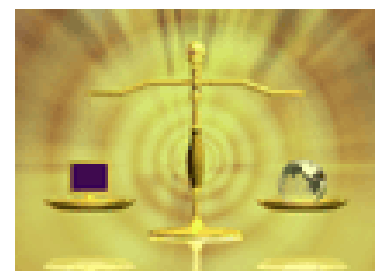
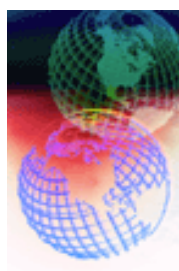
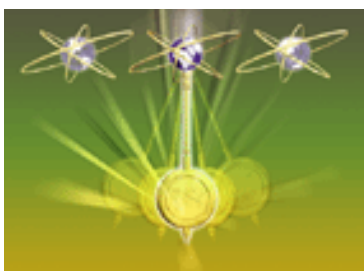
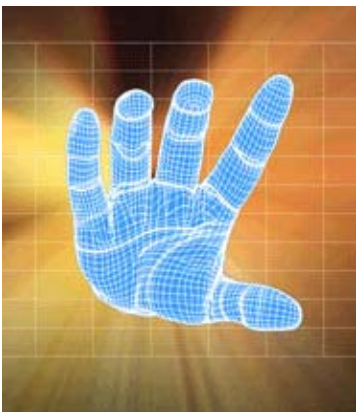


PASCAS HEALTH

MARKETING &

MARKET PLAN



“Peace And Spirit Creating Alternative Solutions”

**PASCAS HEALTH Pty Ltd
Pascas Health Sanctuary & Pascas Health Clinic**

Queensland Australia

Em: info@financefacilities.com

www.pascasworldcare.com www.pascashealth.com

<u>INDEX</u>	<u>Page</u>
The Product	3.
Achieving Community Awareness	8.
Media Releases	10.
Corporate Identity	11.
Outline of Marketing Strategies - Year of Opening:	12.
Advertising and the Mind of the Consumer	15.
Administration of market contacts	28.
"Saving face" principles	29.
Agencies	30.
Importance of top management in marketing	31.
Singularity of responsibility	32.
Customer Orientated Organisation Chart	33.
Value Added Chain	34.
Cost control of marketing promotion	35.
Advertising and Editorials – Advertorials	36.
Market review and reassessment	37.
Price control	38.
Panic or Urgent orders	39.
The ultimate sales weapon - REFERRAL	40.
Product development	41.
Marketing Plan - Preliminary Discussion Paper including Export of Medical Services	42.
Medical Research	47.

THE PRODUCT:

"HOLISTIC MEDICINE"

Does that mean "The Sanctuary" becomes known for its alternative medicines and herbal tea?

Does that mean that alternative medicines and herbal tea have no place at "The Sanctuary"?

The fact is if a medical practice has a strong community foundation and a solid economic base then that style of medicine has a place within the community of medicine to be provided at "The Sanctuary".

The complex is to be recognised internationally and nationally as a high quality:

"DIAGNOSTIC MEDICAL SURGICAL HOSPITAL
with a focus on COMPLEMENTARY MEDICINE"

Lofty words which will take much effort and much perseverance to achieve - but we will achieve our goal.

Quality and convenience are the two leading parameters:

QUALITY in:

- a. Professional staff. The Medical Advisory Committee will be responsible for ensuring that the standard of skills and ethics are of the highest realistic level. The Medical Superintendent of local public and regional hospitals will be invited to participate in the Committee.
- b. Professional staff will be sourced from around the world. This will include medical specialists as well as nursing staff.
- c. Systems and equipment to be on the leading edge of developments in such fields.
- d. Design of the building structure will be people friendly and be prestigious in finishes.

CONVENIENCE in:

- a. People will have clear directions and understanding of how to move about the complex to locate their particular service that they require.
- b. Having access to comfortable and inviting environments during periods of waiting or resting.
- c. Billing of costs for services will be centralised and dealt with on a singular basis so that all services available within the complex can be addressed with the minimum of paper work.
- d. Parking and access will be addressed on the basis of need. Emergency services will have preferential treatment. Nursing staff will have secure parking particularly for night staff. Visiting doctors will have allocated parking zones. Visiting patients and their families will be provided with adequate parking, most of which will be under cover.

The main entrance area will represent that typically found in a major shopping arcade - space, restaurants, co-ordinated facilities in the form of shops for various medical services, seating and a most inviting atmosphere as against that usually found in austere institutions.

HEALTH & HEALING SANCTURY

ANCILLARY FACILITIES

PASCAS HEALTH SANCTURY HOTEL – MEDI-HOTEL ACCOMMODATION

Hotel with 150 suites for health related accommodation:

- Relatives of patients
- Rehabilitation
- Drug and alcohol counselling
- Weight control
- Post operative recovery
- Day care services
- Psychiatric services

STAFF, PATIENT & VISITOR RETAIL

Retail outlets - complex related

- Bakery (Organic - Demeter style)
- Beauticians
- Florist
- Gift Shop
- Hairdresser
- Health Food
- Newsagency
- Pharmacy
- Medical Aids
- Restaurants
- Natural medicines
- Alternative Therapies
- Alternative Health Products
- Other medical related services

CHILD MINDING

- Child minding facilities
- Children's adventure land
- Licensed Kindergarten
- Crèche both day and night service

GENERAL

- Games room - tennis court - pool
- Gymnasium and aerobics
- 500 car spaces

PASCAS HEALTH SANCTURY

TOTALCARE HEALTH CENTRE & CLINICS

PROFESSIONAL SUITES

Medical services are managed by Streamers (diagnostic specialists) who co-ordinate treatment through all modalities.

Medical Centre	6 suites (open 24 hours)
Alternative Therapy	30 suites & lecture / meeting rooms
Specialist rooms	10 suites
Dental Unit	3 suites

Dietician

Optician

Speech Pathology

Occupational Therapy

Rehabilitation

Auxiliary medical suites

Oncology / Cancer Clinic complex consisting of facilities to service the 20 sub-clinics.

SUPPORT SERVICES

X-ray Unit, CT Scanning, Digital Imager

Radiotherapy Unit

Blood Purification Unit

Pathology Laboratory

Catheter Laboratory

Physiotherapy Unit

Hydrotherapy Facilities

DIAGNOSTIC & MEDICHECK

incorporating and supporting Super Specialty Units

Diagnostic services and facilities

angiography

holter monitoring

stress testing

cardiac catheterisation

E.C.G.

audiometry

medicheck

lung function testing

kinesiology

RESEARCH & EDUCATIONAL

Meeting - lecture - auditorium rooms – library satellite network connected as well as traditional.

Diagnostic services link to the world wide satellite services.

Research & university facilities.

Call centre and communications linking all facilities.

GOVERNMENT

Day Care Facility for the Elderly, Community Health facilities, Children Services facilities.

The main areas of speciality being:

- A. CARDIAC / THORACIC
- B. ONCOLOGY
- C. PAIN
- D. ALTERNATIVE THERAPIES

It is these areas in which Pascas Health Sanctuary will excel.

To enhance the medical industry's awareness of the hospital's services, a tele-medicine facility will be developed to facilitate enquiries and requests from doctors in rural and remote communities.

ACHIEVING COMMUNITY AWARENESS:

Recent surveys of local residents have confirmed that residents are:

- Unaware of what their local hospital can provide for them in services.
- No matter how large the Accident and Emergency signs are - people cannot find the department.
- Privately insured patients are happy to use the public hospital system but feel they are being brain-washed to use the private hospital system.
- Patients feel that they are being unnecessarily being told that they can get their medical requirements attended to straight away in a private hospital however if they choose a public hospital then they will have to wait excessively.
- The Private Hospital receptions all take an excessive amount of time on entry to ascertain that the patient can pay the fees even though they have full private insurance.
- Private Hospitals have all these extra charges, e.g., bandages, if the patient has full cover then why are these charges made.
- A patient usually phones the hospital to find out about the service OR his / her medical insurer to find out about the hospital.
- People on the North of the City know about hospitals in the north and people in the South know about hospitals in the south.
- About 50% were willing to pay a hotline to find out what they wanted to know about a hospital.
- Some private patients were upset if they were put into a four bed ward whereas some patients did not mind sharing a ward with others and in fact liked the companionship.
- A lot of knowledge about hospitals was handed around by word of mouth.
- Hotel style meals was and is a high priority demand.
- Parking is a critical issue - the quality of parking provided at the better shopping centres should be available - undercover and with easy access to the complex.
- Public relations is essential to keep patient informed step by step.

Visitor access to the complex will be achieved in the following ways:

- a. The open forum of the medical arcade with restaurants and speciality stores supplying every day consumables such as health foods and organically grown foods will encourage casual visitation with a purpose. It is of interest to note that these same retail outlets will in fact supply the hospital as well.
- b. The wide range of medical services within the complex which requires all kinds of clients to enter the building structure will ensure a high penetration rate of visitation by the local community. The number of people who visit a medical centre is very similar to the number of people who visit a butcher shop.
- c. The standard of food at the restaurants will be the same as the food provided within the hospital as it will all come from the same kitchen complex. A meal taken at a restaurant in the arcade or in the top floor hospital restaurant will be indicative of the quality of "hotel meals" that is available throughout the complex.
- d. Seminars will be facilitated within the complex, thus inviting industry and medical professionals to visit the complex in meaningful way - this will be accompanied by a familiarisation tour.
- e. Two of the operating theatres will be fitted with mezzanine viewing rooms which will enable teaching of procedures to be made available to nursing students from the local university and also for medical students from the regional universities.
- f. Every month or quarter, the Lands Department releases the sales of all properties, these lists will

enable the direct mailing of new residents entering the area. These new residents will be invited to tour the complex and will be offered complementary meal vouchers for later consumption during a second unscheduled visit to the complex.

