
Stigma
and
Social Marketing

**Business & Government-Sponsored
Social and Health Care Services**

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St. Luke's Health Initiatives

A Catalyst for Community Health

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Executive Summary

Uninsured children are more likely than those with health insurance to go without preventive care and immunizations, often lack primary care providers and sometimes do not receive acute medical care when they need it. KidsCare – Arizona’s insurance program for low-income children who **do not meet Medicaid eligibility requirements** – was created and implemented for the express purpose of solving these and other problems.

This target group of children is often found within **working** families, those who have **jobs** – often more than one – but who do not receive or cannot afford health insurance for their children. However, even against that backdrop, there has been little research on the role that the employment factor might play in the process of enrolling eligible children.

What information is available – mostly anecdotal or speculative – seems to suggest that efforts to utilize the employment relationship as a conduit for enrollment could face serious obstacles, including both social stigma associated with welfare or government programs and political or philosophical opposition by business owners and managers.

To pursue these issues, St. Luke’s Health Initiative (SLHI) contracted with Grossfeld/Severns, Inc. and University Research¹ for a two-phase social marketing project intended to identify KidsCare obstacles and opportunities among business owners/managers, formulate strategic and tactical options for each, and create prototypes and models for the implementation of communication and social marketing efforts within various business communities.

The centerpiece of Phase One was an extensive questionnaire administered to a statewide sample² that included both private and public sector managers and business owners whose employee population would include those parents of children eligible for KidsCare enrollment.

The key findings are:

- ◆ There was virtually no evidence suggesting that managers/owners hold decidedly negative attitudes toward government programs that benefit children. On the contrary, respondents were supportive of such efforts.
- ◆ Similarly, there was no evidence that social stigma regarding a “welfare program” would be sufficient to preclude a business decision to participate in a KidsCare enrollment process.
- ◆ There was evidence of business respondents discomfort with “government” and “government programs.” Critically, however, this discomfort appears to be a function of normal business decision-making and is not unique to KidsCare or other children’s programs.
- ◆ There is a strong suggestion that business discomfort with potential involvement with a government program such as KidsCare can be alleviated by the use of clear business-oriented messages formulated to highlight benefits, respond to concerns, or both.

¹ Grossfeld/Severns, Inc. underwent a corporate name change midway through the first phase of the project and is now The Media Guys, Inc. (TMG). University Research remains a subsidiary firm.

² Sample size was 786 with an error rate of +/- 4% at 95% confidence.

Executive Summary

The study found a significant difference between communication channels that are generally assumed effective with the business community and those that business respondents identified as being useful to them in the operations and management of their business or organization. In other words, the study identified what might be termed a “source gap” between ways in which business people might prefer to receive information and those routinely selected by senders of information.

In response to these findings, a set of model services and products will be developed by SLHI and TMG, Inc. – University Research in Phase Two of the project through which the results can be expressed within a social marketing business-to-business (B2B) framework. ❖

There is a strong suggestion that business discomfort with potential involvement with a government program such as KidsCare can be alleviated by the use of clear business-oriented messages formulated to highlight benefits, respond to concerns, or both.

Introduction

Uninsured children are more likely than those with health insurance to go without preventive care and immunizations, often lack primary care providers, and sometimes do not receive acute medical care when they need it. Families of uninsured children are also at risk for incurring substantial medical bills should these children become ill.

KidsCare³ – the state’s insurance program for low-income children who do not meet Medicaid’s eligibility requirements – was created and implemented for the express purpose of solving these and other problems.

Translated into more common language, that means uninsured children within working families: those who have jobs – often more than one – but who do not receive or cannot afford health insurance for their children. This is not an inconsequential fact. On the contrary, it has significant implications that tend to increase proponents’ desire to have a program for children that is as well funded, politically protected and socially accepted as Medicare is for senior adults.

In many respects, matching the attitudes and beliefs regarding Medicare within other government-sponsored programs represents something akin to the “Holy Grail” of many children’s advocates and the “Super Bowl” for professionals engaged in social marketing.

Unfortunately, while it is easy to set such a goal

or even a lifelong mission, more often than not the strategy and tactics deployed seem to typically be more “social” than “marketing.” In other words, the need for reliable health care for children has often produced marketing efforts that tend to reflect the deep felt moral imperative of program and policy managers.

This is not a bad thing. But it does have its limits. And it is clearly not reflective of the way in which Medicare came to its nearly untouchable position. Put another way, if we are to reach the goal of a children’s health program that is the social and political equivalent of Medicare, we would be well-served by a less romantic view of how Medicare reached its current status.⁴

The advocates’ agenda regarding children’s health issues for nearly two decades has been based on the notion of generating or creating a constituency that would command the same sort of attention, respect, and political fear as that of Medicare.

But while there have been clear successes, the active constellation of so-called “stakeholders” has been relatively limited and simply unable to fight off attacks on existing or proposed programs (funding) much less secure major expansions. Further, the political mass needed to routinely reward or punish elected officials based on their “children’s health care” voting record has been significantly below the Medicare standard.

³ The term “KidsCare” was not used in the questionnaire. Further, the description of the children’s health insurance was masked so that only neutral, factual terms were used such as the benefits, co-payments, etc. Respondents were later told this was a government program and any changes to their levels of support were recorded. The term “Masked KidsCare” is used to describe the information that was given to respondents.

⁴ Medicare became what it is through a political process that was, literally, self-generating. The initial benefits created an instant constituency among those Americans who were most likely to vote – seniors. This may be stating the obvious, but as apparent as this fact has been for so long a time, it has only rarely been absorbed within the various efforts to elevate children’s health care issues to those at the opposite end of the life cycle. To put it bluntly, senior citizens vote. Children, and all too often their parents, do not.

Introduction

However, if we apply some “out-of-the-box” thinking, we can arrive at a somewhat more optimistic perspective.

Assuming the creation of a social and political geometry more representative of the Medicare story, we would require a beneficiary/constituency group that would be self-generating and capable of creating a social-political will that would not be challenged. Further, and quite sadly, enlisting or recruiting a constituency based on the moral imperative of ensuring access to health care for all of America’s children does not appear to be sufficient.⁵

Again, in the case of Medicare the beneficiaries and the core support constituency were the same.

