

A CLOSE LOOK AT THE OPTIONS IN THE HEALTH CARE INDUSTRY: THE MARKETING AUDIT

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Abstract

This paper explores the concept of the marketing audit and its applicability to the health care industry. The authors emphasize the importance of this tool for the health care administrator in light of increasing costs, intensifying competition, and more complex regulation. Examples of how the audit operates in a health care facility are provided throughout the paper.

The Health Care Industry--Improving Its Performance

The health care industry employs six percent of the nation's workers and accounts for nearly nine percent of the gross national product, making it the second-largest and fastest growing industry in the United States (*Business Week*, 1978). This rapidly growing industry is not without problems, however. Cost concerns, quality, distribution, access, and effectiveness of medical and hospital care concerns have reached crisis proportions (Milch and Martinelli, 1976).

There is little doubt that the traditional health care system is in need of techniques that would improve this somewhat dismal situation. Advocates of the marketing concept, as of late, have challenged the traditional system with ideas designed to reduce its ineffectiveness, inefficiency, and unresponsiveness. These individuals have made promises of improved capacity to respond to the needs and wants of consumers, personnel, and the community in general; clarification in the development of long-range strategies and objectives; and more effective allocation of resources within the organization (Berkowitz and Flexner, 1978; Clarke, 1978; Ireland, 1977; O'Halloran, Staples, and Chiampa, 1976). These benefits are being realized by those health organizations adopting the marketing concept.

Marketing, in fact, has become a hot "buzzword" in many health care environments. The increasing attention paid to marketing health care, however, is not in itself sufficient evidence that the answers are here and the controversy is over. Whittington and Dillon (1979) recently explored the myths and realities surrounding hospital marketing. Their findings indicate that while many hospitals openly acknowledge use of at least some marketing techniques, there still exists a dearth of formal marketing planning occurring (only nine percent of hospitals reporting in the study).

Such a lack of comprehensive planning is evidence that many health care institutions are still far from understanding, utilizing, and consequently benefitting from all the field of marketing has to offer. To achieve the full benefits that marketing activity can provide, a health care administrator must first understand, at its most basic, the role that marketing plays in his or her organization.

The marketing of health services focuses on the exchange between the health care organizations and such interested parties as donors, patients, employees and regulators of the organization. Hospital and health administrators must be more cognizant of the central and critical role of marketing and of the need for effective

planning in developing a marketing program for their organizations. These administrators must also recognize that marketing planning can be effective only if they appraise the validity of past decisions and policies; and even more important, they must appraise their present marketing policies in light of the feasible alternatives. These appraisals, must, of course, be undertaken from a total organizational perspective rather than on a piecemeal basis.

Every organization needs to assess its operations periodically to determine if they are in tune with the changing environment and opportunities that might exist. Since marketing operations are of crucial importance, a type of stock-taking similar to that applied to financial activities should be applied to marketing operations. A marketing audit is just as essential as an audit of the organization's books, physical assets, or employees.

The Marketing Audit

Most hospital and health administrators would probably refuse to admit that they do not recognize the need for auditing the marketing operations for which they are responsible. As a matter of fact, they would state that they are constantly evaluating these marketing operations--and they would most likely be right. Within many health care organizations a variety of evaluations are constantly being made. It is important to note at this point, however, that not every marketing evaluation is a marketing audit. At best, most of these evaluations can be regarded as parts of an audit.

The term marketing audit is used to denote "a periodic, comprehensive, systematic, and independent examination of the organization's marketing environment, internal marketing system, and specific marketing activities with a view to determining problem areas and recommending a corrective action plan to improve the organization's overall marketing effectiveness (Kotler, 1976)." In short, as pointed out earlier, the term marketing audit designates a total evaluation program and not piecemeal examinations of individual functions.

The failure of most administrators to adopt this view of a total evaluation program probably results from a misunderstanding of its objectives and potential value. The marketing audit is not only intended to detect and correct serious difficulties and shortcomings; it is also intended to improve conditions that are already better than average. As Schuchman has stated, ". . . the audit is a prognostic as well as diagnostic tool--a search for opportunity as well as malfunction" (1959).

The marketing audit consists of three parts: the marketing environment review, the marketing system review, and the detailed marketing activity review (Kotler, 1975). The marketing audit will serve as a basis for more effective planning by revealing the major practices, problems, and opportunities facing the organization. Only with such an ordered, comprehensive approach can the health care administrator hope to realize the complete benefits the field of marketing has to offer.

The Marketing Environment Review

In evaluating the marketing environment of the organization, the auditor is concerned with markets, customers, competitors, and the macroenvironment.

