84.7% male, 15.3% female). This may be due to the low response from employed doctors. Regardless of the increased number of women in this mode, the average percent of revenue spent on advertising (2.2%) does not support the slight increase we saw in general for females compared to males (3.1% compared to 3.0%). This shows very little correlation between gender and amount spent on advertising.

The highest percent of gross revenue spent on advertising is found in the self-employed modes (3.1%), with the greatest expenditure in chains/franchises (3.3%) and independent contractors (3.4%). Employed doctors spend less (2.2%) than average.

3.2 Perceptions of Advertising Methods

3.2.1 Overall Perceptions of Top 3 Advertising Methods:

#1 Word-of-mouth (42.7%), #2 Other (10.4%), #3 Direct Mailing (6.8%)

“Other” includes (in order of decreasing popularity): Community Involvement, Recall System, Insurance Companies, Referral Program, and Other TV advertising (not TV commercials)

Choices in this section were focused only on perception of different forms of advertising. They did not have to be methods that the respondents had actually used. Word-of-mouth was overwhelmingly the top choice for an advertising method, followed by “other”. Below these, the results were much closer. Direct mailing ultimately ends up in the third position. However, Yellow Pages ads and listings were very close. You can see below that there were not obvious top choices for each position. Because of the way the survey was worded, word-of-mouth tops both choice 1 and comes in second for choice 2. In order to calculate the overall top 3 three choices, a weighted scoring method was used. For more information about weighted scoring, see Appendix B.

Individual Breakdown of Top 3 Advertising Methods:

#1: 69 total responses

- Word-of-mouth: 51 (73.9%)
- Other: 5 (7.3%)
- Tie: Radio/TV/Newspaper: 3 (4.4%) each

#2: 69 total responses

- Other: 12 (17.4%)
- Word-of-mouth: 11(15.9%)
- Yellow Pages ad: 9 (13.0%)

#3: 64 total responses

- Yellow Pages listing: 13 (20.3%)
- Tie: Web site/Office brochure: 7 (10.1%) each
- Tie: Office business card/Yellow Pages ad/Direct mailing: 6 (8.7%) each

3.2.2 Reporting of any Methods of Advertising Used:

The following table (Table 3-5) gives responses to what kind of advertising the doctors have used before. Multiple selections were allowed.

Table 3-5. Methods of Advertising Used

Advertising Method	Use by Number Selected and Percent of Total Responses*
Word-of-Mouth	68 (100.0%)
Yellow Pages Listing	58 (85.3%)
Office Business Card	57 (83.8%)
Yellow Pages Ad	49 (72.1%)
Newspaper	48 (70.6%)
Web Site	46 (67.7%)
Office Brochure	41 (60.3%)
AOA Doctor Locator	37 (54.4%)
Direct Mailing	37 (54.4%)
Online Directory	29 (42.7%)
Radio	25 (36.8%)
Other**	25 (36.8%)
TV	13 (19.1%)

* Sixty-eight total responses. Multiple selections allowed.

** Other includes: Community Involvement, Recall System, Insurance Companies, Referral Program, Other TV advertising (not TV commercials), Newspaper Flier, Email, and Movie Theater Ad

All choices offered on the survey were used by at least some of the respondents. Similar to the Top 3 choices, word-of-mouth also tops this list. It is followed by Yellow Pages listings and office business cards.

3.3 Production of Advertising Materials

As seen in Table 3-6 below, 36 of the 68 total responders say they created the advertising themselves.

Table 3-6. Advertising Method Selected and Production Choices

Advertising Method	# (%) of Selections (68 total responses)	Production Information	
		Self:	Other:
Web Site	5 (7.4%)	1 (20.0%)	4 (80.0%)
Office Brochure	3 (4.4%)	2 (66.7%)	1 (33.3%)
Office Business Card	2 (2.9%)	-	2 (100.0%)
Yellow Pages	10 (14.7%)	2 (20.0%)	8 (80.0%)
Online Directory	-	-	-
AOA Doctor Locator	-	-	-
Direct Mailing	7 (10.3%)	3 (42.9%)	4 (57.1%)
Newspaper	8 (11.8%)	4 (50.0%)	4 (50.0%)
Radio	6 (8.8%)	2 (33.3%)	4 (66.7%)
TV	4 (5.9%)	-	4 (100.0%)
Word-of-Mouth	14 (20.6%)	14 (100.0%)	-
Other*	9 (13.2%)	8 (88.9%)	1 (11.1%)

*Other includes: Community Involvement (2), Recall System (1), Referral System (1), Other Newspaper (1), Other TV (1), and Internal Marketing (1).

Table 3-7 shows the top methods of advertising by mode of practice. Word-of-mouth was the most popular overall choice for both self-employed and employed positions. It was the most popular choice for each individual category, with the exception of multidisciplinary, employed positions where direct mailing was most popular. The table also includes information about production method.

Table 3-7. Top Method of Advertising and Production Method by Mode of Practice

Mode of Practice	Top Method of Advertising*	Production Method
Self:	Word-of-Mouth	Self: 33 (52.4%) Other: 30 (47.6%)
Solo	Word-of-Mouth	Self: 18 (58.1%) Other: 13 (41.9%)
2-4 person	Word-of-Mouth	Self: 8 (34.8%) Other: 15 (65.2%)
Franchise	Word-of-Mouth	Self: 2 (66.7%) Other: 1 (33.3%)
Ind. Contractor	Word-of-Mouth	Self: 5 (83.3%) Other: 1 (16.7%)
Employed:	Word-of-Mouth	Self: 4 (57.1%) Other: 3 (42.9%)
Optometry	Word-of-Mouth	Self: 1 (100.0%) Other: 0
Ophthalmology	Word-of-Mouth	Self: 3 (75.0%) Other: 1 (25.0%)
Multidisciplinary	Direct Mailing	Self: 0 Other: 1 (100.0%)
Optical Chain	Word-of-Mouth	Self: 0 Other: 1 (100.0%)

*based on weighted score

The survey attempts to answer why respondents chose to create the materials themselves, and allowed for multiple responses. Reasons for this include:

- Cost: 14 responses (38.9%)
- Time required for someone else to develop your ideas: 7 responses (19.4%)
- Difficulty getting needs met by someone else: 11 responses (30.6%)
- Prior knowledge or experience in this area: 17 responses (47.2%)
- Desire to learn more in this area: 1 response (2.8%)

These reasons are summarized in the following table (Table 3-8), and have been abbreviated from those listed above.