Project Overview

PHASE ONE:
Research study designed to identify marketing flaws and opportunities with an emphasis on organizational and business target audiences.

PHASE TWO:
Implementation of social marketing health care project.

Based on what we have seen in this study, however, we can come much closer to that model given the opportunities created by the KidsCare program. The key to this is expanding our functional definition of “beneficiary” to include businesses and other organizations that will clearly experience well-

documented benefits when their employees have health insurance for their children.

The business community,⁶ an existing vocal and influential constituency, has primarily found itself

involved in the public arena children’s health care issue as a financial benefactor to advocates and various moral imperative campaigns. This observation is not intended, by the way, to slight either group.

Advocates are devoting their lives to improving conditions for children, and business leaders are responding generously to requests for help. To one extent or another, this has been the basic structure of things for decades.

Then, as they say, everything changed.

Congressional enactment of the S-CHIP legislation authorizing the states to create children’s health insurance programs created a major potential linkage or pathway from the uninsured child to the resources now available to provide for his/her health care. And, as mentioned earlier, the eligibility requirements made it highly likely that the child’s parent(s) would be employed.

But while KidsCare has clearly broken new and important ground, for the most part it has operated much like the various longstanding models of other such government programs that had been targeted to non-working or barely working families.

This has not, necessarily, been a bad thing. In fact, through August, 2001 KidsCare has been able to enroll over 50,000 previously uninsured children which, after all, is the point of the program.

The employment element, however, creates important new opportunities for both the marketing and management of the KidsCare program as compared to Medicaid or even AFDC at its height.

⁵ There are, of course, those times and situations in which the public will be rallied by the media in support of a particular child or a small group of children with a compelling story. In response to such situations, huge amounts of money have been raised, government decisions have been overturned or changed, and laws have been enacted bearing a child’s name. However compelling and publicized these events are, they tend to be brief and usually are not a prelude to more widespread reform or changes.

⁶ The “business community” is a somewhat misleading term in that it is actually composed of dozens of smaller “communities” based on factors such as market sector, location, specific business area, etc. This is much more than a semantic difference and potentially is the answer as to why so many “business outreach” efforts fail.

Introduction

In other words, not unlike the enrollment of individuals in virtually all other health insurance programs – private & public – potential KidsCare enrollees can now be reached via their employer. In many respects, the employment element creates a unique contact point that exists in virtually no other form.

Setting aside issues pertaining to enrollment census, to the extent the employment system becomes an integral part of the KidsCare program, the business community becomes a “beneficiary” of the program with a true stake in its future.

As with all good things, however, there seems to be a catch: reported reluctance of business owners and managers to allow KidsCare access within their organizations. So, not only do they not currently know that they are “beneficiaries,” but many seem not to want to know.

This was first identified as a series of idiosyncratic stories collected while efforts to recruit children via employers was undertaken by SLHI and others. While there seemed to be generalized support for KidsCare as a concept, there was also reluctance on the part of owners/managers to allow enrollment activities within their organizations.

Study Process & Methodology

- ◆ Existing research and literature review.
- ◆ Subject interviews.
- ◆ Questionnaire development & pre-testing.
- ◆ Questionnaire deployment, data collection, and analysis.
- ◆ Target respondents: Private and Public sector top-level management.
- ◆ Overall response: N=786
- ◆ Error rate: +/- 4% at 95% confidence.

In fact, through August, 2001 KidsCare has been able to enroll over 50,000 previously uninsured children which, after all, is the point of the program.

In some instances, a plausible rationale was offered. In others, however, organizers were told of image and public relations concerns by associating a business with a “welfare” or “government” program. Overall, it appeared as if a promising recruitment/outreach channel would be closed off because of social stigma issues.

This project’s primary mission, then, was to investigate the nature of this type of stigma within the ranks of Arizona’s business/organization leaders, focusing on those with the greatest potential for contact with eligible KidsCare enrollees.

While there had been considerable research and study focused on the attitudes, beliefs and behavior of eligible parents, little work had been done to determine how to best open up and utilize the employment infrastructure for the purposes of outreach and enrollment.

To understand the business perspective on health insurance for children and ways in which their organizations may or may not be open to facilitating enrollment, University Research/TMG, Inc., supported by St. Luke Health Initiatives (SLHI), conducted a two part statewide study with organization owners and managers in the private sector and senior managers within the non-profit and public sector. ❖

Key Findings

Against the backdrop of a major new channel by which eligible children might be reached, there had been very little research on the role that the employment factor might play in the process. What information was available – mostly anecdotal or speculative – seemed to suggest that efforts to utilize the employment relationship as a conduit for enrollment would face serious obstacles. These were thought to include a business version of the well-documented social stigma associated with welfare or government programs, as well as political or philosophical opposition to KidsCare by business owners or managers.

Phase One of the project consisted of a research process beginning with a review of existing data, the various local and national reports concerning S-CHIP,⁷ interviews with business owners/managers within the target organizational population, and an extensive questionnaire that was administered to a statewide sample that included both private and public sector managers. These respondents were recruited based primarily on the workforce characteristics of their company or organization. Therefore, while large corporations were not specifically excluded from the study, the primary target consisted of those businesses and organizations that were most likely to have full and/or part-time workers who would be eligible for the KidsCare program.

Recruitment of qualified business/organizational respondents was conducted using a variety of communication channels, including traditional telephone contact and faxed or emailed messages. In order to allow for the highest participation rates possible, respondents were also given a variety of methodologies by which they could answer the questionnaire ranging from traditional telephone responses to fax-back paper documents, e-mailed documents and online web-based questionnaires. The vast majority of respondents elected to use the web-based or e-mail versions of the questionnaire.⁸

The key findings of this research phase provide cause for optimism regarding the potential involvement and use of the employment relationship for KidsCare enrollment:

The findings can be summarized as follows:

Arizona business people support government programs that benefit children and are not particularly effected by the ‘stigma’ of government welfare programs. They are receptive to helping to provide health insurance for the children of their employees (KidsCare), despite the fact that it is a government program, and readily respond to strategies that translate government language into business language and decision-making models.

⁷ S-CHIP is the term used to describe the federal enabling program under which KidsCare was formed.

⁸ Interestingly, this preference for either e-mail or web-based participation seems to extend into the content of the questionnaire as well. Respondents showed a clear preference for such electronic communications as is reported in the 4th major finding.