Markets and Market Segments

The markets and publics surrounding a health care organization are complex. There are at least five distinct markets or publics which can be identified (Simon, 1978): patients, physicians, employer or union groups, government and regulatory agencies, and employees. The organization must list the markets that it sees as important and, in addition, needs to discuss the relative importance of each of these markets in the total scheme of the organization's objectives.

The various markets identified can be further classified into market segments. A market segment is a group of people with homogeneous wants which the organization might successfully satisfy. Markets can be segmented geographically, demographically, psychographically, by service group, by perceptions and preferences, or by benefits derived.

Long-range planning will also require information relative to the present and expected future size and characteristics of each of the above markets and market segments of importance. Health service organizations are very much concerned with annual demand for health services.

Customers and Publics

Hospital and health administrators need to be concerned with the needs, preferences, perceptions, and satisfactions of each of their target markets. Through research administrators might determine areas in their institutions that are in need of improvement. For example, in a study of physicians conducted by a medical center's management:

" . . . In addition to the poor rating on interdepartmental education, approximately 25 percent of the group felt that the practice was poorly involved with the community health-planning groups and with the county and state medical societies (Glick, 1979)."

The problem areas expressed in this study suggest that administrators should consider the viewpoints of the various publics and customers of the hospital or health care organization. The better the health care organization understands its markets, the better it will be able to serve them.

Marketers are currently involved in aiding health care administrators in identifying and understanding their various publics. Traditionally, for example, hospitals tended to identify their patients by describing detailed demographic profiles. While this approach is certainly of some value, marketers can help administrators recognize and explore other valuable segmentation criteria. Sapienza (1980) recently discussed the use of psychographic profiles as an aid to identifying and serving various patient categories.

Another area which warrants study is consumer decision making. How successful planning is in achieving uniform utilization of health services depends on its ability to adjust service delivery to accommodate consumer decision making. Models dealing with the formation of individual preferences for primary health care providers have been developed and are useful tools for understanding the trade-offs among provider attributes

on which consumer decisions are based (Simon, 1978; Wind and Spitz (1976).

The current and future needs and satisfaction levels in each of the various markets are also important sources of information for the administrator. As Griffith points out in a recent article, "Patient satisfaction measures are important in any health care system as expensive as the present one (1978)." He further states that these measures would "provide a baseline to protect against over-zealous cost containment and might, in some communities, suggest profitable directions for investment in expansion or revision of services (1978)!"

Competition

The idea that competition between area hospitals and health service agencies exists is distasteful to many administrators. It seems to bring to mind cutthroat competition and unethical practices to achieve more patient involvement. Open competition, not cutthroat competition, is being proposed. Effective competition will control costs, keep operations more efficient and allow for better fulfillment of community needs (Simon, 1978).

The administrator has to know who the organization considers to be its main competition. This competition can be generic, product-form, or enterprise in nature (Kotler, 1975).

Generic competition refers to other broad product categories that might satisfy the same need. Generic competition for a hospital might include religious groups such as Christian Scientists who provide individuals with alternatives to medical care in coping with illnesses. Product-form competition refers to specific versions of the product that may be competitive with each other. Hospitals are in fact competing with such innovations as home health care. The final type of competition is enterprise competition, which refers to specific organizations that are competitive producers of the same product or service. For example, a university medical school hospital is in competition with Navy hospitals, HMOs, church-affiliated hospitals, and more.

In the future, administrators will see an accelerating integration of health care institutions into comprehensive health care systems, thereby reducing the number of separate institutions. Competition will increase for limited health care dollars. The industry has already evidenced this change in major urban areas.

In New York City, several significant mergers have been announced recently. Roosevelt Hospital and St. Luke's Hospital, two of New York's oldest medical institutions, are merging. While both of their principal facilities will remain open, as a first step, their combined total of 1363 beds will be reduced to 1100, with a single administration (Glick, 1979).

External Forces--The Macroenvironment

The major external forces that impact on the organization, its markets, and competition constitute the macroenvironment. Demography, economy, technology, government, and cultural forces can impact greatly on the organization.

Factors such as age, income, occupation, birth rates, and death rates definitely affect the size of the organization's markets and the demand for its products. Changes in the ages of, or increases in the number of patients, actual and potential, are likely to affect health care program utilization. The aging

of the population will lead to greater demand for long-term care, for instance. As MacStravic (1977) indicates, the effects of population factors will differ according to which market is affected. As an example, those individuals who support inner city hospitals with their donations may shift their support to suburban hospitals as they move to the suburbs.

Changes in the economy are an administrative concern. In times of economic decline, individuals who suddenly find themselves unemployed lose their health insurance and use less health care, while health care providers incur more bad debts and increased accounts receivable.