Table 3-8. Reasons for Self-Creating Advertising

Advertising Method	Cost	Time	Needs	Prior Knowledge	Desire to Learn
Web Site	-	-	1	-	-
Office Brochure	2	-	-	-	-
Office Business Card	-	-	-	-	-
Yellow Pages	2	-	-	-	-
Online Directory	-	-	-	-	-
AOA Doctor Locator	-	-	-	-	-
Direct Mailing	3	-	1	3	-
Newspaper	1	3	2	2	-
Radio	-	-	2	-	-
TV	-	-	-	-	-
Word-of-Mouth	1	1	2	7	1
Other	3	3	3	5	-

Twenty-nine (80.6%) of the respondents say they would choose to create the materials again themselves. Two would not create the advertising themselves in the future. Five doctors did not answer this question. Of those that would not produce again, one had used radio; one had used word-of-mouth.

3.4 Hired Professionals

The responders who say they did not create the advertising themselves often hired outside of their company to have it done. Twenty-seven (84.4%) of 32 doctors said they hired outside the company. Two doctors who said they hired out for their advertising did not specify who they hired. The remaining 3 said they had someone in the office take care of it at their regular pay. This included one direct mailing, one newspaper, and one "other" (local magazine). No one used someone within their office, but paid them extra for the work. This information is summarized in Table 3-9 on the following page.

Table 3-9. Outside Hiring Information

Advertising Method	# of Responders	Difficulty Conveying "Optometry"*	Where/Who Hired	How they found the person they hired	Cost	Relevant Advice	Hire Again
Web Site	4	4: 1 (100.0%)	Professional: 4 (100.0%)	Word-of-mouth: 1 Acquaintance: 3	\$1000-\$2500: 1 \$500-\$1000: 3	Yes: 3 No: 1	Yes: 4 No: 0
Office Brochure	1	5: 1 (100.0%)	Professional: 1 (100.0%)	Acquaintance: 1	\$2500-\$5000: 1	Yes: 1 No: 0	Yes: 1 No: 0
Office Business Card	2	3: 1 (50.0%) 5: 1 (50.0%)	Professional: 1 (50.0%) Experienced: 1 (50.0%)	Acquaintance: 1 Other: 1	<\$500: 2	Yes: 1 No: 1	Yes: 2 No: 0
Yellow Pages	7	4: 4 (57.1%) 5: 3 (42.9%)	Ad Agency: 2 (28.6%) Professional: 2 (28.6%) Experienced: 3 (42.9%)	Ad Agency: 2 Word-of-mouth: 1 Other: 4	<\$500: 5 \$1000-\$2500: 1 >\$5000: 1	Yes: 4 No: 3	Yes: 6 No: 1
Online Directory	-	-	-	-	-	-	-
AOA Doctor Locator	-	-	-	-	-	-	-
Direct Mailing	3	3: 1 (33.3%) 4: 1 (33.3%) 5: 1 (33.3%)	Ad Agency: 2 (66.7%) Professional: 1 (33.3%)	Ad Agency: 1 Word-of-mouth: 1 Acquaintance: 1	<\$500: 1 \$500-\$1000: 1 \$2500-\$5000: 1	Yes: 3 No: 0	Yes: 2 No: 1
Newspaper	4	2: 1 (25.0%) 3: 2 (50.0%) 4: 1 (25.0%)	Professional: 3 (75.0%) Experienced: 1 (25.0%)	Ad Agency: 1 Acquaintance: 1 Other: 2	<\$500: 2 \$500-\$1000: 1 \$2500-\$5000: 1	Yes: 1 No: 3	Yes: 3 No: 1
Radio	4	3: 2 (50.0%) 4: 2 (50.0%)	Professional: 3 (75.0%) Experienced: 1 (25.0%)	Word-of-mouth: 1 Acquaintance: 2 Other: 1	\$1000-\$2500: 2 \$2500-\$5000: 1 >\$5000: 1	Yes: 2 No: 2	Yes: 3 No: 1
TV	2	3: 1 (50.0%) 5: 1 (50.0%)	Ad Agency: 2 (100.0%)	Word-of-mouth: 1 Other: 1	\$2500-\$5000: 1 >\$5000: 1	Yes: 2 No: 0	Yes: 1 No: 1
Word-of-Mouth	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-

*Scale of 1 to 5; 1= extremely difficult to convey, 5 = extremely easy to convey.

Difficulty conveying the idea of what optometry does is graded on a scale from 1 to 5, with 1 being extremely difficult to convey and 5 being extremely easy to convey. The majority of responders selected 4. Nearly all answers were clustered in the 3-5 range. Also seen in the table, outside hires were most often a "Professional" (either self-employed or part of a company that specifically produces the chosen type of media). Second to Professionals, responders reported equally hiring someone who was either part of an ad agency or "Experienced" (an individual who is not considered a professional in the field, but who has some experience in producing the specified kind of media).