Key Findings

KEY FINDING NO. 1:

ATTITUDES TOWARD GOVERNMENT PROGRAMS THAT BENEFIT CHILDREN

The study sought to identify respondents' attitudes and possible effects of social stigma in several ways, including their direct reactions to government programs and spending tax dollars, as well as more subtle attitudes regarding the effects of various "welfare" programs.

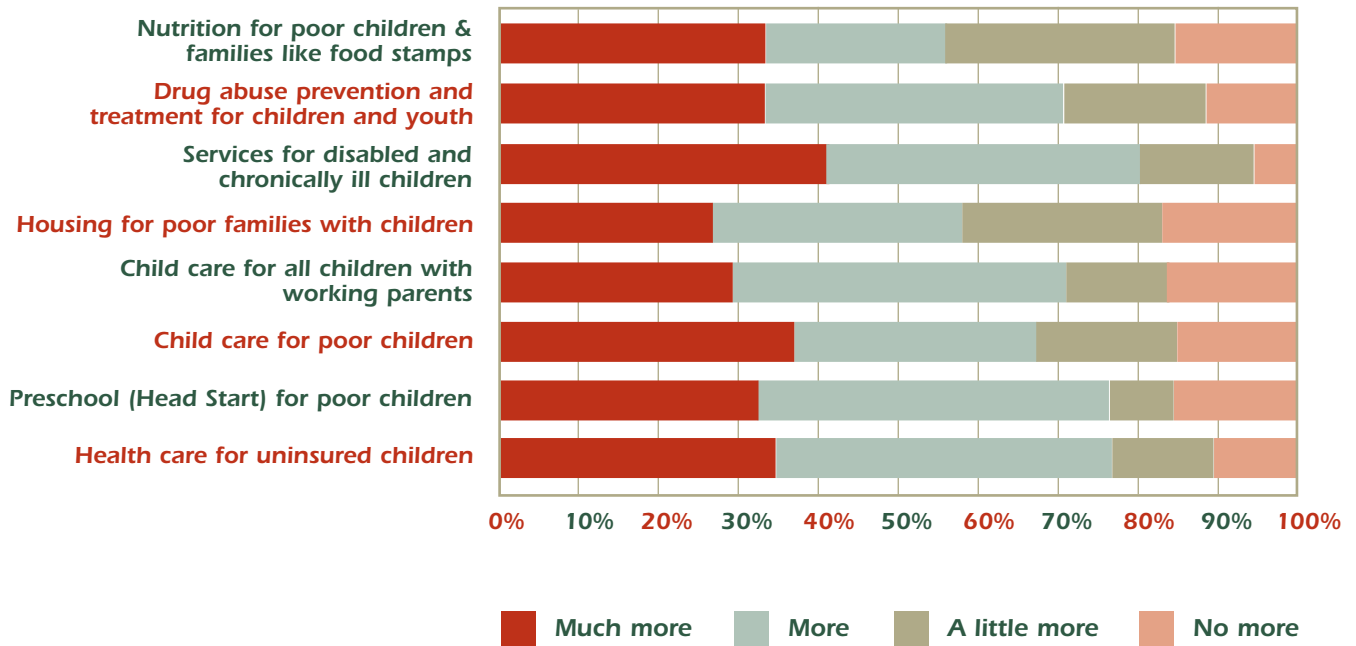
Respondents were given eight specific government spending areas and asked whether they would like to see more or less spending in each of the areas. Respondents were told that if they said to spend "much more" in an area, it might require a tax increase to pay for the expansion.

Respondents said that they would increase spending overall for all eight of the spending areas. Only the school lunch and housing programs received any appreciable level respondent desire to cut funding.

More directly to the purpose of the study, however, over a third of respondents in six of the eight spending areas wanted to see spending increase "much more" – even if it meant a tax increase.

FIGURE A

"More or less government spending in specific areas."



Key Findings

KEY FINDING NO. 1:

“Here are some areas of government spending. Please indicate whether you would like to see more or less government spending in each area. Remember that if you say “much more,” it might require a tax increase to pay for it.”

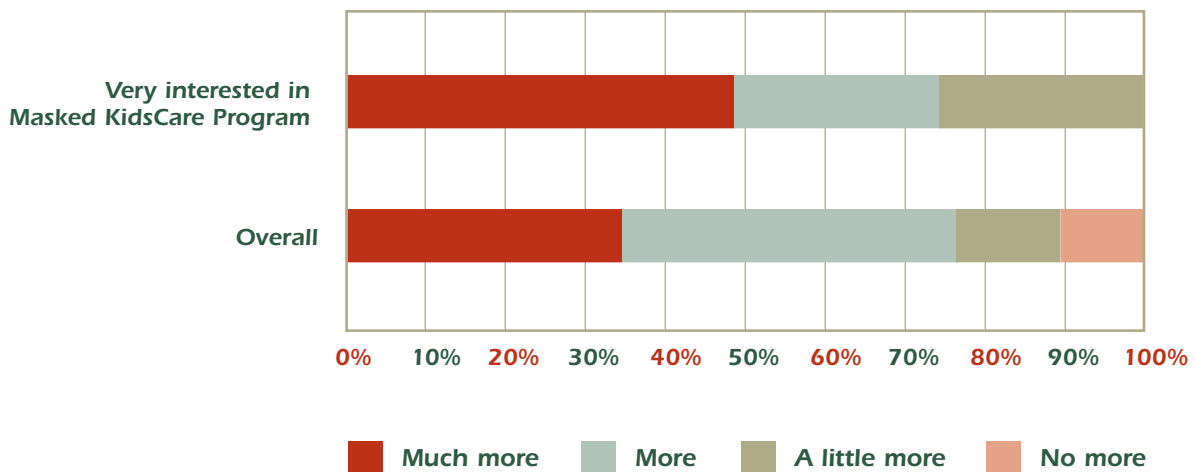
There was virtually no evidence suggesting that managers/owners hold decidedly negative attitudes toward government programs that benefit children. On the contrary, respondents were supportive of such efforts.