- g. With the appropriate designing of the seminar rooms, operating theatre viewing rooms, glassed viewing partitions for say the pathology laboratory, etc, programmed tours can be made available to all interested groups such as school children, business clubs such as Rotary, Lion Clubs, Chambers of Commerce, church groups, welfare groups, medical groups, special interest groups, etc. No other medical facility in the region has been designed to educate the public as to what it is about – particularly complementary alternate health platforms, what it can provide, and it is a fact that most people do not understand a hospital and are decidedly apprehensive about visiting one.
- h. A public relations and communications department will be easily accessible to all members of the community and profession to assist with points of concern and questions.
- i. A Medical Hotline will be made available to assist people - it is easy to envisage how this could get out of hand.

**The Sanctuary will be opened by the children of the City for
the people of the City and the World.**

Could the guest choir be the "Gondwana Voices" – children's choir assembled from around Australia?

The Sanctuary will become a familiar service provider of medicine for all members of the Community and will become well known to those medical groups who have a discerning eye for quality and excellence throughout the region.

MEDIA RELEASES:

Community awareness can be professionally achieved with pre-planning, care and prestige.

A series of editorials can be prepared on the basis that one be run every month with a number of forthcoming months written up pending release. This would be done on the basis that they make up an ongoing story or information memorandum and that the features of each article would enable specific advertising to accompany the editorial.

Such publications would be targeted to the household area newspapers and the television stations that are regionally specific.

CORPORATE IDENTITY:

There are four stages by which the Corporate identity and associated market image management program can be implemented:

Stage 1

Creation of the overall scheme. This involves the origination of the foundation for all future corporate exposure, no matter how large or small. Whether a letter, a business card, a uniform, vehicle, building identification system or press add for positions vacant - all must make a homogeneous statement. Hence each must be duly considered and created within the framework of the new corporate identity. Design of the overall scheme is, therefore, of utmost importance. It is the foundation upon which all perceptions of the organisation will be constructed.

Stage 2

Design and implementation of individual items in daily use. This stage involves the actual graphic design typography, photography, computer graphics and other visual aspects that go into the creation of the physical items that you will use, each bearing the distinctive hallmark of the institution. This is a very important stage.

Stage 3

Design and production of marketing and promotional material. Included here are such items as a promotional brochure / booklet that informs and persuade prospective clients of our benefits to them. Other hand-out material such as would be used to give each patient on arrival / discharge is also included here.

Stage 4

During the ensuing year subsequent to implementing the above, various items will inevitably crop up that will require design and other professional attention. This stage is designed to ensure that we receive a complete system of corporate identity for our independence and success. A corporate procedures manual will be prepared during this time that will set out all procedures governing future use of logo and house styles. This is essential for consistency and to maximise the return on this investment.

OUTLINE OF MARKETING STRATEGIES - Year of Opening:

Mission:

- To be recognised as the leading provider of hospital, medical and health care for the city.

Goals:

- To ensure that the community is fully aware of the services that will be available.
- To enable the new management teams to develop the spirit of customer service with excellence.
- To forge a new image of excellence in hospital care.
- To successfully launch the specialised medical units with maximum financial and goodwill return for the hospital

Key Measures:

- Demand from Service Providers.
- Hospital Occupancy
- Cardiac - Oncology - Orthopaedic - Pain - Complementary Medicine - General
- Public Opinion.
- Lack of complaints / conflict during establishment of services.

Target Markets:

- Referring General Practitioners
- Referring Physicians
- Referring Specialists
- Alternative Medicine Practitioners
- Privately insured patients / Public 25+

Other Important Audiences:

- Service Providers
- Media
- The Sanctuary Staff
- Alternative Health interest groups
- Health Funds
- Private health industry

Strategies:

Referring General Practitioners

- Build up links with GP Divisions.
- Arrange medical meetings with specialist speakers in the city and other target areas, focus on Cardiac, Cancer, Pain, Life Style, etc.
- Sponsor major conference on complementary medicine as well as post-operative care of surgery patients.
- Quality slide presentations for ALL participants for use at other events.
- Newsletter.

- Brochures for surgeries.
- Identify top-referring General Practitioners and build relationships, eg. briefings on facilities for small groups, followed by dinner.
- Invitations to observe once facilities are running smoothly.
- Information sheets for doctors with names of specialists and session times at the complex.

Referring Physicians and Health Specialists

- Invitation to specialists and partners to special weekend events that include visits to the complex.

Privately insured patients / Public 25+

- Media promotion in association with Victor Chang Foundation
 - involve radio station and newspaper.
 - "The Hospital with Heart".
- Publicity program, one major release per month within twelve months prior to opening
 - new appointments.
 - new equipment technology.
 - feature articles with writers expanding on services and techniques to be employed.
- Brochures in all local surgeries.
- Actively seek opportunities to talk to community groups eg Lions, Rotary etc using specially prepared quality slide package.
- Regular newspaper column for Chief Executive.

Patients

- Admission booklets.
- System for senior level involvement in any complaints relation to services.
- Open Days.
- Model displays that could be used at community events.

Service Providers

- Regular functions to discuss progress of development and plans.
- Involvement in development of marketing plan.
- Role in media releases, media activities.

Media

- Background briefings.
- Visit to other centres to see surgery, etc.
- Ensure all media approaches are offering strong stories.
- Ensure those people offered for media comment are trained to meet media needs.

The Sanctuary Staff

- Newsletter.
- Regular staff sessions.
- Involve families of staff in Open Days, etc.
- Regular movie nights (book out cinema).

Health Funds

- Newsletter.
- Regular scheduled updates.

Private Health industry

- Entry in "Award for Excellence".
- Publicity in magazines.
- Offer articles for publication.

This and much more such as the design of staff uniforms.

ADVERTISING and the MIND of the CONSUMER:

The reality is that advertising has most impact on us in those areas that we care least about - where we are otherwise disinterested in the choice between alternatives.

By continuously tracking their advertising over time advertisers are coming to understand much more about what works, what doesn't and why.

Human beings have the ability to see the same thing in different ways, depending upon the frame of reference that we bring to it. Understanding advertising and its real effects should make us less suspicious of it.

Advertisers should take the attitude that it is indeed possible to know what works, and what doesn't and why. As a result they can confidently reject attempts to obscure their inquiries or fob off their concerns about whether their advertising is working. Belief in the exclusive power and province of the tribal advertising agency belongs to an era that has past. Accordingly advertisers (us) should be able to get much more effectiveness out of their advertising budget and out of their advertising agency. While consumers should be able to accept, without necessarily feeling threatened, that advertising does influence which brands they choose - especially when it doesn't matter to them personally which brands they choose.

CONTINUOUS TRACKING: ARE YOU BEING FOLLOWED!

Conducting ad hoc surveys or pre-post surveys is the 'old' way of trying to understand what is happening in a market. It is like taking a couple of still frames from the beginning and end of a TV commercial and trying to get a sense of the whole commercial from just those two pictures. The difference between ad hoc surveys and continuous surveying resembles the difference between still photography and moving pictures. Without continuous moving pictures, the dynamics of what is happening can only be guessed at.

Product managers and marketing managers want to know what works in their market and what doesn't. If a competitor implements a new action, should they react? How do they judge what to react to and what not to react to?

While continuous surveying as a 'rear-vision mirror', has been around for a while, it's use is being expanded. Advertisers are not just using it to see where they have been and evaluate the effectiveness of their moves, but to address the much larger question of *how the market works*. Increasingly, they are using it before making their important moves - to study their competitors' activities as well as their own. Their objective is to know what works and what doesn't *before* they make any important move in the market. The idea is to formulate the right move and ensure the maximum chance of success.

By getting a handle on what is effective and what is not they move towards closure on the question of what works and what doesn't in the particular market. They address such questions as:

- Does advertising work in this market?
- What type of advertising works?
- Does the advertising change attitudes and then behaviour? Or behaviour then attitudes?
- Should we have advertising that primarily reinforces behaviour ('You oughta be congratulated')? Or do we need advertising that will primarily generate trial ('Four good reasons to try brand x')?

In other words, 'What works? And what doesn't?'

With the time dimension included, you get the full dynamic picture. The research becomes richer and its value is much more easily demonstrable in terms of:

- Its role as an 'early-warning system'.
- Its ability to reveal changing patterns in a market.
- Its ability to tease out inferences about causation and relate these to assessment of the effectiveness of advertising, promotions, etc.
- Its ability to capture unexpected events.
- Its asset value as a cumulative data-base resource.

Markets are dynamic. They are a moving picture and they need dynamic - not static - techniques to capture their richness. Tracking on a continuous basis puts the missing dimension of time back into market research.

If you are not tracking your competition using continuous tracking, is your competition tracking you? Are you being followed?

NEW PRODUCT LAUNCHES: DON'T PULL THE PLUG TOO EARLY

Most companies these days put a lot of money and careful attention into development of a new product. They do the same with the development of the advertising and the promotional program to back it up. They pre-test the advertising and the acceptance of the product concept and try to put everything in place for the launch to succeed.

But then a funny thing happens. The launch button is pushed. And in this crucial immediate post-launch stage, the tendency is to do little more than take a deep breath, pray that they have done everything right, and wait anxiously for the judgment - the judgement of the market... Will the product be a success or a failure?

If NASA launched space shuttles the way manufacturers launch new brands, there would be fewer astronauts!

Instead of looking for ideal product formulations, the urgent need is more often to address the level and fine-tuning of marketing support for new products. To ensure that these are adequate and functioning as they should requires that companies closely monitor their launches, making appropriate adjustments, fine-tunings and corrections as required. Failure to do this is one of the most important causes of new product failure. Too often, marketers have too little information and pull the plug on the new product too early, i.e. before they have achieved the necessary awareness and trial.