3.5 Satisfaction with Chosen Advertising Methods

The following tables (Table 3-10, 3-11, & 3-12) are all related to satisfaction with the chosen method of advertising. Tables 3-11 and 3-12 further break this down to look at satisfaction based on how the advertising was produced (self or outside hire). There are numerous incomplete responses in these sections, where respondents answered enough questions for the survey to still be valid, but skipped other questions. Due to this, not all numbers will add up to the total number of responses for a certain advertising method selected. Number of responses for each question is included in the tables for this purpose.

Table 3-10. Overall Satisfaction with Chosen Advertising Method

Advertising Method	Change in Revenue*	Average % Change in Revenue	Cost:Change in Revenue	Increase Patient Base?	Problems	Worthwhile?	Choose Again?	Produce Same?
Web Site (4 responses)	Increase: 3 Decrease: 0	2.0% (2 responses)	Cost<revenue: 2	Yes: 3 No: 0	Time: 1 Product: 1 Process: 2	Yes: 3 No: 0	Yes: 3 No: 0	Yes: 3 No: 1
Office Brochure (3 responses)	Increase: 2 Decrease: 0	2.0% (1 response)	Cost<revenue: 2	Yes: 3 No: 0	Cost: 1 Process: 1 Other: 1	Yes: 3 No: 0	Yes: 3 No: 0	Yes: 3 No: 0
Office Business Card (2 responses)	Increase: 1 Decrease: 0	-	Cost<revenue: 1	Yes: 1 No: 0	-	Yes: 2 No: 0	Yes: 2 No: 0	Yes: 2 No: 0
Yellow Pages (9 responses)	Increase: 7 Decrease: 0	13.5% (2 responses)	Cost>revenue: 2 Cost<revenue: 5	Yes: 7 No: 1	Cost: 3 Process: 2 Effect: 1	Yes: 7 No: 2	Yes: 8 No: 1	Yes: 8 No: 1
Direct Mailing (7 responses)	Increase: 6 Decrease: 1	7.9% (7 responses)	Cost>revenue: 1 Cost<revenue: 6	Yes: 6 No: 1	Cost: 1 Process: 2 Effect: 2 Other: 1	Yes: 6 No: 1	Yes: 6 No: 1	Yes: 5 No: 1
Newspaper (8 responses)	Increase: 7 Decrease: 0	5.25% (4 responses)	Cost<revenue: 7	Yes: 6 No: 0	Cost: 1 Product: 1 Effect: 2	Yes: 6 No: 1	Yes: 7 No: 1	Yes: 7 No: 1
Radio (6 responses)	Increase: 5 Decrease: 0	4.0% (4 responses)	Cost>revenue: 1 Cost<revenue: 4	Yes: 5 No: 1	Cost: 1 Effect: 3	Yes: 3 No: 3	Yes: 5 No: 1	Yes: 4 No: 2
TV (2 responses)	Increase: 2 Decrease: 0	30.0% (2 responses)	Cost<revenue: 2	Yes: 2 No: 0	-	Yes: 2 No: 0	Yes: 1 No: 1	Yes: 2 No: 0
Word-of-Mouth (14 responses)	Increase: 14 Decrease: 0	12.3% (7 responses)	Cost<revenue: 13	Yes: 12 No: 1	Other: 1	Yes: 13 No: 0	Yes: 14 No: 0	Yes: 10 No: 1
Other (8 responses)	Increase: 8 Decrease: 0	10.8% (5 responses)	Cost<revenue: 7	Yes: 8 No: 0	Process: 1	Yes: 8 No: 0	Yes: 8 No: 0	Yes: 8 No: 0

*May include non-responders. Numbers may not add up to total number submitted.

Table 3-11. Satisfaction with Self-Created Methods of Advertising

Advertising Method	Change in Revenue	Average % Change in Revenue	Cost:Change in Revenue	Increase Patient Base?	Problems	Worthwhile?	Choose Again?	Produce Same?
Web Site (1 responses)	Increase: 1 Decrease: 0	-	Cost<revenue (1 response)	-	Process: 1	Yes: 1 No: 0	Yes: 1 No: 0	Yes: 1 No: 0
Office Brochure (2 responses)	Increase: 2 Decrease: 0	2.0% (1 response)	Cost<revenue (2 responses)	Yes:2 No: 0	Other: 1	Yes: 2 No: 0	Yes: 2 No: 0	Yes: 2 No: 0
Yellow Pages (2 responses)	Increase: 2 Decrease: 0	-	Cost<revenue (2 responses)	Yes: 2 No: 0	Process: 1	Yes: 2 No: 0	Yes: 2 No: 0	Yes: 2 No: 0
Direct Mailing (4 responses)	Increase: 4 Decrease: 0	9.6% (4 responses)	Cost<revenue (4 responses)	Yes: 4 No: 0	Cost: 1 Process: 2	Yes: 4 No: 0	Yes: 4 No: 0	Yes: 3 No: 0
Newspaper (4 responses)	Increase: 3 Decrease: 0	7.5% (2 responses)	Cost<revenue (3 responses)	Yes: 2 No: 0	Product: 1 Effect: 1	Yes: 3 No: 0	Yes: 4 No: 0	Yes: 4 No: 0
Radio (2 responses)	Increase: 2 Decrease: 0	1.0% (2 responses)	Cost<revenue (2 responses)	Yes: 2 No: 0	Effect: 1	Yes: 1 No: 1	Yes: 1 No: 1	Yes: 1 No: 1
Word-of-Mouth (14 responses)	Increase: 14 Decrease: 0	12.3% (14 responses)	Cost<revenue (13 responses)	Yes: 12 No: 1	Other: 1	Yes: 13 No: 0	Yes: 14 No: 0	Yes: 10 No: 1
Other (8 responses)	Increase: 8 Decrease: 0	10.8% (8 responses)	Cost<revenue (7 responses)	Yes: 8 No: 0	Process: 1	Yes: 8 No: 0	Yes: 8 No: 0	Yes: 8 No: 0