Of particular interest to those who are charged with marketing KidsCare to business managers is the following fact: Those respondents who had said that they were “very interested” in making the Masked KidsCare benefits available to their

employees approved of higher government spending on health care for uninsured children. Thirty-four percent of the overall respondent group said that “much more” should be spent by government on health care for uninsured children, while 49% held that perspective among respondents who expressed the strongest interest in the Masked KidsCare program.

FIGURE B

Support for Child Health Funding & Interest in Masked KidsCare



Key Findings

KEY FINDING NO. 2:

SOCIAL STIGMA AND BUSINESS DECISIONS

Similar to the first finding, there was no evidence that social stigma regarding a “welfare program” would be sufficient to preclude a business decision to participate in a KidsCare enrollment process.

Respondents were given a number of statements to which they were asked to indicate their level of agreement, ranging from “strongly agree” to “strongly disagree.”

The statements, either positive or negative versions of common stereotypes regarding government sponsored social welfare programs, provide one look at the ways in which these business respondents express their perspective on social matters.

While the finding may be counter-intuitive, it appears as if the business respondents are comfortable holding attitudes that some might conclude are conflicting.

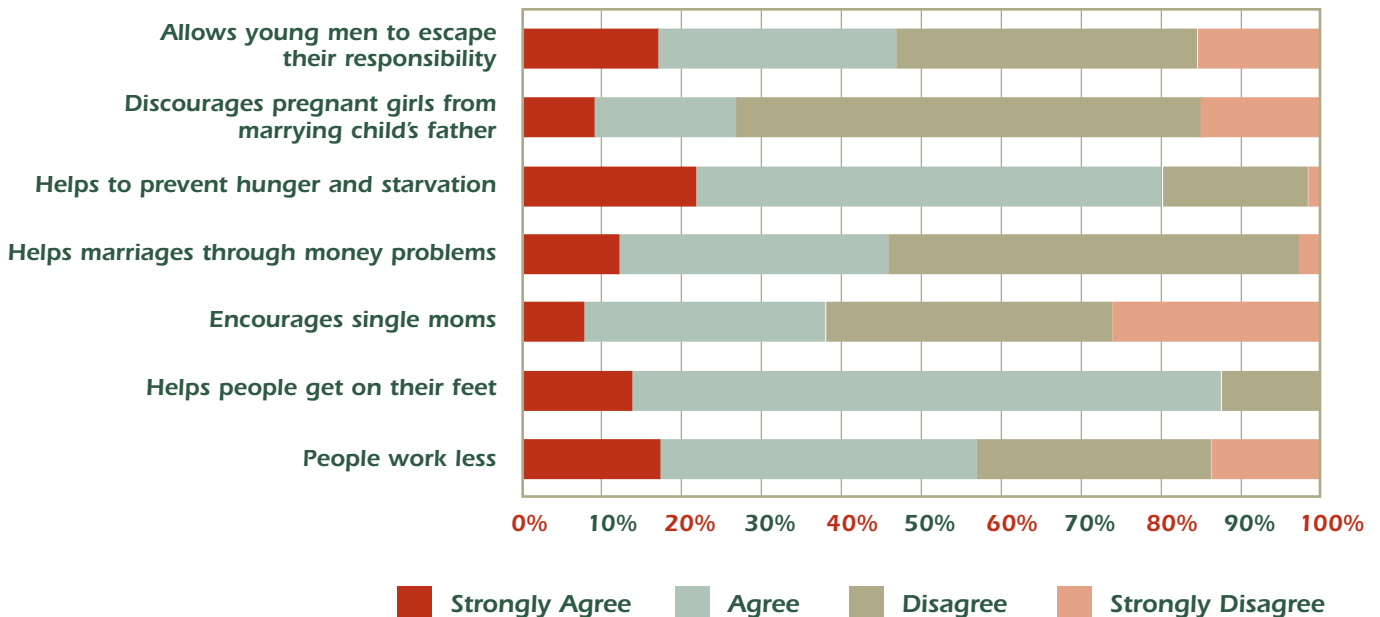
For example, two out of three respondents agreed with the statement that welfare “makes people work less than they would if there wasn’t a welfare system.”

But that attitude, which seems to be a frustration and conflict with core business values, does not predict an even stronger response to a fundamental belief in what welfare programs actually do. For example, four out of five respondents agreed with the statement that welfare “helps to prevent hunger and starvation.” And fully 73% disagreed with the notion that welfare “discourages young women who get pregnant from marrying the father of the child.”

Further, a direct testing of one of the anecdotal statements that, in part, led to the study, found little support. Respondents were given a series of agree-

FIGURE C

Agree or Disagree with Statements About Welfare



Key Findings

KEY FINDING NO. 2:

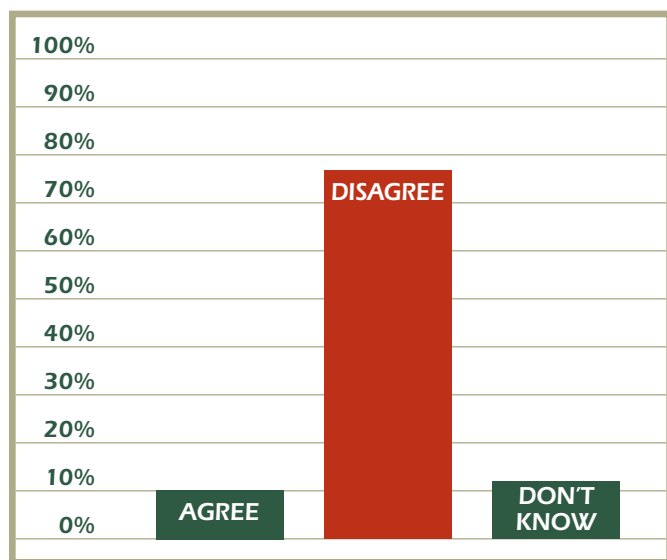
disagree statements specifically dealing with health care and health care insurance. Nearly 80% disagreed with the statement that “Government health insurance programs are for poor people, not those who work.”

Critically for the KidsCare program managers and advocates, this attitude gains strength when only those who expressed interest in the KidsCare program are reviewed.

Among respondents who said that they would be either very or somewhat interested in making the prototype children’s health insurance product⁹ available to their employees, between 84% -90% disagreed with the idea that government programs are just for poor people, not those who work.