Diagnostic, surgical, and therapeutic technology has rapidly changed the face of the health care industry. The technology explosion has contributed to the installation of specialized services such as intensive- and cardiac-care units in many hospitals. Hospitals and health care organizations continually review proposed equipment additions that would increase delivery capacity or result in cost reductions.

Increased government intervention in the next twenty years will influence both the structure of the health care industry and the manner in which it operates. At present, a major political thrust for a national health care system is being made. In addition to this long-run solution, the government is proposing short-term solutions as well. Such solutions include: wage and price controls on doctors and hospitals; massive closings of hospitals or wards; prospective payment measures that prescribe fees in advance; and encouragement and subsidy of HMOs (Simqn, 1978).

Health care organizations operate in a cultural context that tends to be viewed as static. Cultural factors, however, change and can be critical determinants of the health organization's survival. One such factor is attitude changes concerning authority and citizen participation. These changes have led to greater consumer input into health care decisions.

The Marketing System Review

After reviewing the marketing environment of the organization, the auditor is next concerned with questions about the marketing system of that organization. During this part of the audit, the auditor will specifically evaluate the organizations' objectives, programs, implementation, and organization.

Objectives

Objectives and goals of the health care organization, both long-term and short-term, need to be determined first and foremost. When confronted with the question of objectives, however, many administrators often find it difficult to express objectives in terms other than the "provision of good health care." While this response is genuinely a desirable and worthwhile goal, it does little in guiding the organization toward successful exchange processes.

Objectives should be (1) arranged hierarchically; and (2) numerically stated to the maximum extent possible so that subsequent accomplishment can be planned for and measured (Granger, 1964). Perhaps the basic objective of a hospital is to deliver quality medical care to the community, but it cannot be successful at all things. Therefore, it needs to set more specific objectives relative to the various services offered. Specifically, some subsidiary objectives might be generated with respect to medical facilities, management capabilities, medical staff, technical facilities, reputation, financial capabilities, and image.

The audit should also generate questions about the validity of the core objectives.

"A small city hospital is deceiving itself if it adopts the objective to be rated as one of the top three cancer research hospitals in the nation within five years (Kotler, 1975)."

Objectives must be realistic and the result of well-designed goals that consider the organization's strengths and weaknesses.

Program

After assessing the various organizational objectives, the auditor should determine if the core strategy by which the organization expects to achieve such objectives is likely to work. Many organizations are under the belief that if they do a good job, they do not need a core strategy to succeed. This is simply not true! Sincerity alone will not provide success.

Health care organizations are continually trying to attract more funds and gain a better reputation but will not spend the money necessary to accomplish these ends. Marketing activities can be highly productive but can be extremely costly as well. Health care organizations tend to participate in low-budget marketing programs using the help of volunteers and staff who are now well-trained in marketing activities. These programs act to perpetuate the cynical attitude health care organizations have about the productiveness of marketing investments.

The auditor should also examine the allocation of marketing resources to the organization's markets, products, and territories. A hospital that spends a great deal of time and money in recruiting physicians to a facility that is inadequate will find those physicians to be the worst "sales force" they could ever have. If the hospital would spend more of its money on upgrading the facilities, physicians could be recruited with less effort.

Finally, the allocation of resources to the various elements of the marketing mix needs to be reviewed. National and local advertising, telethons, direct mail, and philanthropic solicitations are activities often used by medical charities to raise money. The optimal mix of these activities would exist at that point where no reallocation of funds from one activity to another would increase the total revenue raised.

Implementation

Implementation of a marketing program requires monitoring and control to make sure decisions are being followed or only the appropriate adjustments are being made. The administration of a health organization's marketing efforts and resources begins with a well-formulated procedure for annual marketing planning. Planning refers to the organization's attempts to translate the core strategy into a set of targets and scheduled actions that will be carried out by various organizational members. A range of approaches to planning are available for use. They include: top-down planning, bottom-up planning, and interactive planning. Top-down planning occurs where top administrators specify, organize, and make all planning decisions and inform the rest of the organization that they will carry out all directives. Bottom-up planning takes place when meetings are held at different levels in the organization and everyone gets involved in goal setting and commitment. Between these two extremes lies interactive planning in which objectives are sent down by

top management and plans are developed and sent up by lower management for approval.

Regardless of the method, careful planning is an absolute requirement for any organization hoping to be successful at what it does. Haphazard planning, on the other hand, may be as fatal to an organization as no planning at all. Marketers have provided considerable aid to the health care administrator attempting a carefully planned program. A variety of models have been proposed to provide systematic planning procedures for a number of health care related activities including the introduction of new services (Bushman and Cooper, 1980); the recruitment of nurses (Hughes, 1979); and the use of information systems (McLaughlin, Shapiro, and Umen, 1980).