Table 3-12. Satisfaction with Outside Hire Methods of Advertising

Advertising Method	Change in Revenue	Average % Change in Revenue	Cost:Change in Revenue	Increase Patient Base?	Problems	Worthwhile?	Choose Again?	Produce Same?
Web Site (4 responses)	Increase: 3 Decrease: 0	2.0% (2 responses)	Cost<revenue: 2	Yes: 3 No: 0	Time: 1 Product: 1 Process: 1	Yes: 3 No: 0	Yes: 3 No: 0	Yes: 3 No: 1
Office Brochure (1 responses)	-	-	-	Yes: 1 No: 0	Cost: 1 Process: 1	Yes: 1 No: 0	Yes: 1 No: 0	Yes: 1 No: 0
Office Business Card (2 responses)	Increase: 1 Decrease: 0	-	Cost<revenue: 1	Yes: 1 No: 0	-	Yes: 2 No: 0	Yes: 2 No: 0	Yes: 2 No: 0
Yellow Pages (7 responses)	Increase: 5 Decrease: 0	13.5% (2 responses)	Cost>revenue: 1 Cost<revenue: 3	Yes: 5 No: 1	Cost: 3 Process: 1 Effect: 1	Yes: 5 No: 2	Yes: 6 No: 1	Yes: 6 No: 1
Direct Mailing (3 responses)	Increase: 2 Decrease: 1	5.7% (3 responses)	Cost>revenue: 1 Cost<revenue: 2	Yes: 2 No: 1	Effect: 2 Other: 1	Yes: 2 No: 1	Yes: 2 No: 1	Yes: 2 No: 1
Newspaper (4 responses)	Increase: 4 Decrease: 0	3.0% (2 responses)	Cost<revenue: 4	Yes: 4 No: 0	Cost: 1 Effect: 1	Yes: 3 No: 1	Yes: 3 No: 1	Yes: 3 No: 1
Radio (4 responses)	Increase: 3 Decrease: 0	5.0% (3 responses)	Cost>revenue: 1 Cost<revenue: 2	Yes: 3 No: 1	Cost: 1 Effect: 2	Yes: 2 No: 2	Yes: 4 No: 0	Yes: 3 No: 1
TV (2 responses)	Increase: 2 Decrease: 0	30.0% (2 responses)	Cost<revenue: 2	Yes: 2 No: 0	-	Yes: 2 No: 0	Yes: 1 No: 1	Yes: 2 No: 0

Table 3-13 below shows satisfaction with advertising by mode of practice. Nearly all responders felt their advertising was worthwhile. Two-to-four person practices had the highest number of responders who felt their advertising was not worthwhile (3 responses). Franchise owners had the highest percentage who felt their advertising was not worthwhile (33.0%). These results are obviously affected by the low number of responses.

Table 3-13. Satisfaction with Advertising by Mode of Practice

Mode of Practice	Worthwhile	Not Worthwhile
Self:	52 (89.7%)	6 (10.3%)
Solo	27 (93.1%)	2 (6.9%)
2-4 person	17 (85.0%)	3 (15.0%)
Franchise	2 (66.7%)	1 (33.3%)
Ind. Contractor	6 (100.0%)	-
Employed:	6 (85.7%)	1 (14.3%)
Optometry	1(100.0%)	-
Ophthalmology	3 (75.0%)	1 (25.0%)
Multidisciplinary	1 (100.0%)	-
Optical Chain	1 (100.0%)	-

Cost of advertising by mode of practice is examined in Table 3-14. The majority of self-employed doctors spent less than \$500 on advertising, while the majority of employed doctors spent more than \$1000 - \$2500. Again, this may be skewed due to response numbers.

Table 3-14. Cost of Advertising by Mode of Practice*

Mode of Practice	<\$500	\$500 - \$1000	\$1000-\$2500	\$2500-\$5000	>\$5000
Self:	11 responses (39.3%)	6 responses (21.4%)	3 responses (10.7%)	4 responses (14.3%)	4 responses (14.3%)
Solo	6 responses (42.9%)	3 responses (21.4%)	2 responses (14.3%)	2 responses (14.3%)	1 response (7.1%)
2-4	5 responses (41.7%)	2 responses (16.7%)	-	2 responses (16.7%)	3 responses (25.0%)
Franchise	-	-	1 response (100.0%)	-	-
Ind. Contractor	-	1 response (100.0%)	-	-	-
Employed:			1 response (100.0%)		
OD	-	-	-	-	-
OMD	-	-	1 response (100.0%)	-	-
Multidisciplinary	-	-	-	-	-
Optical Chain	-	-	-	-	-

*Not all responders to mode of practice questions provided advertising cost information.

Chapter 4 Discussion

With regard to advertising choices, knowing what worked and what did not work, how happy people are with how the advertising was produced, who they hired and how they found them, understanding what problems were present, and knowing the effect advertising had on revenue and patient base can all help others make better advertising choices for their businesses in the future. This survey looked at numerous issues related to these advertising choices and attempts to show any correlations in the data, and possibly determine the value in the various methods and production types.

