

Pediatric dentistry and the marketplace*

Jack K. Sauter

Marketing the pediatric dental practice is a challenge that must be met if the specialty is to survive.

When one views pediatric dentistry from the perspective of consumer durables marketing,^a it quickly becomes obvious that pediatric dentists would do well to broaden the base of their practices and raise the level of public awareness of the specialty. Using basic marketing procedures it is possible to develop a matrix of marketing elements that should have a considerable influence on the public's attitude toward dental health care for children. This will provide a useful marketing insight for both practitioners and the Academy.

It is important to note that there is nothing magic about the word "marketing." Unfortunately, there are many strange notions about how it can influence consumer attitudes and actions. These ideas arise because there is no precise definition of marketing. To some, it is a science using computers to develop statistics and demographics for use in planning the effects of advertising, product styling and packaging, and in monitoring the vital signs of goods and services. To others, it is an art where experience and intuition provide the insight needed to develop successful strategies. The best marketing is a combination of science and art; statistics, a reasonable amount of market research, experience and intuition, plus one very important element — common sense. Any pediatric dentist has these skills and can implement a successful marketing program.

* Presented at the American Academy of Pediatric Dentistry Annual Session in Scottsdale, Arizona (May 28, 1984).

[Papers in the Forum section are current topics of interest related to pediatric dentistry as well as dentistry in general. Because many of these papers represent authors' personal viewpoints, they are not refereed. Reader comment is encouraged.]

^a Mr. Sauter is group vice-president of the RCA Corporation.

This paper grew out of a series of videotaped focus group sessions with mothers of children preschool to 17 years of age. Moderators of these sessions developed discussions designed to find out what these mothers knew about pediatric dentistry and what their attitudes were about the profession. Also, personal interviews were conducted with 406 parents with minimum family incomes of \$20,000 and children from preschool to 17 years of age. These interviews were conducted in 16 cities nationwide by marketing investigators.

Some pediatric dentists may feel that after investing a considerable amount of time in specialty training, having to market their profession is an unwanted burden. On the other hand, today's economic environment is very dynamic and any business or profession must make the necessary adjustments — survival is the issue.

To be successful — as a profession and as individuals — these simple guidelines must be followed:

1. Maintain consistent, realistic goals
2. Be aware of the market environment
3. Know what motivates people
4. Establish a strategy
5. Develop a marketing plan
6. Implement the plan and follow through.

The Market Environment

The economic environment of the 80s is similar to that of the 70s, but there are several significant changes. The elements that carry over are a continuation of an aging population, the changing role of women, and a fragile economy. The major changes include a slight but important population shift brought about by a mini-baby boom and a substantial alteration in important segments of our lifestyles.

One of the most notable is a 10-year population shift (Fig 1). While the overall 3- to 17-year-old group remains fairly constant, there has been a distinct in-

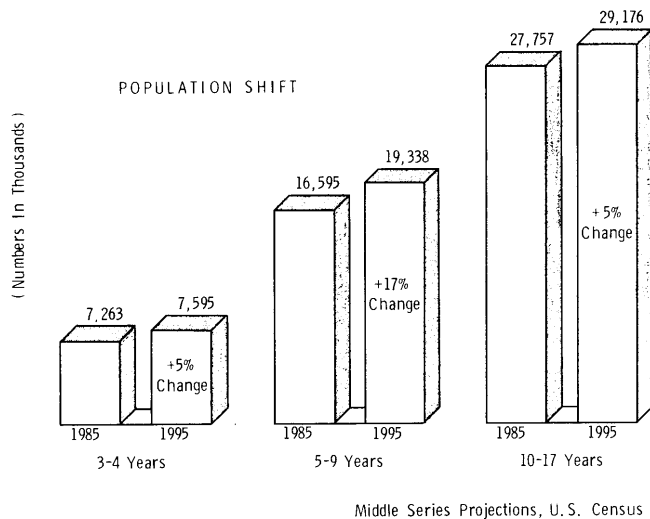


FIG 1.

crease in the 10- to 17-year-old category, brought about by a mini-baby boom during the 1982-84 period. This could be a key factor in developing a marketing strategy.