Planning means nothing without control. Control is a process of monitoring program activities and outcomes, periodic reporting of actual performance, comparison of actual performance to standards developed, and corrective action designed to bring actual performance in line with expected performance.

Again, marketers are active in providing health care administrators with tools to aid them in the control process. Smith and Elbert (1980) recently suggested an integrated approach to performance evaluation which they believe can provide a foundation for the improvement of health care services delivery.

The health care organization needs to determine the contribution and effectiveness of specific marketing activities on a periodic basis. Does the organization know what each product is contributing to the entire product line?

The quality of the marketing information system should also be examined. The marketing information system is a structure that is designed to generate an orderly flow of pertinent information to administrators. This information is vital to implementation. Highly sophisticated marketing information systems can aid in the analysis of market potential or in the effectiveness of various marketing efforts.

Organization

The implementation of marketing concepts, techniques, and attitudes in the organization is dependent upon the recruitment and organization of competent marketing leadership. Many health care organizations presently carry out marketing operations through public relations offices, service development offices, and community education departments.

An appraisal of the present marketing organization should be done by the auditor. The appraisal will include an evaluation of the authority and power relationships among the individuals engaged in the given marketing activities; of the reasonableness of the division of the total job to be done among the persons responsible for doing it; and of the appropriateness of the individuals for the tasks assigned them (Oxenfeldt, 1959). The Whittington and Dillon (1979) study mentioned earlier found that only four percent of the hospitals reporting had an individual clearly responsible for comprehensive marketing activities.

Detailed Marketing Activity Review

The third part of the marketing audit is the detailed marketing activity review. The "marketing mix" audit is rarely considered by top administration, let alone carried out by them. This review is designed to evaluate the major areas of marketing activity in the

organization including: products, pricing, distribution, personal contact, advertising, publicity, and sales promotion.

Products

Administrators should be asked to complete a list of their organization's main products and lines produced. A health care organization would most likely include health care, research, and community education in such a list. Organizations should be continually aware of the needs the consumer is trying to satisfy through the product.

The audit should help to detect any weak products that need to be modified or eliminated. Another purpose of the audit would be to determine if products could be added to the organization that would make the organization more attractive to patients, medical staff, and nonmedical personnel. The organization can also determine how superior or distinctive its product mix is when compared to competitive offerings.

A variety of marketing tools can be helpful to a health administrator interested in improving his or her understanding of the product-related issues faced by the organization. The audit will be instrumental in uncovering the needs and opportunities for such aids. Venkatesan, Moriarty, and Sicher (1980) recently demonstrated the value of the product life cycle as a tool in planning marketing strategies for health maintenance organizations. A model for making product/market differentiation decisions in community hospitals has been proposed by Milch (1980). Both efforts demonstrate the value of utilizing marketing tools in the planning and implementation of activities in the health care field. Without a systematic audit, the potential for such tools would most likely go undetected.

Price

Hospital pricing, for the most part, is very cost-oriented. Demand-based pricing and competition-based pricing are also possible, however. Cost-oriented pricing is where price is determined on the basis of markup over unit cost. Demand-based pricing is where price is set to what the market will bear. Competition-based pricing is where price is set to be roughly equal to what others are charging. Pricing is particularly difficult in health care institutions because payment is made by secondary payers such as insurance companies and government instead of the immediate users.

It is important to note that the price the patient is expected to pay for products includes much more than money. Attributes of the product such as convenience of use, safety, side-effects, and interference with normal functioning all involve costs to the patient. Fragmentation of care and inaccessibility to the source of care are also costs incurred by the patient. Since all of these costs might be incurred by the patient, the health care organization must ensure that benefits to the patient are greater than or equal to the costs.

Distribution

An important aspect of the audit is the examination of how an organization's products are delivered, as well as whether improvements could be made in service level or cost. Although health care organizations are often in direct contact with their customers, many of the concepts in distribution can still be used. For example, the question of location arises whenever a new health service or an adjustment of existing services is decided upon. The site chosen is bound to affect programs, cost of care, and utilization of services.

Personal Contact

Clients of an organization can be reached through a network of agents, volunteers, and staff workers. Hospitals have developed the fairly common practice of inviting prenatal classes sponsored by community organizations to use hospital facilities for meetings.

For individuals to be successful at personal contact work, they must be well selected, trained, motivated, and evaluated. Sales force techniques from the commercial sector can be modified and applied to health care organization representatives.