4.1 Average Percent of Revenue Spent on Advertising

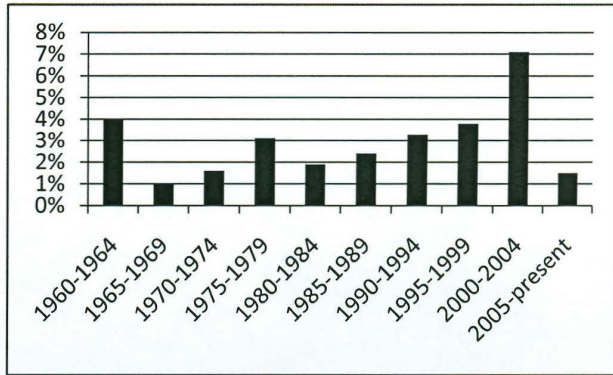
The first thing this survey looked at was the percent of gross revenue spent by region, gender, graduation year, and mode of practice. The overall percent of gross revenue spent on advertising was 3.0%. Regions which spent the most on advertising appear to be regions 1, 2, 5, and 6 all of which spent an average of 3.0% or more of their total gross revenue. These include urban areas of Detroit and rural areas of Michigan's Upper Peninsula. Results in some of these areas may be skewed by the number of responses from each region. While many of these regions had an average to high rate of responses in this survey, some, such as region 5, had an unusually low rate of response. Based on the findings listed here, there did not appear to be any direct relationship between region and amount spent on advertising.

The survey showed relatively equal expenditures between the genders. Both males and females, on average, spent just over 3.0% of revenue on advertising (males 3.0%; females 3.1%).

Expenditure by graduation year showed an interesting trend, as seen in Figure 4-1. This may be explained by any number of reasons. With the exception of a few spikes in the 1960's and late 1970's, there

is a steady rise in advertising spending from the early 1980's graduates until the 2000's. The nature of these spikes in early graduation years is unknown.

Figure 4-1: Average Percent of Revenue Spent by Graduation Year



We expect to see lower spending

in the earlier graduation years, as many have retired. The most recent graduates may not be established yet, or may be working in commercial or in existing practices where they aren't dealing with the advertising. A definite trend is observable, even if we are not able to explain it.

Finally, expenditure by mode of practice showed that self-employed doctors report spending a percent of gross revenue (3.1%) very similar to the overall average. This may be due to the fact that a greater number of responses were received from this group. Conversely, employed doctors show a lower than average percent of gross revenue spent (2.2%). Fewer responses were received from this group, which may have affected results. Because of this, information collected regarding self-employed

advertising may be more accurate. Regardless, all of these values fall above the industry average of 0.5-1.5% of income spent on advertising, according to data from 2005 ¹.

Breakdown by type of self-employment shows very close to overall average with a slight increase spent by independent contractors (3.4%) and franchises (3.3%). The lowest amount spent was by 2-4 doctor group practices (2.9%).

Within the employed doctors, we see the greatest amount spent by those in multidisciplinary settings (2.7%), with equal, lower amounts spent by ophthalmology and chain employees (2.0%). There were no responses by employees of optometrists.

We could speculate that we received less information regarding employed individuals since they are likely less involved in decision making as employers often handle this. They may report lower spending on advertising because they have less freedom of choice in advertising (commercial), or may receive a bulk discount since multiple locations may be using the same advertising.

4.2 Top Perceived Methods of Advertising and Types of Advertising Used

In analyzing the top preferred or perceived methods of advertising (responders were asked to select the top 3 based on perception, and did not necessarily need to have used that method), word-of-mouth tops the list. It is both the #1 choice selected by responding doctors, and the choice of advertising most selected for answering the rest of the survey. Distant second to this is "other", followed by direct mailings. All modes of practice selected word-of-mouth as the top method of advertising, with the exception of multidisciplinary, employed positions which prefer direct mailing.

Word-of-mouth also tops the methods used. Positions below this ranked much closer than in the previous section, although all commonly used methods² are

represented. This gives us excellent information overall that people have tried out all methods, and from those have selected what they feel are the best.

The least used methods of advertising are TV, other, and radio. Other is very broad and encompasses all those options not included in the survey, so it is not very surprising that it is used less. Also somewhat expected is the presence of TV and radio in this list. Many have been told that the cost is far greater than gains for these and may shy away. Those who have chosen these methods and succeeded may have done so because they found an appropriate way to showcase their unique talents or followed the appropriate steps in generating advertising¹⁻³. Certainly the content of the advertising had a great impact on the success, and that information is unavailable to us.

Word-of-mouth, newspaper, and "other" were the most popular choices for our in-depth look at production and satisfaction of advertising. Many of the choices for other include community participation. This is not unexpected, as many sources discuss the importance of community involvement in practice building². It was unexpected that so many people selected word-of-mouth and the rest of the survey was set-up on the basis of actually producing materials. This may skew the survey results and is further addressed in Chapter 5.

4.3 Self-Production versus Hiring Out

Self-production versus hiring out also yielded surprising results. We expect to see greater hiring in those specialized areas such as TV or radio where special equipment and skills are required. However, the response was split for many of these. Contrary to this, methods which could be created more easily by anyone with a computer and templates, such as business cards, web sites, and office brochures, were more likely to be hired out.

This may be due to discomfort and unfamiliarity with computers, desire for higher quality work, and higher quality for less cost versus radio and TV. Or, the answer may lie in how the question was worded in the survey and the lack of specific definition – i.e., for TV or radio, doctors may have provided the copy and information, but not done the “production”. This would not be considered self-created from the viewpoint of the survey, but due to nonspecific wording, we are unable to determine how the doctors perceived this question.

Because many of us are not experts, and because the appearance of advertising is so important, one might wonder why we wouldn’t find everyone hiring out to create all advertising. Prior experience is listed as the top factor. This may be inaccurate since a number of the responses were regarding word-of-mouth. As mentioned, the survey did not predict this response and was geared toward more tangible, “producible” media.

The next factor listed for why people chose to self-create their advertising was cost. By self-producing advertising, doctors feel they are able to save a lot of money. Unfortunately, quality was not addressed in the final product. Ability to get their needs met by an outside source is the third reason. Many people feel it is easier to just do it themselves. Cost and getting needs met are the most widespread reasons across the greatest number of categories. Remaining reasons are time and desire to learn more. However, this was mentioned for word-of-mouth, which makes very little sense without clarification from the responder. With all of the concerns over potential problems, we did not find these to be largely present when production was hired out.