During the next 10 years there should be no great economic surprises, but there will be tougher federal fiscal policies because for the first time in many decades, the United States will be a net debtor to the world. Combined with our federal deficit, this will cause definite restrictions in the economy that will reduce the rate of consumer spending. Inflation will continue and there will be at least one recession as the interplay of economic elements causes the economy to accelerate and then slow down. An increase in the female work force will provide some offset to the downslide while adding substantially to the recovery and growth periods.

Perhaps of greater interest — and certainly more important, because we can do something about it — is a change in lifestyles. Stated in very broad terms, the country has moved from the *Me* generation of the 70s to the *We* generation of the 80s. Individuals show a greater interest in family and community affairs, and less in personal activities. This is apparent in the workplace, with improved productivity and with success no longer being measured solely by personal gains (or by protesting against authority). Today there is a greater interest in cooperation and caring. Understanding this change can affect the strategy that a profession or an industry uses to influence consumer awareness or attitudes.

Along with this information (market environment), the following additional factors that are closely related to the market we want to address should be considered: (1) competitive environment, (2) human needs, and (3) consumer attitudes.

These factors determine a creative strategy which is not only to be in tune with the market, but which also may be a step ahead of others who might be serving the same market you wish to serve. It would be nice if economic symmetry prevailed and there was no concern for competition; unfortunately, laws make this impossible — the law of supply and demand and the laws of the Federal Trade Commission. One must be creative to survive.

Competitive Environment

The dentist population is growing, as is the number of pediatric dentists (although at a slower rate). The flat growth rate of the child population could suggest some economic problem for the profession. Before arriving at that conclusion, however, one needs to determine the market for dental services. The basic dental care needs of children detected at semi-annual check-ups applied to 50-plus million children demonstrate a multiplier effect. If all children were to follow the prescribed visitation schedule, every U.S. general dentist would have to see 2 children a day in addition to their regular adult patients, and pediatric dentists would have to see 10 children a day, including Saturdays, to take care of the patient load.

The potential market is not a problem. Only 50% of the general population receive annual dental care; 30% of children under 17 years of age never receive dental care. Taking these statistics further, 30% of those children who do see a dentist do so only when a specific problem arises. These numbers indicate where the potential lies. The question is how to motivate this tremendous potential market to seek minimum needs.

Up to now, this discussion has dealt with hard statistics. To tap that vast potential market, one must examine human behavior and try to determine what motivates people to do what they do. Only then can one learn how to motivate them to do what one wants them to do.

Focus Group Studies of Consumer Attitudes

Two methods were used in this project to find out what people think and what their attitudes are: focus group sessions and personal interviews. Two focus group sessions were conducted, providing more than four hours of videotaped dialogue. One session had younger, first-time mothers with preschoolers who had not yet been taken to a dentist. The second group consisted of older mothers with children who were already in school and had been to a dentist.

The sessions were informative and brought out interesting differences between the two groups. The young mothers were the more outgoing; they really

were concerned with child care and wanted to talk about it. It was quite clear that they had taken time to become as well informed as possible in all phases of child care. They felt that dental care for children was very important, and already had asked their dentists about it. From their own dentists and other sources — such as friends and child-care magazines — they had become quite knowledgeable about children's dental care. They cited such practices as wiping gums and first teeth with gauze after feeding, avoiding bottles with juices before bed, and early brushing techniques. They indicated that their children learned to brush their teeth early and loved to do it.

Almost without exception these young mothers consulted their own dentist about when the child should be brought in for his first check-up. Age three usually was recommended. The mothers thought this was logical, because children at that age would have all their primary teeth and a mother could tell a child that age about what was happening. All of the young mothers thought that their children should see the dentist before there was a problem or pain, as this would lay the foundation for a positive relationship. Clearly, some of these mothers had been apprehensive themselves about a visit to the dentist. They wanted to avoid trauma for their children and also wanted them to have a healthy attitude based on a positive experience with the dentist.

Reliance on the Family Dentist

Many of these mothers were going to a dentist that they had seen during childhood. They liked and trusted their family dentist. It is not surprising, then, that they would think of this dentist as the first choice for their children. They know him and there is a natural tendency to trust someone they know. The sessions revealed that the family dentist cares not only about the person in the chair, but about the entire family. Naturally, families did not continue with the family dentist when they moved to a new location; they then relied on new acquaintances or, lastly, the Yellow Pages.