FIGURE D

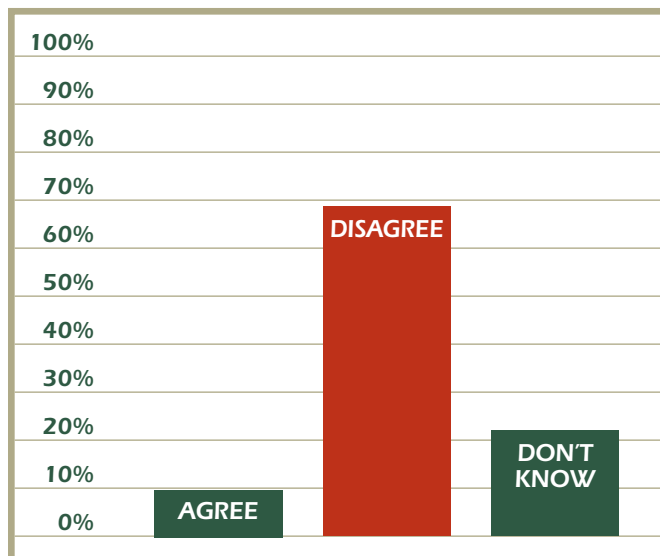
“Government health insurance programs are for poor people, not those who work.”



Still another reported business “stigma” regarding government involves the sense that involvement with a government-sponsored benefit program is costly for business. However, nearly 70% of business respondents strongly disagreed with the statement: “Even if the government offered low cost health insurance for some of our employees, we couldn’t afford the cost of dealing with government red tape and bureaucracy.”

FIGURE E

“Even if the government offered low cost health insurance for some of our employees, we couldn’t afford the cost of dealing with government red tape and bureaucracy.”



However, despite these and other related findings, there is evidence that business people experience some level of discomfort with government and government programs. This appears to be the source of whatever resistance is being reported to programs such as KidsCare.

⁹ The term “product” was used to describe the children’s health insurance program to specifically avoid a direct association with government or government programs. This was done as a means to more effectively test the later injection of associations with government into the respondents’ reported attitudes.

Key Findings

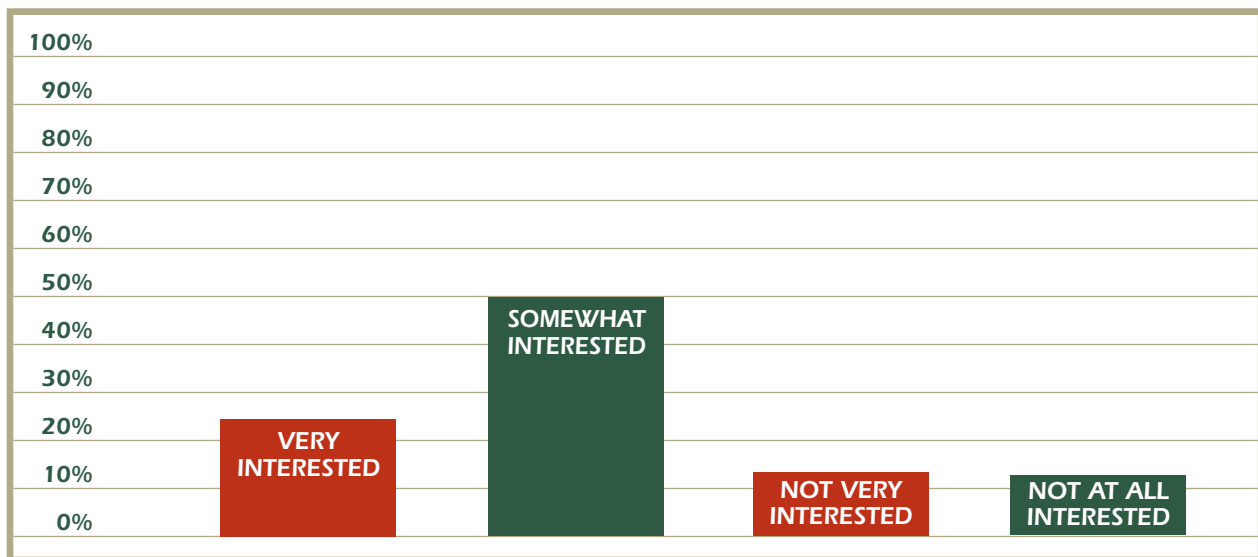
KEY FINDING NO. 3:

BUSINESS DISCOMFORT WITH “GOVERNMENT”

There was evidence of business respondents’ discomfort with “government” and “government programs.” Critically, however, this discomfort appears to be a function of normal business decision-making and not unique to KidsCare or other children’s programs.

FIGURE F

Interest in Masked Children’s Health Insurance Description



Throughout the questionnaire, respondents were given opportunities to express negative attitudes, belief in various social stigmas, etc. that might clearly explain why business people seemed to have been less than enthusiastic about KidsCare. But their resistance, to the extent it exists, seems to be rooted in a much less noticeable and subtle reason: standard business practices.

Respondents were given a description of “a new health insurance product” and asked to indicate their level of interest in making it available to their employees.

Here is the description:

“There is a new health insurance product available that is designed for the children, under age 19, of workers who earn less than \$30,000 per year and are not currently covered by health insurance.”

One critical element was deliberately omitted from the description: the fact that there is no cost to the employer. However, simply based on the description of the product, respondent business people appeared very interested.

Key Findings

KEY FINDING NO. 3:

Overall, three out of four respondents expressed interest in the masked insurance product. Of those who said they were “very interested,” a third are already providing health insurance benefits of some kind to 75% of their employees or more. Similarly, the nearly 50% who said they were “somewhat interested” also reported to have the lowest rate of health care insurance for their employees [47% covering three-quarters of their employees and 44% covering 100%].

Importantly, of those who expressed little or no interest in this insurance product, the vast majority seemed to have had a solid business reason: most of their employees already have coverage for themselves and their children.

Following the relatively widespread acceptance of the masked insurance product, respondents were exposed to a group of seven test variables in the form of “*Would you be more likely or less likely to make this insurance benefit available to your employees if you knew that...?*”

The first 5 variables presented to respondents:

- 1.** It is available to both full time and part time employees.
- 2.** There is no cost to the employer.
- 3.** This insurance covers regular check-ups and immunizations, school and sports physicals, prescription drugs, dental care, vision and hearing testing, medications and hospital visits.
- 4.** The only cost to employees is a 10-dollar co-payment per visit.
- 5.** Worker absenteeism is reduced in families where children are covered by health insurance.