By mode of practice, it appears that both self-employed and those in employed positions were fairly split between self-creating advertising and hiring out to have it done.

Slightly more of those who are in employed positions (57.1%) chose to self-produce their advertising compared to self-employed doctors (52.4%). While this is an observable difference, it is not significant enough to form any conclusions relating production method to mode of practice, especially when we consider the limited responses received.

Overall, the greatest majority of responders hired "professionals" (someone, either self-employed or part of a company/agency, who works creating the specific type of advertising), followed by someone through an ad agency, and finally an "experienced" person (an individual who has experience with the chosen method of advertising, but does not fit the definition of a professional).

Overall, the majority of advertising selected cost less than \$500. However, there was a fairly balanced spread throughout the ranges, even in the greater than \$5000 range. When viewed by type of advertising, some of these were surprising. TV, radio, and even newspaper are known and expected to be among the most expensive². Results showed one of the greater than \$5000 types to be Yellow Pages advertising. Unfortunately, we do not know why there was such an increased cost in this case. This may have included a full page ad, multiple listings, or some special production. Regardless of reason, this is a great increase over the typical cost of Yellow Pages advertising; especially considering this advertising also received many responses listing it as a cheaper method (less than \$500). The advertising with the cheapest cost overall includes office business cards (100.0% spent less than \$500), Yellow Pages (71.4% spent less than \$500), and newspaper (50.0% spent less than \$500). The most expensive overall cost is reported in TV, where 50.0% of responders spent greater than \$5000. This is followed by radio where 25.0% of responders spent greater than \$5000. When we consider how these were

created, we see the advertising most commonly outsourced includes web sites, business cards, Yellow Pages, newspaper, and TV. Because many of these are reported as costing less than \$500, our results suggest self-production isn't necessarily a cheaper method of production. However, in each of these cases we are unable to see what was included in the cost. Therefore, we cannot make accurate judgments of the true value, only the apparent cost.

When we consider cost of advertising by mode of practice (based on percent), we see the lower amounts spent on advertising in self-employed modes, although we also see the greatest range of spending here (especially within solo and 2-4 person practices). Solo and 2-4 person practices both report a majority spending less than \$500 (42.9% and 41.7%, respectively). However, relative to all modes, 2-4 person practices also have the highest percent (25.0%) spending greater than \$5000. Results for employed positions are not useful because the response was very low and likely not representative of the mode in general.

The majority of those responders who hired out for production of their advertising felt that producers were able to provide advice relevant to optometry. The results show that, overall, they were more likely than not to provide relevant advice. This is favorable since working with individuals unfamiliar with the industry or who are unable to provide appropriate advice can be costly⁴. Those areas where advice was not available include newspaper, where 75.0% of people feel they didn't receive relevant advice, and business cards and radio where the vote was evenly split.

For the majority of responses across the different types of advertising, people would choose to produce things in the same manner. TV advertising was the only one

divided on this decision. We do not have more information regarding why people would or would not choose to produce the same again. It may be due to happiness with the present production, or a lack of skills, time, or ability to do it differently, or for other unknown reasons. The survey did not go into specifics as to why responders made this decision.

4.4 Satisfaction

Finally we look at satisfaction with chosen advertising and methods. We will look at the overall results and compare them to the individual results for self-produced or hired out, where appropriate, as well as limited results by mode of practice.

We start by looking at whether responders felt the advertising was worthwhile (whether they considered the product they received and its effect to be worth the money spent). The majority selected "yes", that it was worthwhile. Looking first at web sites, office brochures, office business cards, TV, word-of-mouth, and other we see that 100.0% of responders felt these were worthwhile. Direct mailing and newspaper advertising each had one "no" response, while Yellow Pages advertising had two "no" responses (22.2%). Radio was selected by the most people as not being worthwhile, with 50.0% of responders selecting "no". However, in this category, only 16.7% of these same people said they wouldn't choose this method again. It would be interesting to know why they felt the advertising was not worthwhile, but would still choose it again. Unfortunately, the survey did not provide this sort of information.

Other advertising followed more closely to the opinions on advertising being worthwhile or not. Web sites, office brochures, office business cards, word-of-mouth, and other were selected by all responders as methods they would choose again. Yellow

Pages, newspaper, radio, and TV advertising all had at least one person select that they wouldn't choose it again. In the case of TV, 50.0% of responders said they would not choose it again.

We also examined whether people would choose to produce the advertising in the same manner in the future. Like prior responses, many selected "yes", they would produce things the same. However, one responder each for web sites, Yellow Pages, direct mailing, newspaper, and word-of-mouth, as well as two for radio advertising, said they would not produce their advertising the same way in the future. This does not necessarily mean they would choose a different method of advertising, just that the production method, or who produced it, would not be the same.

There does appear to be a correlation between the methods more commonly self-produced compared to those more commonly hired out, and how doctors feel about the advertising. The general trend seems to be that those who self-produced their advertising are more likely to say that the advertising was worthwhile, and they are more likely to choose that method again and produce it the same way in the future.

Radio seems to be the method of advertising that people are least satisfied with, as more people selected it as not worthwhile, and said they would not select it or produce it in the same manner again.

Let's consider some of the factors that could affect satisfaction. We'll begin by looking at the effect advertising had on revenue and number of patients.

All methods of advertising are reported to result in an increase in revenue except one responder for direct mailings. The average increase in revenue was 9.8% overall, 7.2% for self-produced advertising, and 9.7% for hired out methods. The greatest

increase noted overall was 30.0% for TV advertising (which also had some of the highest production costs). The lowest increase in revenue was noted equally in both web sites and office brochures (both of which had moderate production cost).