Trial needs to be gained early, while the product has a newness and freshness about it. If it does not achieve good penetration in the first six months it is unlikely to succeed.

Launching new products should be like launching space shuttles - the successes should outnumber the failures. It is not an inevitable law of marketing that in the launching of products there needs to be more casualties than successes.

PLANNING CAMPAIGN STRATEGY AROUND CONSUMERS' MENTAL FILING CABINETS

Ads are like alcohol: the more you have the less you remember. After exposure to only one or two competing ads, your memory, for the first one, starts to become impaired.

Over a period of a week, the more competing commercials that are aired for a product category, the less the average person will remember about any one of them. It is now well established that forgetting is due not to the passage of time alone, but to additional learning that takes place during that time. When time passes but little or no further (competing) learning takes place there is very little forgetting.

Memory, the ability to retrieve an event or message, can be severely impaired when a person is exposed to other similar events within a short time. While this is a well-established finding in psychology, it is not widely recognised in marketing. Few people take account of it in planning advertising media schedules or when they are assessing why their ad campaign may have 'failed'.

The evidence is that commercials aimed at audiences with high involvement (need to get involved with the product to assess it - e.g. computer system) may be less subject to these effects than those aimed at audiences with low involvement (soap commercial). This is because with high-involvement situations the consumer may consciously and deliberately process the message in such a way as to make it more resistant to forgetting. That is, he files it in a way that anticipates a future need to retrieve it. With high involvement messages, unlike low involvement ones, the viewer anticipates a future need to use the information.

The key point here is the level of involvement of the target audience. If car ads are aimed at people intending to buy a new car in the next two or three months, then these people are likely to be highly involved. However, around a third of all new-car purchases are made by people who did not intend to buy a new car but were overtaken by events. These include people whose old car suddenly gave them problems and the growing number of people who separate from their spouse and find a need for another car. Such people are likely to be low-involved at the time of exposure to the advertising - at least up to the point before the 'need' is triggered by the unforeseen event.

So advertising for high-involvement products such as cars may need to address an uninvolved target audience as well as a highly involved one.

Successful advertising planning and evaluation demands detailed analysis of more than just one's own ad expenditure. It especially necessitates an understanding of consumer memory processes in regard to interference effects as well as memory decay. The on-air effectiveness of an ad is influenced by several things - not necessarily in this order:

- The execution. Is it a great ad?
- The dollars spend. How much 'weight' was put behind it that week?
- The flighting. How is the ad being flighted from week to week?
- The number of competitors who are on air in the same week and how much they spent.
- The number of different ad executions for the same brand that you have on air in any one week.
- The number of commercials for the same umbrella brand that you have on air in any one week.
- The level of involvement of the target audience and the complexity of the message that needs to be communicated.

Flighting. Some advertisers schedule their brand's advertising to appear every week. This is known as a continuous advertising schedule. Others prefer to 'flight' their advertising, in other words to have a burst of several weeks of the same advertising followed by a few weeks off air, then go on air again

with another few weeks of the same advertising and so on. This is known as a flighted ad schedule. Each new burst of advertising is regarded as a separate 'flight'.

Target Audience Rating Points - TARP. Kleenex might define its primary market for tissues as females 18 to 45 years old. If the ad for Kleenex tissues went to air on Channel 9 at 6pm last night and 20% of this group were watching the channel at that time the ad has 20 TARPS. If the ad is shown again several times in the same week, each time the percentage of the target market that is watching that channel at that time is added to the accumulated TARP figure. So the ad might accumulate 210 TARPS for the week. A total of 210 TARPS for the week could represent a variety of combinations of reach and frequency. Or perhaps only 50% of the target audience saw the ad but they saw it on average 4.2 times. This still accumulates to 210 TARPS. The majority of ad campaigns in Australia run at 100 to 300 TARPS a week. Fifty TARPS would be a light weight while 400 TARPS would be a heavy weight of advertising in any one week.

WHAT HAPPENS WHEN YOU STOP ADVERTISING?

In a prolonged series of test market experiments, it was found that when advertising of milk stopped, nothing happened to sales. Nothing, that is, for twelve months! After a year of no advertising, milk sales suddenly went into a sharp decline and continued to decline at a sickening rate.

Advertising immediately re-started. But it was too late. It took another eighteen months to halt the decline and then begin to reverse it. To regain a favourable position lost during recession costs more in the long run than to retain it by continuing advertising at a satisfactory level.

During tough times, you need to make the available, though limited, ad budget work more efficiently. Rather than stop the advertising, consider these ways of trimming the waistline and tightening the belt:

- A 'drip' media strategy, i.e., rather than stop the advertising altogether, use reduced exposures (reduced weekly TARP weights) to at least try to hold the ground you have already captured.
- Examine the feasibility of having longer gaps in your advertising flighting pattern. How long can you afford to stay off air between flights without jeopardising your brand franchise?
- If you are using several ad executions on air at the same time, cut back to just one ad and put all your media weight behind it. Be very single-minded. Most companies use too many executions anyway and put too few exposures (TARPS) behind each execution.
- If you want to cut back, consider 15-second commercials - but use them not as attack forces but as occupation forces to hold the mental territory that has already been captured. Make sure you build ad awareness to a high level with longer commercials before you switch to 15s. Don't just use 15s as substitutes for 30s.

LEARNING TO USE 15-SECOND TV COMMERCIALS

When they work, 15-second commercials seem to work very differently from 30- or 60-second commercials. Simply trying to use them as cut-down versions of a 30-second ad to save money doesn't work. They need to be used in a different way.

Fifteen-second commercials have been used in a variety of ways:

- As a *reminder*: e.g. a 30-second ad followed, after an initial burst, by 15-second reminder ads. This works.
- As a *fast-follower*: e.g. 30s and 15s in the same commercial break. The 30-second commercial

shown first up with the 15-second shortened version used last in the same break. The jury is still out on this one.

- As a *'sequel'*: e.g. a 30-second commercial first up in the break with a 15-second *sequel* commercial appearing last in the break. There is increasing evidence that 15-second sequels used like this, can work well.
- As a *mixture-ingredient*: e.g. 30s and 15s randomly scheduled in the same week. The jury is still out on this one but there is little encouragement.
- *'Back-to-back'* e.g. two 15s in a 30-second pod. Why would anyone do this? I don't know, but it is happening in the US. It is unlikely to work unless perhaps the ads are for two related products (e.g. toothbrushes and toothpaste for the same brand - say Colgate). These have the potential to appear as almost a 'seamless' 30-seconds of advertising for the brand's dental hygiene products.
- As a *stand-alone*: e.g. 15s used entirely on their own. The evidence is overwhelming - these almost never work - no penetration - no memorising and no recall.

Summary:

1. Some agencies continue to waste their client's budgets on stand-alone 15-second commercials which are used inappropriately with low-involved audiences.
2. If the audience is not highly involved and/or the message is not visually simple, then *don't* use 15-second commercials as stand-alones.
3. Consider 15s as cost-efficient *reminder* ads after the mental territory has been captured with 30s, 45s or 60s.
4. Or consider using them as a sequel, topping and tailing them with a 30-second ad at the beginning and a 15 at the end of the break.
5. Remember that 15s have extreme difficulty cutting through the clutter. *They also add to the clutter.* (A three-minute ad break could conceivably consist of three 60-second ads or up to twelve 15-second ads.)

In Japan 80% of TV spots are 15-second ads, whereas in Australian the proportion is only about 30% and increasing. Australia is not Japan, however. There are fundamental cultural differences as well as apparent difference in the way we process ad information. As one ad agency has pointed out, in Japan to be tight-lipped is to be trustworthy. Product demonstrations and user testimonials are generally not well received. 'The harder you try to explain something, therefore, the pushier you will appear... Where our TV commercials tend to progress from beginning to end, the Japanese often dispense with chronology altogether.' In a culture like Japan, the 15-second stand-alone commercial may work. In Australia, with low-involved audiences, it almost never does. What needs to improve in Australia is the ability of advertisers and ad agencies to more realistically select those brands and strategies which lend themselves to 15-second commercials and to use these in ways that maximises the chances for effectiveness. Let's not ignore the growing evidence on 15-second commercials in Australia - let's recognise it. Ad agencies can then use it to build better campaigns that give their clients' advertising greater chances of success.

SEASONAL ADVERTISING

There are important seasonal influences on advertising. Sometimes these things are pretty obvious, but all too often, we realise this only in retrospect.

Products that are to a greater or lesser extent seasonal include:

- Summer: ice creams, suntan lotions, soft drinks and swimwear.
- Winter: canned soup, chocolate bars, chocolate biscuits, cough and cold preparations.
- Seasonal events: electric razors (Father's Day and Christmas), children's shoes (start of school year), greeting cards etc.

With product categories that are seasonal, advertisers have limited time to build momentum. They have to make the product 'catch on' in much less time than they would normally have for a non-seasonal product. They are always racing to beat the seasonal clock.

Even with **non-seasonal** products there is an unwritten rule of thumb that you need to aim for maximum trial for a new brand in the first three to six months. Otherwise, it loses that sense of newness. It risks acquiring an image of having been around for a while and not having taken off. If this sets in, it makes gaining further trial all the more difficult to achieve.

With a seasonal product the problem is acute. If the ad can't create a sense of the brand having taken off in the first season, chances are that by its return in the second season the brand will risk being perceived as 'old hat'. People will remember that it was around last season but 'didn't seem to catch on'. This can be the kiss of death.