The interviews with the older mothers showed that they were more relaxed about being a parent and considerably less nervous about their child's dental care. This is understandable because at this point they had made most of the decisions the younger mothers were just in the process of considering. Most of these mothers also had a family dentist who took care of all family members and had begun taking their children for regular check-ups when the child required one to begin school.

As with the younger mothers, some of the older mothers were not comfortable themselves about hav-

ing to go to the dentist and went to great lengths not to pass this fear on to their children. These older women seemed to feel that children were less afraid of dentists in general because they had not experienced the dental problems with which the older generation contended. They felt that advances in dental care had reduced dental problems and the pain involved in correcting those problems.

Mothers' Thoughts on Pedodontists and on Advertising

We will now examine what the mothers said about two important subjects relating to attitude — what they think about pediatric dentists and about advertising by dentists.

Starting with their attitudes about pediatric dentists, the findings were not surprising. As in the 1979 project,* there was a low awareness of pediatric dentists, with the younger mothers being the most knowledgeable. Even after a brief explanation of what a pediatric dentist does, most of the mothers felt they would still use their family dentists. In general, both the younger and older mothers felt that pediatric dentists were specialists whom they might consider if their children had a problem or if their family dentist referred them to one. They also thought that pediatric dentists would be more expensive and that it would be harder to get convenient appointments.

In the case of advertising, there was a surprising difference in attitudes. The younger mothers were far more positive about professionals — and specifically dentists — advertising either as individuals or as an association. In fact, they felt that a public service ad done by an association would be particularly useful in disseminating information about a little-known service. One mother recalled seeing an ad which stated that the dentist accepted handicapped patients; she took this as a strong endorsement for the dentist's patience. In general, they seemed to view an individual dentist's advertising as another information source: weaker than a personal recommendation, yet legitimate, inoffensive, and perfectly acceptable for building a practice in today's transient communities.

The older women were considerably more conservative and tended to be skeptical of an individual practitioner's advertising. To them, advertising raised questions about the dentist's professionalism and about his ability to keep patients. For the most part, they felt that dentists should create awareness in other ways (they didn't mention any specific ideas on how to do this). They admitted that their reaction might

* Presented at Indiana University School of Dentistry continuing education program, Management of pedodontic practices, with Dr. Arthur Klein.

be old-fashioned, but it was obvious that they were not ready to change their minds. On the other hand, something on the order of institutional advertising by a group of pediatric dentists or by an association was seen as an acceptable way to educate the public about a new service. (The choice of the word "new" was the mothers', again indicating the low awareness that people have of the specialty of pediatric dentistry.)

There was one mother who was really supportive. She was the youngest of the older group of mothers and had taken her child to a pediatric dentist at the recommendation of a close friend. She loved the way he treated her children and plans to take them to him for "golly known when." She also admitted she was afraid of dentists and wondered if pediatric dentists would consider taking "chicken adults." This may be a new market.

Lack of Knowledge of What a Pediatric Dentist Does

A national survey was completed in the first quarter of 1984. The data were gathered on a sample of 406 parents with incomes over \$20,000 in 16 cities across the country. The survey was directed toward people's attitudes on general dental care and, specifically, awareness of and utilization of pediatric dentists, perceptions of what they do; and attitudes toward individual and association advertising.

Most people interviewed were unaware of pediatric dentists with only 17% of the sample indicating knowledge of the specialty. When asked specifically if they had ever heard of a pediatric dentist, an additional 27% said yes, raising the total awareness to 44%; but of this total, only about one-third accurately could identify what a pediatric dentist does. After making the respondents aware of what pediatric dentists do, they seemed to understand that they provide general child dental care, but were inclined to cast the specialty in the role of practitioners to be used primarily for unusual problems. Furthermore, the respondents did not think pediatric dentists were more desirable than general dentists for providing dental care to children.

When questioned as to their possible use of a dentist specializing in children's dental care, only 33% indicated they would be interested, with the highest percentage coming from parents with children younger than seven who had never seen a dentist, and families with children younger than four, whether they had seen a dentist or not. Those who could not use a children's dentist cited such reasons as: their regular dentist was adequate (75%), it would cost too much (12%), and their children were too old (28%).