Change in revenue is a difficult number to judge due to the low number of responses to many of the questions (only about 50.0% of total usable surveys provided this information). Because of this, some of the average values may be skewed. Those who provided no value were excluded from calculations of average percent change to revenue. However, we are still able to see some patterns. Self-produced generates less increase in revenue than advertising production that was hired out.

Financially we would like to know if the cost of advertising was greater or less than the change in revenue. Again, this is a difficult thing to measure and many do not track the actual numbers. However, it is important to know this information if we are to make accurate judgments about the advertising we are using and to determine if it is effective and if its use should be continued^{3,5-7}. Because revenue per patient can be ongoing, looking only at current revenue may not give an accurate idea of the advertising's value.

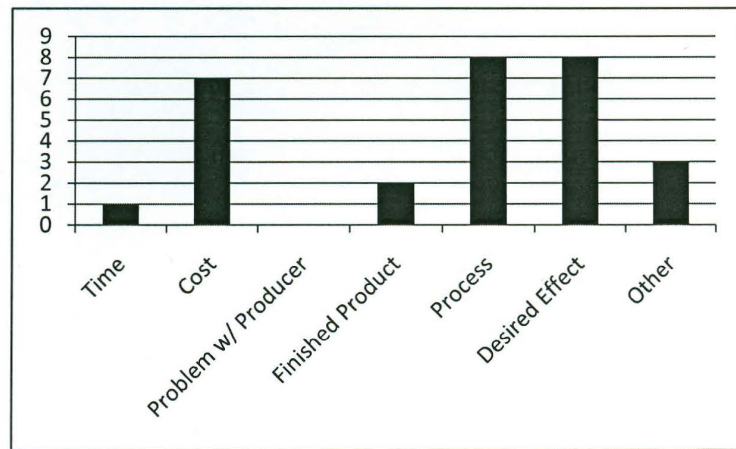
Regardless, doctors were polled about whether cost of advertising was greater than the change in revenue or if cost of advertising was less than change in revenue. Again, the majority of responders said cost was less than change in revenue. The advertising methods where cost was greater than change in revenue include Yellow Pages, direct mailings, and radio advertising. Interestingly, within these categories, it was only amongst those that were hired out that cost was greater. Also, these are the same methods that people were less likely to choose again or less likely to produce in the

same manner. This would suggest that although revenue may increase more when production is hired out, the cost may be even greater than this increase.

Even if revenue did not increase, an increase in patient base can signal possible future revenue. Although advertising may initially appear ineffective, if it brought in more patients, it may prove worthwhile in the future^{4,6,8}. Therefore, doctors were polled to find out if their selected advertising method increased their patient base. As before, the majority said "yes". The few "no's" were in the categories of Yellow Pages, direct mailings, radio, and, surprisingly, word-of-mouth. With the exception of word-of-mouth, these are again only seen in the hired-out categories.

Finally, doctors were surveyed about the problems they faced with their advertising. They were asked about time and deadlines, cost, problems with hired professionals, the finished product not

Figure 4-2. Problems with Chosen Method of Advertising



being as expected, the process being more involved than expected, the advertising not having the desired effect of generating more patients or more revenue, or "other". Overall, the greatest problems (as seen above in Figure 4-2) were those with the process being more involved than expected and the advertising not having the desired effect. These were followed closely by cost. When we break these down by how they were produced, we see that the process being more involved than expected is the biggest

problem for self-produced advertising, whereas cost and lack of desired effect are greater for hired-out advertising. These are not unexpected problems when you consider how the advertising was produced.

The greatest number of problems was reported with Yellow Pages and direct mailing. The least are seen for TV advertising, where no one reported any problems. Whether this is due to TV being free from problems or people choosing not to respond to these questions is beyond our ability to determine.

Chapter 5 Problems

This study was looking at numerous questions related to advertising choices and production. However, the results led to unexpected secondary information as well. Among this is a general lack of tracking or a difficulty tracking the results of advertising. It is not possible to say whether responders intentionally skipped answering these questions or whether they do not track this information, but it does address an important issue. Often, doctors will spend large amounts of money on advertising. The hope is that this will lead to new patients and/or increases in revenue. Without some way to track the new revenue or patients generated, it is impossible to determine whether the advertising is worth the money and time spent, and whether it is worth investing in again.

Simple adjustments to appointment scheduling procedures or patient paperwork are just a few of the methods suggested for improving tracking of this important information about the effectiveness of advertising, and will allow practices to track future revenue collected from these patients^{4-5,9}.

Chapter 6 Conclusions

Based on the information collected from this survey, we see little gender difference in spending amounts for advertising. The greatest difference can be found based on mode of practice – self-employed doctors spend more on advertising. We also see a progressive increase in advertising spending from 1980's graduates approaching more recent graduates.

Clearly the most popular perceived form of advertising is word-of-mouth. It topped the responses to perceived and used advertising, as well as most selected as the topic for this survey.

Fairly equal numbers of respondents to our survey self-produced versus hiring out for their advertising. While there appears to be only slight differences in the outcomes for these, doctors who self-produced their advertising were more likely to be satisfied. However, those who hired out reported generating a greater percent increase in revenue.

Another pattern seen here is that the greatest problems and least satisfaction come from Yellow Pages and radio advertising, and direct mailing. The dissatisfaction with these methods was repeated throughout the results of the survey.

Finally, an important point raised by this survey is the lack of tracking the effectiveness of advertising. It is difficult to determine effectiveness or decide if you should continue with advertising without tracking.