Advertising

Health care organizations need to communicate the nature, benefits, and methods of securing their services. Paid advertising is one method available for carrying out such messages, but it is often viewed negatively by health care administrators. This negative perspective is probably a result of the fact that many administrators do not approach advertising with sufficient understanding. The organization is capable of tailoring its advertising to reach specific targets. Physicians might be informed about the development of new services by a local organization. Recent obstretical patients may be sent notices describing a new pediatric service.

Advertising agencies use a variety of techniques for pre-testing and post-testing advertising themes and copy to determine if campaigns will have the intended effect on the audience. Recently, one agency comprised of individuals from ad research, health communication, and academic research fields explored the idea of testing services structured for health information (Novelli, 1978). The group developed an assessment approach that could be: quickly and affordably administered, open-ended to allow for probing responses in some depth, able to test among a variety of audiences, based on natural forced exposure, capable of analysis of specific elements of each message, and capable of producing findings which could be understood and acted upon by health planners (Novelli, 1978).

Publicity

Health care organizations are particularly involved with the use of publicity, since they are often without a budget or inclination to use advertising. Publicity is defined as "the development and dissemination of news and promotional material designed to bring favorable attention to a product, person, organization, place, or cause (Kotler, 1975)." It differs from advertising in that messages are carried in the media without payment to the media and without explicit mention of the sponsor. Generally, a hospital staff member or a public relations agency hired by the organization writes stories about the organization in the hopes that the media will use them.

Publicity should be geared to raising the public image of the organization in general. If a famous person comes to town for care at a local hospital, the free publicity this generates may enhance the hospital's reputation in the community.

Sales Promotion

Sales promotion includes "those marketing activities, other than personal selling, advertising and publicity, that stimulate consumer purchasing and dealer effectiveness, such as displays, shows and exhibitions, demonstrations, and various nonrecurrent selling efforts not in the ordinary routine (AMA, 1960)." Organizations

might put their fund raisers into competition for large prizes for those who raise the most money for the organization.

Misconceptions About the Marketing Audit

Many administrators believe that only problem-ridden organizations could benefit from the marketing audit. This conception of the audit could not be farther from the truth. An audit under crisis conditions is likely to be more superficial and limited in its scope and depth than a true marketing audit.

A successful organization can be audited much more effectively than a problem-ridden organization. As a matter of fact, these organizations need to be audited. "Success tends to foster complacency, laxity, and carelessness (Schuchman, 1959)." The successful organization must recognize that the audit is preventive as well as curative in nature.

The marketing audit needs to be "continual, systematic, critical, and objective (Schuman, 1959)" to be effective. The audit will, if performed on these dimensions, serve its intended purpose--starting the needed dialogue about the organization's marketing strategy. Administrators must anticipate that some difficulties will be encountered in the execution of the marketing audit, of course. These difficulties include the selection of auditors, the scheduling of the audit, and the impact of the audit on personnel.

Auditor Selection

Auditors must be individuals who are critical, impartial, knowledgeable, and creative. They cannot be so involved with the policies and procedures of an organization that they cannot be objective in their assessments. They must also be able to identify marketing problems and opportunities in the organization and define courses of action to solve the problems and exploit the opportunities. The main problem becomes one of finding enough people with these characteristics in the health care field to staff the audit. As audits become more accepted, this problem should eliminate itself.

Audit Scheduling

The marketing audit is a long-term project that must be executed in accord with an established timetable. In the health care organization, a variety of distractions exist which may delay execution of the audit. These delays can always be rationalized by organizational members contributing to a dissipation of interest in the audit. Deviations from a stated timetable must be avoided if an audit is to provide accurate information about the organization's current status.

Impact of the Audit on Personnel

Administrators who are enthusiastic about the marketing audit are often overly eager to implement it in their organizations. Implementing the audit requires more than just the chief executive officer's enthusiasm, however. It requires the full cooperation of all personnel involved in the marketing operations of an organization. Many individuals may refuse to cooperate in an audit because they perceive such an evaluation as threatening to their status in the organization. These individuals must be convinced that the marketing audit is an appraisal that will enable all persons to do their jobs better before any full scale effort is inaugurated.

Conclusions

Hospital and health care administrators have the responsibility of critically, objectively, and systematically evaluating all of the organization's activities, policies, and objectives. Marketing is one area where such evaluations will prove to be extremely useful in pursuing increased revenues and reduced costs. Administrators must appraise rigorously the marketing environment, marketing system, and marketing activities to achieve these benefits. The marketing audit is not easy to develop and execute, but its benefits will exceed the costs and difficulties encountered in its implementation.

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