Conclusions Based on Market Data

To repeat, conclusions based on an examination of relevant data include the following:

1. The economy will be good but fragile
2. The number of working wives will increase
3. Discretionary dollars will expand slowly
4. The population will continue to be mobile
5. This is the decade of the *We* generation.

Information derived from the focus group and from the national survey provides a "good news-bad news" story. The good news is the tremendous and growing potential for children's dental care, fueled by the current mini-baby boom, a forecast of 56 million children under age 17 in 1995 (Fig 1), and an increased parental interest in child care.

The bad news is that a number of negative elements tend to work against expansion of the pediatric dentistry specialty:

1. Oversupply of general practitioners based on usage
2. Referral opportunities limited to a specific problem
3. Fewer children's dental problems as a result of better health conditions
4. Low awareness of the specialty
5. Misconception of pediatric dentistry, even among those who are aware of its existence.

The resolution of these negative elements is easy to describe, but considerably more difficult to achieve. There is a major need to merchandise the services of the specialty; the author feels that the AAPD should make this a priority. As individual practitioners, building your own practice would more than likely come first, but the two goals are closely related.

Merchandising Strategy

The very first objective must be to build an awareness of the need for children's dentistry and simultaneously to build an awareness of what a pediatric dentist is. With these objectives defined, a strategy should be developed, but there are many strategies possible. Efforts could be directed to the entire market, from the 3-year-old to the 17-year-old, but the cost would be enormous; there are no media available that could economically deliver the message to the parents of such a large group. Another choice would be to focus on important segments of the total market such as the 5- to 9-year-olds. This group has the greatest growth potential, 17% over the next 10 years (Fig 1), and is easier to reach because the demographics of the parents of those children can be identified and a selection of media can be made that will be

reasonably efficient. However, going after even a specific segment is difficult and is expensive. Also, there is no guarantee of success.

In developing the Academy's marketing strategy, one must recognize what realistically can be accomplished. The biggest mistake that associations make is to get excited over some message they want to deliver to the public. They establish a budget and run the campaign. But even if everything about the campaign is perfect — the message, the copy, the media — the level of awareness that can be generated in a single campaign is almost impossible to measure. One-shot campaigns or those run on a random basis simply are not cost-effective. Advertising is effective only when it is consistent and has a meaningful message.

Without millions of dollars, what can the Academy do?

What *not* to do comes through quite clearly from both the focus groups and the national survey. Clearly, the most difficult segment to sell would be those parents who already started their children with their own family dentist. Interviews with the older mothers revealed that they were happy with the family dentist, and 71% of the parents who were taking their children to the family dentist were completely satisfied.

Target Parents-to-Be and New Parents

The population chart gives a clue as to the best strategy. At first glance, the number that pops off the chart for the 10- to 17-year-olds in 1995 makes that group look like a worthy target; however, we already have determined that most of the children in this age group are seeing the family dentist today. Consequently, to tap this potential market in later years, one must start before their parents begin them with the family dentist. The place to start is with parents of children less than three years of age, and parents-to-be. Start right now because it is the mini-boom that will be responsible for the increase in both the 5 to 9 and 10 to 17-year-old category beginning as early as 1987. Another reason for starting a campaign now that is targeted at parents-to-be and new parents is that they are in the formative stage of parental care. This is the time to make them aware of pediatric dentistry and of the broad range of services that the specialty offers — from preventive care to corrective action.

The next step is to develop a plan to convince these new family units that they should entrust the dental care for their children to a pediatric dentist. This is by no means an impossible task because, as the focus groups and the survey indicated, these people have an enormous appetite for infant and child care information.

Awareness Campaign By Good Public Relations

While this kind of awareness can be accomplished by the Academy itself or even by individuals, a truly effective awareness campaign best can be achieved by a good public relations firm. They have the ability to get the target audience the specialty needs to reach. They can book spokespersons into radio and TV talk shows, including the best national programs, because pediatric dentistry really has something interesting and worthwhile to tell the public. They can write and place small-space public service advertisements and conduct direct mail campaigns (to use a commercial avenue as well as straight public relations). The advantages of this type of awareness campaign are twofold. First, it is relatively inexpensive. Except for the small ads, all of the articles that are printed cost nothing, with the basic expense being the fee paid to the PR firm.