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APPENDIX A

SURVEY

Appendix A: Survey

Section 1: General Information

1-1. Male: Female:

1-2. Graduation year: _____

1-3. Mode of Practice:

Self-Employed:

- Solo
- Partnership or group (2-4 persons)
- Partnership or group (5 or more)
- Optical chain franchisee/lessee
- Independent contractor
- Other self-employed

Employed by:

- Optometrist(s)
- Ophthalmologist(s)
- HMO
- Hosp./clinic/other multidisciplinary
- Optical chain
- Other employed

1-4. Practice Location:

1-5. What percent of gross revenue was spent on advertising in the last year? _____%

Section 2: Perceptions and Advertising Used

2-1. a. In **column A**, please **rank the top three methods** of advertising based on your perception of their usefulness and your perception of which has the best return on investment (these do not have to be a method you have used). (Select and number choices 1-3, 1 being the most useful).

b. In **column B**, please **mark any type of advertising which you have used**.

- | (A) | (B) | |
|-------|--------------------------|--|
| _____ | <input type="checkbox"/> | Web site |
| _____ | <input type="checkbox"/> | Office brochures |
| _____ | <input type="checkbox"/> | Office business cards |
| _____ | <input type="checkbox"/> | Yellow Pages listing |
| _____ | <input type="checkbox"/> | Yellow Pages advertisement |
| _____ | <input type="checkbox"/> | Online phone/internet directory (i.e., online yellow pages, business guides, etc.) |

- _____ AOA Doctor Locator
 - _____ Direct Mailing
 - _____ Newspaper Advertisement
 - _____ Radio commercial
 - _____ TV commercial
 - _____ Word-of-mouth
 - _____ Other: (please specify) _____
-
-

Section 3: Production of Advertising Materials

Please choose one method of advertising you have used to answer the remainder of the questions in section 3, and the applicable questions in sections 4 and 5.

3-1a. The method of advertising I will be focusing on to answer the remaining questions is: _____

3-1b. Was this advertising created by you, or did you hire someone to create it for you?
 Self Other

3-2. If you chose to create materials for yourself, why did you choose this method?
 Cost
 Time (would take too long to wait for someone else to develop your ideas)
 Difficulty getting needs met by someone else
 Prior knowledge or experience in this area
 Desire to learn more in this area

3-3. If you created the materials yourself, would you choose to do so again?
 Yes No

3-4. If you used someone else to create these materials was this person:
 Someone within your office who did this during work hours for their usual pay
 Someone within your office who was paid extra to do this work
 Outside hire

Section 4: Hired Professionals

Skip directly to Section 5 if you did not hire outside professionals

4-1. If you hired someone outside your office, rank how difficult it was to convey what optometry is/does to this professional: (1=Extremely difficult to convey, 5=Extremely easy to convey)

Circle one: 1 2 3 4 5

4-2. Was the hired professional:

- Part of an advertising agency
- Professional (either self-employed or part of company that specifically produces this kind of media)
- An individual who is not considered a professional in the field, but has some experience in producing this type of media
- Other: (please specify) _____

4-3. How did you find this hired professional?

- Through a PR or advertising agency
- Phone Book
- Internet
- Word-of-mouth
- This person is someone you already knew (friend/patient/family member/other)
- Other: (please specify) _____

4-4. How much did these services cost?

- Less than \$500
- \$500 to \$1,000
- \$1,000 to \$2,500
- \$2,500 to \$5,000
- Greater than \$5,000

4-5. Were hired professionals able to give you useful advice, relevant to the optometry?

- Yes No

4-6. Given the opportunity, would you choose to again hire someone to produce these materials for you?

- Yes No

Section 5: Satisfaction With Chosen Advertising Methods

5-1. What was your return on investment from this advertising?

- a. Increase in revenue
 Decrease in revenue

- b. Percent change in revenue? _____%

- c. Cost of advertising was greater than increase in revenue
 Cost of advertising was less than increase in revenue

- d. Regardless of change in revenue, did your advertising increase your patient base?
 Yes No

5-2. Did you encounter any problems with your chosen method(s) of advertising?

- Took longer than expected deadline
- Cost more than expected
- Problem with professional hired
- Finished product was not as expected
- Process was more involved than expected
- Did not have desired effect of generating patients or revenue
- Other: (please specify) _____

5-3. Do you feel like this advertising was worthwhile (did you get your money's worth) for your practice?

- Yes No

5-4. Would you choose this method of advertising again?

- Yes No

5-5. Would you choose to have these materials produced in the same manner in the future (i.e., self-produced, hire outside, etc.)?

- Yes No

-End-

APPENDIX B

WEIGHTED CALCULATION OF TOP THREE ADVERTISING CHOICES

Appendix B: Weighted Calculation of Top Three Advertising Choices

In order to calculate Top 3 choices of advertising, a weighted scale was implemented.

According to this scale, all the votes for Choice #1 were multiplied by a weighting factor of 3. Similarly, Choice #2 votes were multiplied by a weighting factor of 2 and Choice #1 was multiplied by a weighting factor of 1.

Using this method, we get the following results:

	Choice 1		Choice 2		Choice 3	Totals
	Actual Response	Weighted (x3)	Actual Response	Weighted (x2)	Actual/Weighted	Sum of Weighted
Web Site	0	0	7	14	7	21
Office Brochure	0	0	2	4	7	11
Office Business Card	0	0	6	12	6	18
YP Listing	1	3	5	10	13	26
YP Ad	1	3	9	18	6	27
Online	0	0	2	4	2	6
Direct Mailing	2	6	8	16	6	28
Newspaper	3	9	4	8	5	22
Radio	3	9	2	4	4	17
TV	3	9	1	2	2	13
Word-of-Mouth	51	153	11	22	2	177
Other	5	15	12	24	4	43

Our Top 3 choices are those in the far right column of the above table with the highest totals: word-of-mouth, other, and direct mailing.