Reflecting back to the earlier findings regarding core business values, we find that two factors – reduced absenteeism and no cost to the employer – are the two most persuasive factors or messages for business respondents. Setting aside any discussion of altruism, business respondents were most moved by the two factors that would most directly benefit them.

The 6th variable in the series read as follows:

“This insurance is made available through a government program.”

As is clear from the chart, exposure to this variable takes a serious bite out of the respondents’ interest levels, akin to a plane hitting an air pocket.

However, despite that drop, the next variable in this simulation indicates that there is a clear opportunity to recover most of the interest that had been lost.

The final variable, placed to immediately follow the government program disclosure, was that “*Your existing insurance agent can handle all the details.*”

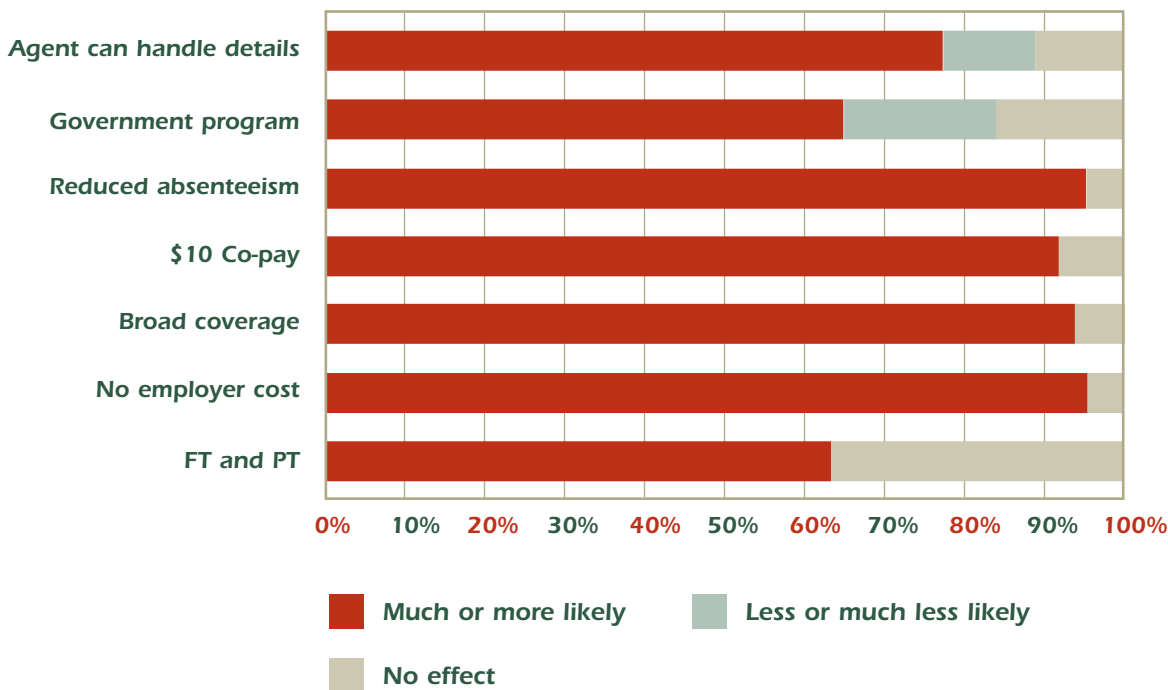
Exposure to this variable recovered 75% of those respondents who had been “Much more likely” to make the insurance product available to their employees before the disclosure that it was a government program.

Key Findings

KEY FINDING NO. 3:

FIGURE G

Test Variables for Masked Children's Health Insurance:
"Would you be more likely or less likely to make
this benefit available if you knew that...?"



It is tempting to report an analysis of this data that suggests government programs should simply cease calling themselves “government programs.” However, that would be a disservice to both government and the private sector.

Taken from the business perspective and the set of business values discussed earlier, a better conclusion might be that business people are going to measure these kinds of decisions against whether or not a product or service will help or hurt their goal of “increasing value and profitability.”

If there is evidence of a social “stigma” at work with respect to KidsCare, we believe it is associated primarily with the basic cost-benefit measurement that all businesses use.

To that extent, the “stigma” may be nothing more than an assumption of attributes **regarding government as a business partner**, more than government as an intrusive nemesis.

When viewed from that perspective, we can easily see business respondents engaging in a decision-making process about our mythical health insurance product that produces a net positive gain.

Key Findings

KEY FINDING NO. 4:

USE OF BUSINESS-ORIENTED MESSAGES AND COMMUNICATION CHANNELS

There is an intriguing suggestion that business discomfort with potential involvement with a government program such as KidsCare can be alleviated by the use of clear business-oriented messages formulated to highlight benefits and respond to concerns that are communicated using business-defined channels.

Put another way: Use appropriate business communication channels, speak business language, and focus on net value.

Respondents were asked a number of questions that had nothing to do with health care insurance or children. The core business series of questions was designed to provide insight into the respondents “business values” – those factors which help to guide and shape decision-making.