Maximising the proportion of people who try the product is crucial to success. Remember, a 20% market share can be achieved in two very different ways:

- If only 20% of people have tried the brand but they are buying it 100% of the time.
- If 100% of people have tried the brand are buying it only 20% of the time, i.e. one in every five times they buy the product category.

To give a brand the maximum chance of success it is important to aim for maximum trial as early as possible. If the trial rate at the end of the first season has only reached 25% it means the brand is relying on a very high repeat buying rate to achieve satisfactory market share and viability. More to the point, it will not be until next season that the brand will get a crack at the 75% of consumers who have not yet tried the brand. By that time it may be too late.

With seasonal products, the off-season period of activity is regarded by many advertisers as a temporary interruption. When it is over they expect to simply resume where they left off last season, in the same way as, when you re-start a video after pausing in freeze frame, you expect to resume exactly where it left off.

But does it? It is dangerous to assume that even if it always has done that, it will do so again next time. Memories fade, attitudes change, people change and competitors may try to influence the market during the off season. If you spent real effort and a lot of money during the season to capture the mental territory of the consumer's mind, can you leave the opening round of next season's battle to chance?

It is worth considering occupation strategies that attempt to hold on to the mental territory you captured during the peak season.

If your product category is truly seasonal and you and your competitors always start advertising in a particular month, consider jumping the gun. Get in first. This recommendation is based on the principle that it is easiest to get into people's heads *when there is little or no competing advertising clutter*.

If you can capture the mental territory before your competitors come on air, your job is easier - a maintenance task, not a building task. You have already captured the mental territory and it is easier and less expensive in the face of clutter to hold the ground you have won. Getting in early can be an effective strategy. (But make sure you also send in the occupation forces in the form of a maintenance campaign when the competitors come on air.)

UNDERWEIGHT ADVERTISING: EXECUTION ANOREXIA

This raises an important question. What is the optimum number of ad executions (variations of the ad) to air in any one week? One? Two? Three? Is it better to have one execution or many?

The answer is not straightforward. One thing is for sure, however. Multiple executions have to be considered carefully in terms of tightness of integration, media weight, flighting of each execution and particularly the degree of involvement of the target audience. Especially with low-involvement products, the use of multiple executions can be counter-productive. There has been as many as six ad executions used for the same brand in one week. Were they effective? No! If there is a general rule that emerges it is this: For low-involvement products don't use multiple executions - or if you do, be prepared to back each one with substantial TARP weight in its own right.

There may be examples of tightly integrated campaigns where multiple executions have worked well but the general note should be one of caution. **Being single-minded is usually best.**

A crucial difference with low-involvement products is that the advertising has to capture the attention of the low-involved consumer. This is certainly the case with most packaged goods. Advertising for low-involvement products puts a premium on highly creative and sometimes bizarre ad executions to make the advertising cut through the clutter.

The ad and the message needs to be very single-minded.

An uninvolved audience just won't work hard enough to take in all the elements of your communication.

With low-involved audiences, repetition is so necessary. With highly involved audiences the desired effect may often be achieved and maintained with much less repetition because (a) the audience works harder on the message in the first place and (b) this greater 'elaboration' as it is called, consolidates the information in memory, thereby rendering it less subject to subsequent interference and memory degradation from exposure to other competitive commercials.

Mixed-involved audiences. To make things even more complicated, some product categories have *mixed* audiences - something that some ad agencies do not seem to explicitly recognise in the ad planning process. For example, with most durable goods (cars, PCs, appliances, telephone systems, etc.) you have at one time some people who are ready to buy and highly involved and some who may not buy for several months or years and who are relatively little involved.

The ad strategy can ill afford to assume that the only people worth targeting and communication with are the highly involved ones.

Not every ad campaign is going to succeed. But don't let your ad campaign die from underweight advertising. Here is a small checklist:

1. Check that your planned TARP weights are in fact achieved.
2. Especially with low-involvement products, use a single execution unless there is a very good reason for doing otherwise.
3. If you are using multiple executions, make sure you check for the possibility of execution anorexia. Check the number of TARPS per execution per week.
4. As a rough rule of thumb, if you can't afford to put a minimum of 50 TARPS per week behind *each* execution, don't risk using a multiple execution strategy. Stay with a single execution and do it well.
5. Check the involvement mix of your audience.

WHY RADIO ADS AREN'T RECALLED

Radio is not TV and it is not a substitute for TV. It could be used more effectively, but advertisers often seem to use it wrongly. The two main problems with radio seem to be listener attention levels and the fact that radio advertising doesn't have pictures. Advertisers can do something about both of these factors in designing more effective radio ads and media schedules.

Establish the visual mental territory first with TV and then tie in radio as a reminder / reinforcement. It takes more to get into people's heads than it does to stay there. Use TV for the pictures and the attack. Use tie-in radio as the reinforcement / reminder.

CLOSING THE GAP BETWEEN THE MAILBOX AND THE MIND

It is about ten metres from the front door to the mailbox. It is a much greater distance from the mailbox to the mind. The gap between the mailbox and the mind is the biggest wastage problem in the letterboxing of catalogues, brochures and free samples.

About 8% on survey are 'aware' of the brochure being received by them though the brochure has never been issued. A post delivery survey needs to take into account of this donkey vote.

The objectives of retail brochures / catalogues are:

- To build store traffic.
- To generate sales of the particular items.
- To enhance the image of the store (e.g. its wide range).

'Those who cannot remember the past are condemned to repeat it.' 'Experience is what you get when you don't get what you want.'

- a. Australia needs an independent auditing service to monitor letterbox-drop deliveries.
- b. Catalogues need more differentiation in executional style.
- c. Strive to own a style. Integrate the store or complex with the style.
- d. Consider TV and other media to generate interest / involvement / awareness of the drop.
- e. As part of ongoing tracking, include measures of 'recall receiving' as well as 'looked through' and 'bought anything as a result'.
- f. Learn from each change of execution style or product-category inclusion what works and what doesn't.
- g. Compare 'net awareness' results with advertising in other media rather than simply comparing cost per thousand items 'delivered'.
- h. The biggest gap is between the mailbox and the mind.

MAXIMISING AD EFFECTIVENESS: DEVELOP A UNIQUE AND CONSISTENT STYLE

The ad execution that works best is the execution that uniquely ties in to both brand and message.

Mistaken identity also occurs with commercials. If your brand is identified with a particular style, then anyone else who tries to use that style risks advertising for you.

One of the key dimensions of style is the use of voice-over. Voice-over seems to be ubiquitous in TV advertising. While it has the advantage of being cheaper, using voice-over is almost always less effective than using on-camera presenters, whether direct or indirect.

Two things we do know are:

- The style you choose can be a powerful form of nonverbal communication that identifies you and your ads.
- Voice-over ads are almost always less effective than on-screen speech.

Style is such a subtle characteristic of advertising that language is hardly adequate for analysing and discussing it. To maximise ad effectiveness, it is useful to understand how style varies. Style is like hair. It needs careful grooming, it is crucial to your identity, and how you look depends on how you cut it!

SEQUELS

Why does every new campaign for a brand have to be a total change? If your ad or campaign is worn out, it usually means people are bored with it. So your ad agency develops an entirely new ad that bears little if any relationship to the old one. Out goes another baby complete with the bath water!

The more successful an old ad is in capturing and holding the mental ground, the longer it stays in people's minds even after the advertising is taken off. (This is one reason why it is difficult for a new competitor to cut through in the face of a long-advertised market leader.)

We might note that while this 'fighting between ads' is going on in people's minds, the sum total of ad recall for the brand (i.e. the old plus the new) is very low. It is not until the new ad breaks through and begins to dominate that net ad awareness for the brand starts to return to its previous levels. The implication of this is that considerable time and media money could be saved if only the advertiser could somehow bypass or avoid this transition periods when there is 'infighting' in memory between ads. Is there a solution? Yes! Adopt the sequel.

The important thing is that the new ad has a meaningful relationship with the one before; it is encoded or linked into the existing memory like pieces of a jigsaw puzzle which fit together. In this way people can file the two ads together in memory and retain both.

Human memory works best when new things that are introduced have an integral fit with, or can be related in some way to, old things that already exist in memory.

1. If your old ad has been successful but is now wearing out, consider a sequel rather than a totally new ad.
2. If you do have to change horses and go for an entirely new ad, and if your past advertising has

- been very successful, then expect the new ad to take some time to 'wear in'.
3. If you hit on a unique style that works, then continue it in the next ad. Strive to 'own' that style in the consumer's mind.

CORPORATE TRACKING OF IMAGE AND ISSUES

A well-known and well-respected company will always enjoy advantages in at least two non-consumer markets. First, it will attract and retain better quality employees. Second, corporate image can and does affect the company's price on the stock market.

Positive attributes like credibility, stability, national interest, Australian, human, caring, responsible corporate citizen, non-polluter, environment-conscious - all of these are possible attribute associations that the company can position its image on.

But which one or ones? Trying to position on more than one or two at a time is fraught with the danger of image diffusion.

There are three elements in an image, whether it be a brand or corporate image. That image is a function of the attributes which are associated with it, the degree of those attributes it is perceived to have and how important that attribute dimension is in people's minds when they make a decision.

What advertising or corporate communications are trying to do is:

- *Move* the organisation *along* an attribute dimension, e.g. honesty or corporate citizenship, or
- *Add* a new attribute dimension to the image, e.g. environmentally responsible, financially secure, or
- Influence the perceived *importance* of an attribute dimension for the public in evaluation organisations, i.e. change the importance that people place on a particular attribute.

There is a lot to be said for a proactive approach to corporate communications and corporate image. Image is like grooming. It is something that needs constant care and attention, not a once-a-year examination. Especially in the current environment, where 'green' is very much the dominant colour.