Of course the PR program also can be done reasonably and effectively on a state-wide basis or even in major metropolitan areas. In this manner one can communicate the important differences between a general dentist and a pediatric dentist when it comes to a child's dental needs. Parents, by their actions, clearly show that they want their children's health needs taken care of by someone who is specially educated for this purpose. The specialty needs to let people know about the additional training a pediatric dentist must have to qualify for the specialty. It is important to convince parents that pediatric dentistry encompasses total dental care for children, not just emergencies or problems, and that the cost of this care need not be any greater than if it were provided by a general dentist.

Consistency is the Key to Good PR

Again, be aware that these are not one-time programs. Consistency is what makes PR and advertising effective. While these last comments have been directed at a national campaign, there certainly are things that individuals can do to build awareness of their own practices.

Again, one must start by establishing an attainable goal, which could be the total size of the practice or a new patient drive. Then, determine the means of meeting these goals — increasing the frequency of current patient visitations, enhancing patient referrals, or finding a new source of patients.

To increase the visits of current patients, offer information of additional dental care services that parents could consider. To broaden the patient base, encourage referral from current patients, and reward the referrals. The base also can be increased by offering time payments or by taking credit cards.

Go outside your current patient base: for example, lecture at prenatal classes, participate in PTA meetings, or hold a dental office open house to let children and parents see how interesting the equipment and laboratory can be. In a more commercial vein, use direct mail with public service messages or sign up with organizations such as Welcome Wagon.

Undoubtedly, from the standpoint of building a pediatric dentist's individual awareness, this paper has contributed little, or perhaps even nothing new. That is not surprising since these points came from interviews with several pediatric dentists, some of whom are Academy members. Interestingly, though, all of them said their practices are strong and growing, and all showed a marked propensity to merchandise themselves whenever and wherever possible to firmly establish themselves with the parents of the new baby boom.

The Need is There . . . The Time is Right

Data have been presented which have been somewhat negative — surveys more often than not highlight negatives. This is good because surveys normally are done with the idea that the findings will help to solve problems. Some of the statistics, as well as the focus group data, had to be somewhat disappointing

in terms of public awareness or attitude toward pediatric dentistry. However, the specialty has a number of advantages going for it. Certainly one of the most important is the increase in the number of births recently, and this rate is expected to continue for the foreseeable future. So the market potential is increasing. Another important factor is that parents want more and better things for their children — pediatric dentists have a service that can provide just that. But probably the most important advantage is that there is a precisely defined market, which makes it easy to communicate the specialty's message. Theoretically, the marketing campaign only needs to concentrate upon parents-to-be and those with children under three.

If the message is right, pediatric dentistry stands to be able to recruit them as patients when they are ready for their first check-up. If individual practitioners have all the attributes that the data indicated is necessary — thoroughness, concern, good chairside manner, fair prices, convenient office location, and good hours, the child will remain as a patient for 15 years.

One simple statement could easily be the Academy's theme or individual's personal slogan: "The need is there; the time is right."

Quotable quote: what price day care?

By act of Congress, this is National Latchkey Children Week. As schools start to reopen across the country, the week calls attention to the fact that perhaps 5 million American children younger than 10 years have no one to look after them when they come home in the afternoon. By some estimates, 500,000 preschoolers younger than age six are in a similar predicament. And the problem of what to do with America's children keeps growing. These days most parents of young children work outside the home. Two-job couples have become the rule rather than the exception, and the number of single parents has doubled in the past decade. For significant portions of the day or night, working parents cannot care for their kids, and many of them have no relatives or friends to turn to for reliable baby-sitting.

The obvious answer is organized day care, and more of it is being provided all the time. About 2 million children currently receive formal, licensed day care. More than 5 million other children aged three to five attend nursery schools or kindergartens, which for many of the parents serve the same purpose as day care. In addition, uncounted millions of kids are looked after informally by unlicensed baby sitters, be they good Samaritans or entrepreneurs from the underground economy. In a wave of fundamental social change, day care is becoming a basic need of the American family.

What price day care? Newsweek 104:14.
September 10, 1984.