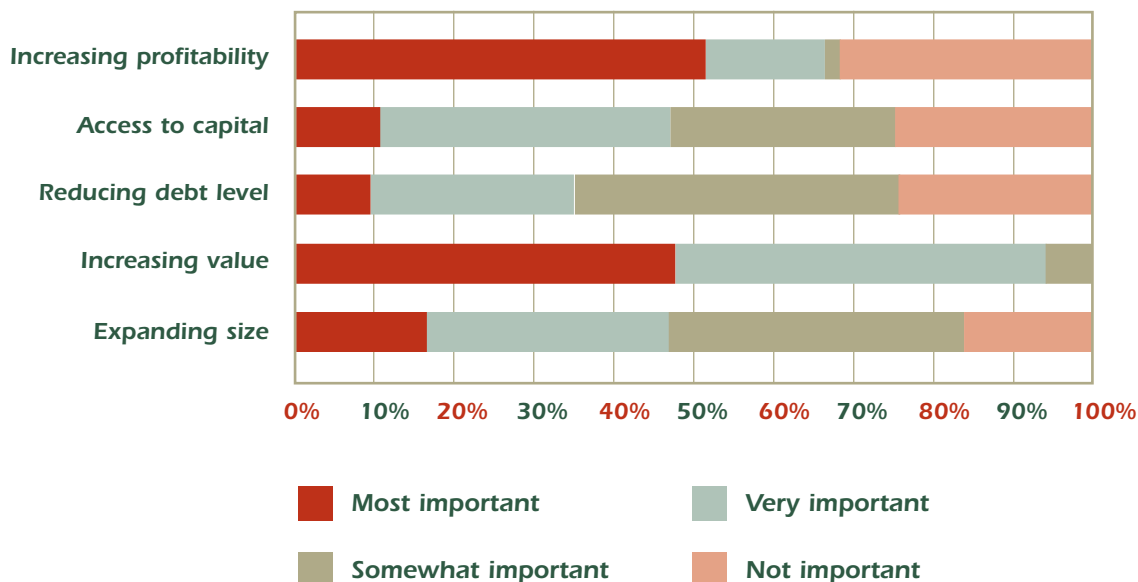
For example, when asked to rank the relative importance of such factors, 46% said that “expanding their size” was either “very” or “most” important. That compares to 65% who picked “increasing profitability” and fully 94% who reported that the “very” or “most” important factor was “increasing our value.”

From a social marketing perspective, the significance of this finding, though somewhat limited, suggests the beginning steps of what could be constructed as a “dictionary” for use in marketing to business managers.

For example, the data suggests that a message noting the benefits of KidsCare (or any other program, for that matter) in terms relative to making the business “larger” would be less effective than those linking the product/program to increasing “value” or “profitability.”

FIGURE H

Importance of Business Factors



Key Findings

KEY FINDING NO. 4:

This concept is further supported when we review the Masked KidsCare test variables once more. Recalling the “If you knew that...” test questions, we find that the strongest support for making the Masked KidsCare benefits available to employees was generated by those variables that can contribute to the value or profitability of a business: “reducing absenteeism” and “no cost to the employer.”

These findings, while specific to both the sample and the test product/program, are widely replicated by social marketing studies in terms of their overall communication structure.

In essence, the findings and communication models tell government managers to be “receiver oriented.” The most obvious example of this orientation is the application of multi-language techniques to government materials. For the most part, government publications in Arizona are available in both English and Spanish. This is considered both normal and standard practice. However, there are other languages typically not recognized, and translation services are rarely available or contemplated.

These include the various “expert” languages such as those dealing with technical topic areas such as engineering, finance, law, etc. and the more generic “bureaucratic” language which, while arguably precise, is often incomprehensible to business managers or consumers.

If, for the sake of argument, all messages to business people could be effectively translated into a common language and focused on “value” and “profitability,” the study suggests another area of concern: *using the most appropriate communication channels.*

The study found a significant difference between communication channels that are generally assumed to be effective ways to send messages to the business community and those that business respondents identified as being useful to them in the operations and management of their business or organization.

In other words, the study identified what might be termed a “source gap” between ways in which business people might prefer to receive information and those routinely selected by senders of information.

Not surprisingly, respondents are strongly oriented to both e-mail and web sites as sources of useful information. They also give fairly strong usefulness marks to both state and federal government agencies that send out information.

Considering factors such as cost and message contamination,¹⁰ the study finds that there are many ways of effectively reaching business respondents that may or may not be part of a normal communication strategy. More importantly, we suspect, the study also finds that some channels that might be used instinctively are less effective.

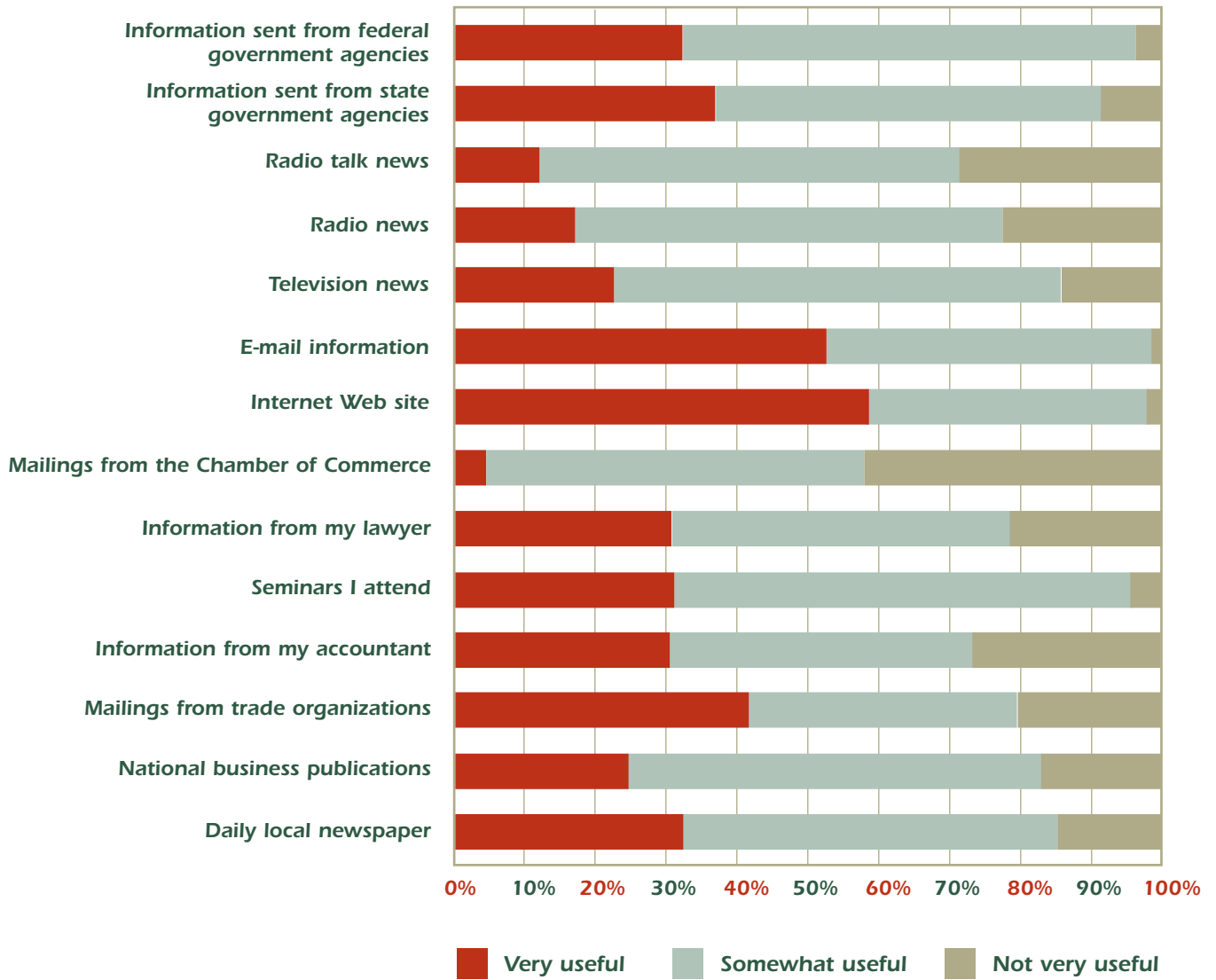
¹⁰ There are times when a message specifically developed for one targeted audience can have an adverse effect on another audience for which a different message is more appropriate. Such contamination takes place most commonly when the mass media are used for a highly targeted message.