COMMUNICATION THE CORPORATE

In the last ten years there seems to have been a corporate communications explosion. Why are so many people interested in corporate image? Why are companies spending so much money on advertising and promoting themselves instead of their brands?

Corporations here and in the US are spending more on public relations aimed at the community generally and the stock market in particular, for example on 'advertising vehicles' such as their annual reports. The success of the company in communicating the effectiveness of its performance and, by implication, the fact that the management is doing a good job, can mean the difference between management survival and oblivion.

The problem has been that many high profile companies have overlooked their corporate 'Achilles heel': public perception (i.e. the perceived value of their shares to shareholders). In terms of dividend performance and share-price appreciation those companies highlighted by Tom Peters in *In Search of Excellence* were, in fact, no better than average compared to the rest of the market.

Alfred Rappaport, author of *Creating Shareholder Value* points out that a company's survival is based on marketing itself to the investment community in regard to two fundamentals:

- Its ability to generate cash (to satisfy the claims of its employees, customers and suppliers).
- Its credibility and reputation, i.e. how able it is to obtain any additional funds that it might need from external sources using debt or equity financing.

A healthy corporate image and a health share price are the prophylactic protection influencing survival.

Without that protection, what good are a company's new products? What is the value of consumer orientation? What does it matter if your traditional accounting figures are good? From management's point of view, these are all for nothing if the company gets taken over. The current board will not be around to enjoy the fruits of its efforts. As the old saying goes: 'When you are up to your backside in crocodiles, it's hard to remember your original objective of draining the swamp!'

MEASUREMENT OF ADVERTISING EFFECTS IN MEMORY

So the test of whether an ad like Yakka's (industrial working clothes) is working is threefold:

- Is it strengthening the connections between the relevant retrieval cue - the category (work clothes) - and the brand (Yakka)? When we think of work clothes, are we more likely to think of Yakka than we were previously?
- Is it strengthening the connection between the brand (Yakka) and the advertised attribute 'tough'? Is the brand more closely associated with the attribute 'tough' than it was previously?
- If it is doing both these things, then it should be positively affecting our overall attitudes towards the brand Yakka and increasing our disposition to buy Yakka rather than some other brand - that is, if 'toughness' is an attribute that we see as important in work clothes.

To assess the effect of the ad, then, at least three things need to be measured - one to represent each of these effects. Readers will now recognise the rationale for three of the best-known and most used mental measures. The first is *spontaneous brand awareness*. The second is *image attribute association*. The third is people's overall *attitudinal disposition* towards buying the brand (their purchase intention).

Note that all these brand measures are not ad measures. They focus on the brand.

THE BUY-ODOLOGY OF MIND

We have peeked inside our 'necktop' computer to see how memory worked.

There are two types of memory. The first is 'knowledge' memory, or what psychologists call 'semantic' memory. But not all memory is knowledge of this kind. There is another kind of memory containing all the things that happen to us. This is more of an autobiographical memory than a knowledge memory. We remember episodes in our lives - the things that have happened to us.

These are events or episodes that are retained in memory at least for some time. They form memory networks that can be activated in our autobiographical memory. So our autobiographical memory consists of all the things that have ever happened to us that we can recall or recognise. Psychologists distinguish this type of memory by calling it episodic memory, as distinct from knowledge memory.

The process of evaluating an ad - the main measure that are most often used fall into two broad categories:

<i>Brand-focused</i>	<i>Ad-focused</i>
Brand attitude / purchase intentions	Ad recall / recognitions
Brand awareness	Correct branding
Brand image	Message take-out

These measures are used in a process of elimination to try to assess if the ad is working and if not, to isolate what is going wrong. The crucial difference that having all these measures makes is that it enables the pursuit of a full diagnostic interpretation.

Brand-focused measures:

Assuming that sales and market share show no signs of reacting (and this is always the first step), the question that is usually asked is: Is the ad showing any signs of affecting people's overall attitudes to the brand or their disposition towards purchasing it? The answer can be provided by the first of the brand-focused measures, brand attitude / purchase intentions.

The earlier it is in the campaign, the more likely that the evidence from this may still be 'fuzzy' and inconclusive because the effect may as yet be a small one. So the next diagnostic level comes into play and calls for information from the other two brand measures. These provide the early-warning indicators that can tell the advertiser if the ad is likely to work and if not, where it may be going wrong.

One of these indicators is spontaneous or category-cued brand awareness. The one thing that is almost always in our minds when we are about to buy something from a particular product category is the name of the product category itself. So the product category (e.g. toothpaste, work clothes, margarine, beer etc) acts as a retrieval cue to bring the brand to mind in the purchase situation.

When market researchers measure spontaneous brand awareness they ask people what brands in the product category they can name. Which one can they easily bring to mind? This measure, known as spontaneous brand awareness, is a gauge of the degree to which the product category acts as a retrieval cue to bring the brand to mind; it indicates how closely the brand is connected to the product category. An increase in spontaneous brand awareness therefore provides an indicator of a strengthening in the connection between the relevant retrieval cue - the category - and the brand.

If spontaneous brand awareness is increasing, the ad is achieving at least that part of its aim. But if it isn't, then it signals the need to explore why the ad is failing to produce this part of its effect.

In the same way, the brand's association with the key image attribute featured in the advertising (e.g. 'tooth toughness') should also be showing signs of strengthening. If the image attribute association is improving then the ad is doing this part of its job. But if it is not then it signals the need to explore why the ad is not achieving this part of its intended effect.

It is in order to explore the where and why of something breaking down that gives rise to need for the ad-focused measures.

Ad-focused measures:

The ad-focused measures are diagnostic supplements. Ad recognition, ad recall and message take-out

do not substitute for brand-focused measures but complement them. They assist in pinpointing which components of the ad are not performing and which ones are. They also indicate something about the nature of the remedial action(s) that might be taken to redress these problems.

The ad may simply not be cutting through - it may just not be being attended to. Alternatively, the ad may be cutting through but the execution, while commanding attention, may be weak in communicating the link (between the product category and the brand). To take remedial action, the advertiser needs to know if it is the attention-getting characteristics of the ad that need to be changed or the communication content itself. It is at this point that the ad-focused measures assume centre stage and allow us to trace back through the cognitive effects to see where the ad may be falling down.

Summary:

Behavioural measures can't diagnose why an ad works or why it doesn't. Without mental measures, advertisers can develop very little understanding of this buy-ology of mind and the real effects of advertising. These measures provide diagnostic tools which are all-important if advertisers are to translate the knowledge that something worked into a wider learning experience that generalises to help formulate new effective advertising for the brand. Unless a brand is tracked on a wide range of 'mental' measures it is difficult, if not impossible, to say how and why it worked and to use that knowledge to design better advertising in the future.

One reason we find it difficult to analyse advertising's effects introspectively and why advertising has remained a mystery for so long is that these effects are often so simple and so small that they fall short of outright persuasion. Advertising influences the order in which we evoke or notice the alternatives we consider. This does not feel like persuasion and it is not. It is nevertheless effective. Instead of persuasion and other major effect we should look for '**feathers**', or minor effects. These can tip the balance when the alternative brands are otherwise equal and, through repetition, can grow imperceptibly by small increments over time.

ADMINISTRATION OF MARKET CONTACTS:

The Business Development Manager / Marketing Manager shall retain all records of communications with potential clients.

All senior executives and Board members are to be actively involved in marketing and promotion of the products and services.

However:

All contacts of any kind with a client, potential or otherwise, is to be registered with the designated Sales Manager.

A file is to be maintained for every potential client, such client is to be incorporated into a group which, in short, infers the type of products or services that he may need and whether he is a prime, medium or remote potential client - (data base). The scheduling of his name will determine the level of incorporation in mailing lists and promotional material.

Contacts with a client shall be reported on and from these assessments will determine if more aggressive promotion will yield results and thus move him from medium to prime or downgrade the contact to remote and keep communications going for referrals.

Effort with a potential client must be time and cost effective particularly when our resources in both areas are going to be under pressure.

From the build up of reports in the client file - data base - we will be able to:

- a. Get a better understanding of the firm / market / public perception.
- b. Determine more clearly what additional products and services he could be interested in.
- c. Form an overview of a group in an area, obtain a comprehensive knowledge of that market and determine how to expand it.
- d. Determine the leaders in different market segments.

The proper management of client / market information will be critical in running a cost effective and penetrating marketing drive.

A review of market activity will occur at every Board meeting.

"SAVING FACE" PRINCIPALS:

Our Asian friends have a number of personality traits that need to be understood a little to appreciate the time and endurance to open accounts with them.

Due to their crowded environment, they welcome personal contact, and wish only to get to know you in your first two or three visits, then business may or may not follow.

As they do not wish to offend you they will tell you what they think you want to hear. If you lie to them then the contact is finished.

However if they make a commitment to you then they must keep face and honour that commitment no matter how adverse it is for them unless they can "save face".

It is dealing with Asians on the highest level both sides (them and us) that a good long term arrangement can be achieved - if we get a commitment from them we must bend over backwards to fulfil it, that is, we must "save face" also.

To proceed with an Asian client requires patience and detail however a long investment will be eventually profitable.

The contact must be maintained by the same parties throughout as dealing is very personal.

It is imperative that we as visitors are in receiving our Asian friends here that we understand their specific customs, such as:

- a. Tea be provided non-stop and that fresh water is supplied continuously that is piping hot.
- b. That meal breaks are taken at the appropriate time without delay.
- c. That voices are always kept at a low level.
- d. That seniority is noted and respected on both sides.
- e. That business cards are received with both hands and passed in a similar fashion.
- f. And many more points which are generally very good common sense.