Key Findings

KEY FINDING NO. 4:

FIGURE I

Usefulness of Information Sources for Business



In particular, while the “Chamber of Commerce” might typically be seen as an entry point for business people, it is viewed as less effective than several others. Similarly, the explosion in the use of electronic communications such as e-mail and web sites has not been lost on these business respondents.

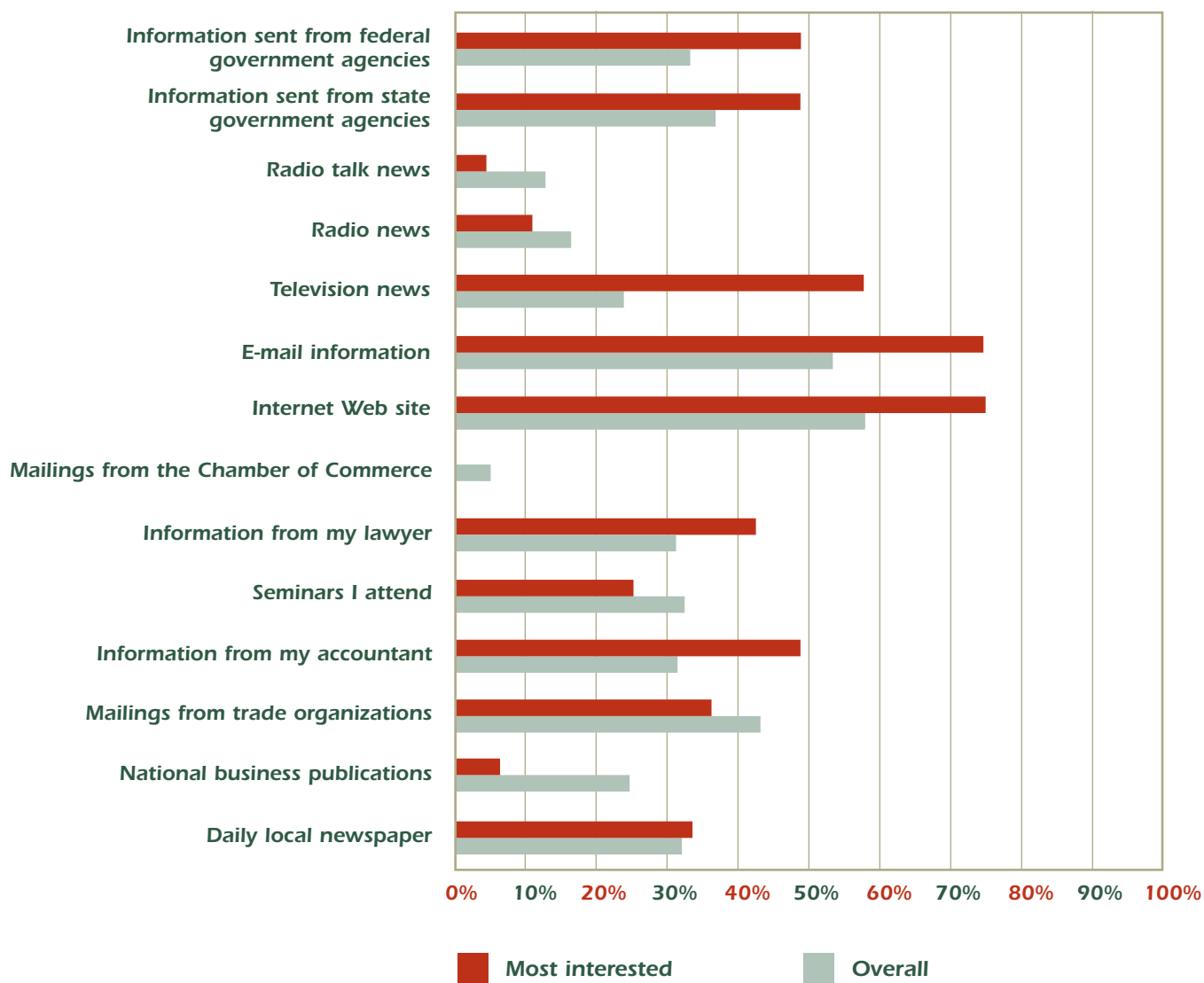
Further, when we review the same data and compare the overall usefulness ratings to those who expressed the strongest interest in making the Masked KidsCare product available to their employees, we find even more differences from what conventional wisdom might recommend.

Key Findings

KEY FINDING NO. 4:

FIGURE J

Info Source & Most Interested in Masked KidsCare



In this case, for example, it might be fruitful to communicate with business decision-makers via attorneys and accountants who are in corporate or retail business practices.

Further, the results suggest that professionals developing any B2B communication strategy seri-

ously contemplate how to incorporate the use of e-mail and Internet web sites into an overall plan. While the popularity of such electronic communications was not entirely unexpected, the clear preference for those channels was not anticipated. ❖