AGENCIES:

Too much effort is put into interviewing, getting to know and appointing agents - who ultimately die in the hole, when the effort should be directed to making personal contact with the clients in the area in which the so-called agent should perform in.

Agents have to be appointed but later so they can sweep the smaller clients in their area.

Again and again we say appoint somebody in Hong Kong, you spend, say AU\$15,000, and you get nothing whereas when you do get something the agent has stuffed it up and you have to fix it. He puts his hand out for his chop when you have exerted massive resources trying (unsuccessfully) to save the client.

The message is, don't underestimate your own capabilities and go and front the top potential leads in the far away cities and profits will be made from the only sources possible - your own efforts.

An agent is not to be pandered, if he wants to be appointed, he will be appointed on the following circumstances:

1. He must expend some of his own money - fly to the SANCTUARY facilities and spend more than sufficient time to know the systems, product and people.
2. Accept appointment on probation.
3. Never have an exclusive agency.
4. Then we give him every bit of support possible but it must be cost effective - cost of supporting him in selling aids, telephone and personnel costs from our end, etc., must be offset against sales personally accredited to him.
5. Existing clients previously won in his area remain with the firm until it is more practical for the agent to service them - a Board decision.

Finding clients is far more important than finding agents.

IMPORTANCE OF TOP MANAGEMENT IN MARKETING:

No sales – No money for wages – No business.

In our birth years (being the first 3 years) management needs to know the problems in the market place and respond.

A sales operative is always going to be slow in relaying to management the real problems he encompasses out in the field. By putting into the front line the top management, we will know straight up the enormous amount of problems that we have to overcome rapidly.

Corrective action should avoid a lot of potential clients from being burnt off and the costs of such responses will be nominal as against a protracted situation of non-action or partial action.

It is anticipated that sales will be characterised by:

1. Sales when made will be for personalised services.
2. A substantial amount of product confidence will have to be instilled in the potential client before order consummation.
3. Client will be depending on the Company Representative supervising the delivery of goods or services and with the specifications requested.
4. Such an exchange of mutual trust is best achieved between senior responsible persons and such relationship will be long term and mutually rewarding.

It is very clear in marketing at this level that changes in the personnel representing the Company are very detrimental to progressing relationships and sales.

SINGULARITY OF RESPONSIBILITY:

The economic benefit of this policy is that one person is responsible - not the army - and communications are to and from one person.

The subtleties of dialogue can then be properly addressed by the one responsible person and the client service is complete.

There is no opportunity for buck passing and problems can be isolated and dealt with without too much drama and not involving an army.

It is a highly efficient and economic principal of operation to be adopted.

The negative side is that it can allow a person to hide his sins however it is up to the Board and Management to be on the alert for the mushroom treatment.

Thus a senior executive will be individually and personally be responsible for a specific number of clients.

An extension of this principal is the 'ownership of phone calls'. You answer an incoming call and it is your responsibility to ensure the caller has his wishes complied with. If it is a complaint that you receive then you are responsible for satisfying the caller - none of 'this is not my responsibility'.

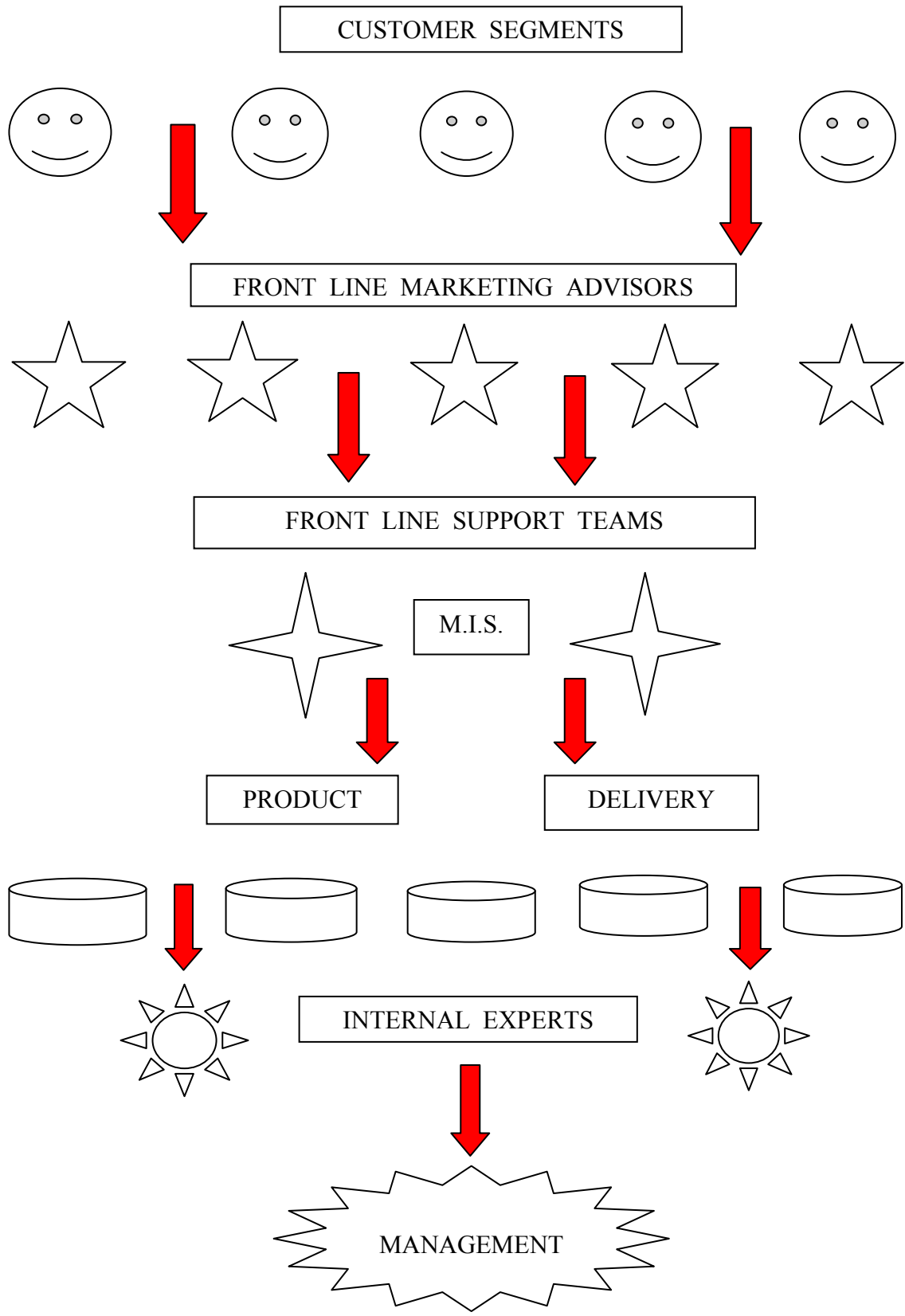
The services and products are to be promoted on a personal basis:

PERSON to PERSON
 PRINCIPAL to PRINCIPAL
 RESPONSIBLE PARTY to RESPONSIBLE PARTY

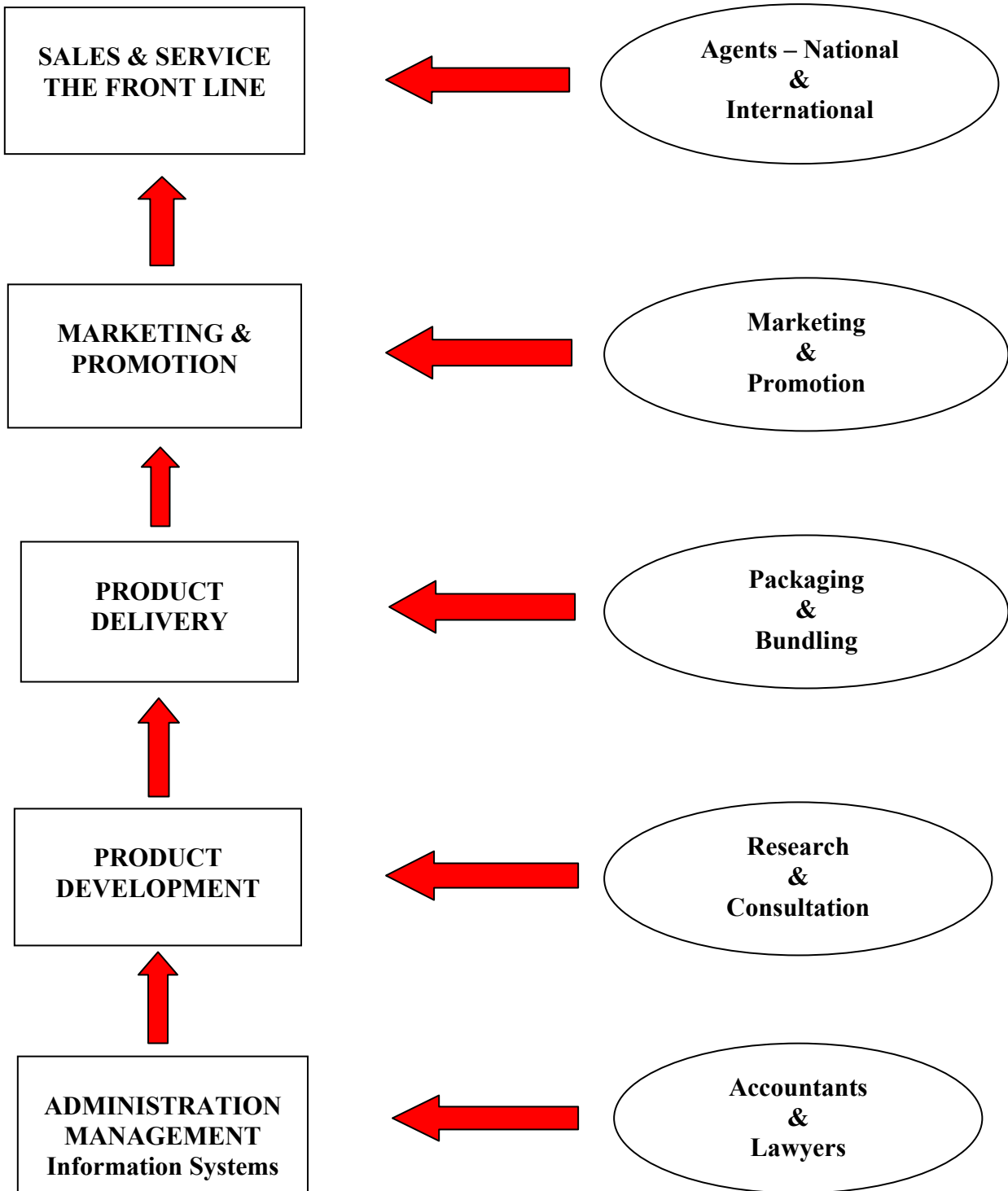
Product knowledge is to be comprehensive and client / patient support to be at the highest level.

Objective being to enhance sales by a high degree of referral. Procedure may be time consuming but will be more effective and a lot lot cheaper than other systems such as paper, radio and television.

CUSTOMER ORIENTATED ORGANISATION CHART



VALUE-ADDED CHAIN



COST CONTROL OF MARKETING PROMOTION:

Three quotes (as usual) are required on the cost of each element of any promotion.

BROCHURES

No brochure is to be produced that is destined for the bin - brochures will be information bulletins.

Brochures will not contain prices and will be produced as a series of "Technical Information bulletins - Newsletters" from the public relations / communications division, they will have index references and be readily compliable in a PASCAS HEALTH SANCTUARY (The Sanctuary) binder (very small binder to start). The brochures will incorporate the usual market promotion material on, say, a selected medical service or product.

Brochures will be developed in a series and will generally be distributed to all targeted clients.

"The SANCTUARY" - the Newsletter Book

Incorporated into these books can be the information bulletins and brochures thus keeping all the promotional material readily available for patients and customers.

VIDEOS

Videos would be used for in house promotion and would be used for group presentations in client or industry gatherings. Videos of the complex would be restricted in their coverage and would not be left with any group what so ever; copy protection would be imposed and location of tapes monitored for videos which are highly sensitive.

A short promotional tapes will be prepared.

CD's

All material is to be made available on CD Roms.

WEBSITE

Website design and management is to assist all who come in contact with the Sanctuary.

ADVERTISING & EDITORIALS – ADVERTORIALS:

Advertising in trade journals and consumer journals, such as Womens Day, Womens Weekly, would be on the basis that:

- a. An editorial is possible which will be prepared by the Public Relations Officer.
- b. That our products and services be at that time readily available.

Television and daily newspaper advertising as supporting advertising could be appropriate for our style of product.

FUNCTIONS

Personal contact and physical affiliation with the product have long term benefits in promotion.

Parties of 10 - 40 to visit the SANCTUARY complex facilities would involve those rated as potential high consumers of product.

Video cameras are prohibited in the complex however The SANCTUARY tapes and CD Roms may be available together with "The Book".

Promotional functions in major cities would follow a similar format and would have similar objectives of getting to know each other and the complex with its services and products.

MARKET REVIEW and RE-ASSESSMENT:

Each promotional activity must be analysed for its cost effectiveness both in dollar terms and time involved.

A number of these assessments will be subjective however the more successful promotions would be increased and others dropped off.

Sales, when achieved, would be categorised and accredited to a specific promotion.

If the costs are excessive on specific groups when compared to sales results then promotion would be reviewed downwards to reflect a satisfactory cost / benefit situation.

What would seem to be excessive effort on individuals or groups, instead of curtailing activity, a longer view may be necessary.

Marketing will have a budget and that budget will have to achieve a series of results such as:

- a. Consummated sales.
- b. Forward commitments.
- c. Programmed realisable sales.
- d. Market penetrations.
- e. Client awareness.

Sales have a cost and that cost must be realistic.

Experience of reviewing marketing operations month by month at the Board meetings will see many changes to the program and many disappointments but a strong result will be achieved eventually.

PRICE CONTROL:

The easiest way to make a sale is drop the price - the shortest route to going broke.

Pricing policy once set CANNOT be broken except by the Board.

A detailed review of The SANCTUARY's costs is to be completed together with collation of market accepted pricing. From this will be established the price structure for introduction of The SANCTUARY's products.

It will be cognisant of:

- a. small sales of the one off nature
- b. retail outlet prices

Once the price schedule is fixed it will be presented as non-negotiable - quality and back-up service to be the deciding factors in negotiations.

Naturally, a strategic price structure will be established from which to negotiate.

PANIC or URGENT ORDERS:

A sales person who continually puts in URGENT orders is to be URGENTLY dismissed - there are no profits in URGENT orders, in fact chaos is to be avoided at all costs. Apart from that how often have we seen an URGENT order sit at the door waiting and waiting.

No doubt there are genuine situations of pressure which requires priority and if the administration can accommodate a priority request without any cost being imposed upon the facilities then such priority request should be considered.

There is no profit in URGENT orders and a Panic responsive salesperson is of no value to The SANCTUARY.

The Ultimate Sales Weapon - REFERRAL:

The policy of PASCAS HEALTH SANCTUARY is to present to the public:

- a. A High Standard of Service.
- b. Back that product with technical publications based on techniques and practices acceptable world wide.
- c. Provide the services through high-precision high-tech equipment and methods.
- d. Test the services under world accepted practices.
- e. Provide medical data and after delivery support.
- f. Provide after service support to the patient.

Promotion is on a personal basis and responsibility will be on a one to one basis.

Marketing success will become evident when the dream sale comes in - the REFERRAL.

By far the most cost effective sale is the REFERRAL and to achieve such we must be seen by our clients as being worthy of their REFERRAL before we achieve such a sale.

Accordingly our whole marketing program and image must be of such high professional status to warrant the compliments of REFERRAL.

PRODUCT DEVELOPMENT:

Initially service sales must be directed towards the bulk bread and butter lines such as:

- a. Medical Centre
- b. Complementary Medicine
- c. Specialist Centre
- d. Pain Clinic
- e. General Hospital
- f. Property Management of Retail Space
- g. Medical Services General

Concentration in these areas will enable those elements of the complex to be bedded down without over extending the staff in this difficult opening period.

Product development will progress with the entry of Medical Specialists and leaders in Alternative Health modalities into the Complex.

The capacity of the facilities being available will become apparent as the range of specialists being sort to use the complex adopt the diagnostic facilities that are available in the imaging department and sophistication of the operating theatres enables more and more complex procedures to be undertaken at "The SANCTUARY".

Once these elements are operating properly a full range of services will be promoted indicating the complexities of procedures that can be undertaken at the SANCTUARY as published in Technical Information Bulletins (The SANCTUARY Journal).

Though it is said that the SANCTUARY Complex configuration is such that it can provide most services in the industry, the development and investigation of additional products and services will be an ongoing exercise - cost v profit and community benefit.

Consideration of trade names or trade marks could include:

"The SANCTUARY"
"The SANCTUARY PAIN CLINIC"
"The SANCTUARY MEDICAL CENTRE"
"The SANCTUARY HEALTHCARE CENTRE"
"The SANCTUARY COMPLEMENTARY MEDICINE"

PASCAS HEALTH SANCTUARY Pty Ltd
PASCAS HEALTH SANCTUARY EQUITIES Pty Ltd
PASCAS HEALTH SANCTUARY PAIN CLINIC
PASCAS HEALTH SANCTUARY HEART CLINIC
PASCAS HEALTH SANCTUARY REHABILITATION Pty Ltd
PASCAS HEALTH SANCTUARY ONCOLOGY CLINIC
PASCAS HEALTH SANCTUARY HOSPITAL
PASCAS HEALTH SANCTUARY HEALTHCARE CENTRE Pty Ltd
PASCAS HEALTH SANCTUARY 24 HOUR MEDICAL CENTRE

SOUTHERN CROSS PRIVATE HOSPITAL & CLINIC

MARKETING PLAN - PRELIMINARY DISCUSSION PAPER

Target occupancy levels are:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
40%	55%	66%	70%	75%	80%	80%

The first full year of operation is the year 2006.

Population levels for Gold Coast statistical area is projected at:

2005	2006	2007	2008	2009	2010	2011
500K	515K	530K	545K	560K	575K	590K

At 4.0 beds required per thousand (current state and national average is 4.5 beds per thousand):

2,000	2,060	2,120	2,180	2,240	2,300	2,360
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Beds anticipated available on the Gold Coast including the Sanctuary's 300 beds:

1,659	1,659	1,659	1,859	1,859	1,859	2,059
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Public Hospital development anticipated: Robina 200 then at Coomera 200

It is anticipated that the occupancy level of patients drawn from the Gold Coast statistical area will reach its peak in: 2010

In the third year of operation the marketing of medical services will start to be effective as the domestic reputation and acceptance will then start to underpin international marketing strategies.

Probable mix of patient sourcing adopting the lowest levels of international patients envisaged is:

Domestic:	40%	55%	66%	60%	50%	45%	40%
International:	0%	0%	0%	10%	25%	35%	40%
Total Occupancy:	40%	55%	66%	70%	75%	80%	80%

Fee structures for domestic patients will be in line with the local market which is dictated to by the health insurance industry and will always be so directed.

Internationally sourced patients will be subjected to supply and demand market shifts in other international markets that cater for patients, such international suppliers of medical services are United States of America, Europe and Japan - all have cost structures well in excess of Australia's prevailing domestic health cost rates.

DOMESTIC MARKET:

Understood are the:

- a. Median age profile as produced by the Australian Bureau of Statistics.
- b. Ageing profiles for the whole of Australia: 1947 - 1966 - 1986 - 2031.
- c. The % changes in No's of people in 5-year age groups in Australia for the decade to end in June 2001.
- d. Population migration trends within Australia, the net gain of 50,000 per annum for Queensland is not likely to abate.
- e. Newspaper report indicating the population outcome for the Robina precinct as a result of the Robina Land Corporations land subdivisions and marketing.

A report to the Queensland Health is separately reported however, adopting the review of the hospital beds requirements for the Gold Coast region being the statistical area from Coomera to Tweed Heads, there is a need for 1,802 hospital beds in the year 2006 at a bed ratio of 3.5 per thousand whereas there will be only 1,359 provided, at 4.0 beds per thousand the demand is for 2,060 beds resulting in a shortfall of 701.

There is not a comprehensive diagnostic facility in existence on the Gold Coast let alone a Xray Unit that operates a 24 hour service.

The concentration of medical services on the Gold Coast is at Southport which hosts some 70% of all the doctors who actively use hospitals. The enormous growth in population around Robina as a result of the development of a new "Central Business District" for the Gold Coast will steadily result in a migration of doctors into the zone and expand the medical services in that area. Such migration has already commenced with the development of the John Flynn Hospital at Tugun. The opening of the Pascas Health Sanctuary Hospital will fill the enormous gap in the region and ensure the fulfilment of needs of the new residents in the Robina precinct. However, the positioning of the facilities within the medical precinct of Southport is equally as viable.

To attract the medical staff, the positioning of the hospital complex within easy access of the Business Centre (Southport or Robina) is imperative, it is well recognised that people want all their services within easy access and that the highest concentration of the population and corresponding capital growth in housing is within six kilometres of the highest concentration of jobs. This centre will attract patients from not only within the prime catchment area of the Hospital but from as far south as Coffs Harbour on the New South Wales north coast, to Armidale being inland and from all over South-East Queensland.

The provision of hotel accommodation (medi-hotel with step-down facilities) within the Pascas Health Sanctuary complex will facilitate the use of the medical services by country patients who are not catered for any where else in an environment as attractive as the Gold Coast.

INTERNATIONAL MARKET:

The establishment of international markets will be a long term program. The geographical attractiveness of the area and the positioning of the Hospital Complex within easy access of a central business district are important.

Of greater importance is the quality of the medical staff.

A review of specialists in the cardiac and cancer disciplines practising in South-East Queensland and in Brisbane revealed that the area could boast at least one specialist in a majority of the key disciplines as being ranked in the top ten in the world in the field of their choice. South-East Queensland being in the Sun Belt, encourages the return of many highly skilled persons in all fields and this is no less in all aspects of medicine. What is not provided for these specialists are the facilities required for them to continue to develop their world standard skills.

We have been approached by medical specialists of world repute which guarantees the complex an early acceptance by the international medical fraternity thus enabling the successful marketing of the facility overseas. These approaches follow on from a specific trip to Asia, Japan, America and England by one of the Company's associates.

The facility will be available for leading overseas specialists to demonstrate their specific techniques thus advancing the knowledge and skill of our own specialists and in doing so ensuring the retention of experience and skills within our shores.

Preliminary discussions have been held with international airlines such as Air India, Continental Airlines, Singapore Airlines and Garuda. These airlines and similar international carriers undertake "medical flights" wherein the passengers are accompanied by doctors and the aeroplane carries emergency medical equipment.

The current destination of such flights is the USA where patients are subject to costs typically in excess of US\$1,500 per day and the vagaries of personal security.

We did believe that the market for international medical services was substantial, we admit that we grossly underestimated the size. Air India is seeking an alternate location for their Middle East medical passengers and have stated their disappointment in the lack of a suitable facility in Australia. Fortunately we intend to rectify this matter.

The market is enormous and the prime export areas are:

United State of America	Singapore
Japan	Middle East
Indonesia	Philippines
India	Other Asian Countries

The American market is open due to the cost efficiencies that the Australian medical system offers. Medical funds such as Blue Cross are actively looking for facilities to repatriate their clients so that Blue Cross's costs can be reduced.

GENERAL:

Principally the marketing of the complex is directed to "hospitalising doctors" domestically and internationally.

This entails a regional, then national and then international marketing of the proposed facilities and then the demonstration of the availability of those facilities to the medical fraternity that is required to be attracted to the complex.

These programs are developed to achieve the mix of specialities targeted for the complex with the accreditation standards to be high enough to ensure market success.

This marketing program would commence immediately upon the complex being assured of being constructed.

The expansion of the market overseas will be on several fronts:

- Accessing the allegiance with an international company having health orientated products and programs.
- Aligning the complex with that international company.
- Using the allegiance with the international company to seek the endorsement of international airlines to promote their medical flights with the Pascas Health Sanctuary complex being a target destination.
- Hosting international seminars aimed at the preferred medical speciality fields that the complex is strongest in.
- Encouraging working visitations by medical specialists from overseas.
- Promoting the medical options through what ever commercial program that is accessible overseas in the regions of highest interest.
- Representatives would be appointed in major cities to promote the complex and to act as liaison officers for Pascas Health Sanctuary Hospital and Clinics.

These programs would be fully researched and implemented within the first six months of the complex commencing construction. Such programs would be under constant review and monitoring with the objective to enhance their effectiveness progressively during their implementation.

EXPORT of MEDICAL SERVICES

Key services to be promoted intrastate, interstate and through out the Pacific Rim are:

- Ophthalmology including laser surgery.
- Cosmetics - full range.
- ENT, full range, including bionic ears / cochlear implant.
- Paediatrics - full range including correction of congenital abnormalities, disfigurations and end results of trauma.
- Orthopaedic surgery - full range including joint replacement.
- Cardiothoracics - CABG and angioplasty / stents.
- Oncology - full range including radiotherapy.
- Gynaecology - endoscopic surgery which is not available throughout the Pacific Rim.
- Specialties that the Hospital will provide as they become available.

- Pain management and rehabilitation.

A range of programs have been developed with the objective of achieving a high overseas participation, the ultimate aim being 50% with the progression of time as the Complex becomes known.

Prominent Asian Families are to promote the provision of these services and others of the Pascas Health Sanctuary Hospital & Clinics for the benefit of their family, community and staff.

A wide range of these services are not available in a number of regions where Pascas Health Sanctuary has visited.

In attending to the details outside of the elective medical requirements, such as transfer from airport to hospital, local accommodation, customs, food and language skills, a complete service is being provided. This approach has overcome the general concerns of those seeking medical services outside of the region where they live.

ENHANCED MARKETING & OCCUPANCY LEVELS:

With the endorsed support of a major international life institution the export of medical services will be established during construction and commissioning of the complex which will then bring forward the international patient load by four years thus increasing the overall occupancy levels year by year and putting the complex into profit immediately upon opening:

Occupancy levels with the support of Life Institution:

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
50%	80%	85%	85%	85%	85%	85%

MEDICAL RESEARCH:

The budgeted commitment to medical research to be undertaken by the complex comes in the form of four items:

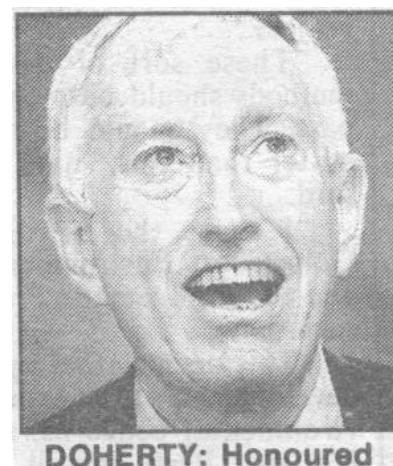
1. Building facilities in the form of research laboratories, administration, library and associated amenities.
2. Staff and administration in the form of wages and associated costs related to the operation of those facilities.
3. Equipment for the research facilities which is included in the overall fitout package.
4. An annual cash grant for publicly recognisable programs.

The primary objective is the collation of data that leading specialists have accumulated and assisting in that data being published. Many specialists express their frustrations in not having the time or facilities to compile and publish their findings which they have collected and experienced over the years. Such publications would be a joint exercise of the Hospital and the Doctor.

Dr Nick Nicola (Bs 03 9345 2526 Hm 03 9478 9585) of the Walter & Eliza Hall Institute of Medical Research - Cancer Research Unit, has offered to assist in developing a policy for a medical research program for Pascas Health Sanctuary. Basically the four major medical research teams in Australia are well funded and controlled by their funders - all from overseas. These four teams do represent the cream of the researchers in Australia.

Do we approach Professor Peter Doherty to be our patron? The Peter Doherty – Pascas Health Sanctuary Medical Research Foundation? The 1997 Australian of the Year, Nobel Prize winner Professor Peter Doherty said Australia was a major player in international scientific research. "We have a fantastic tradition of research in this country" said Professor Doherty. "We are substantial international players. We have had substantial bipartisan support from the political process and long may it continue."

Professor Doherty, whose medical research into immunology continues in the USA, is clear to work in Australia for three months of a year. The annual costs of running such a unit is AU\$1 million per annum.



Immunology is the leading sector in developing new and more effective ways of combating cancer and is likely to reduce the need for radiotherapy and other existing unpleasant medical procedures.

It is clear that for the Pascas Health Sanctuary complex to achieve world recognition that steps along these lines must be considered. It is a question of costs, sponsorships that can be accessed and benefits that will eventually return to the Complex.