

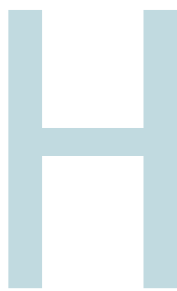


HATCHING A NEW
IDENTITY

By Pamela Maas and Elizabeth Martin

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Market research breathes new life
into an existing brand.

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How does a healthcare system move from a 2 percent first-mention unaided awareness to 36.2 percent in just three years? The answer is simple: Better research leads to better decisions and better outcomes. More specifically, research trumps instinct or assumptions, and good research takes time and careful planning.

Aspirus is a non-profit, community-directed health system based in Wausau, Wis. With more than 4,300 employees, Aspirus serves people in 14 Wisconsin counties and the Upper Peninsula of Michigan through a five-hospital network; home health and hospice care; skilled nursing homes; pharmacies; critical care and helicopter transport service; durable medical goods; a large volunteer corps; a philanthropic and research foundation, and an extensive clinics network located in more than 30 communities.

Aspirus (known as Community Healthcare at the time) engaged in an extensive research initiative in 2002 when a brand equity audit revealed that consumers perceived its organization as a small-town community hospital with little top-of-mind awareness or differentiation. This perception was contrary to the organization's vision of being recognized as a regional healthcare network with high-powered and nationally recognized specialties and service line industry leaders. The brand audit also revealed that leadership and employees (internal ambassadors of the brand) at Aspirus lacked alignment for its identity and market position. The dim truth of this research led Aspirus on an extensive research journey to select a new brand identity (name) and positioning (brand promise) and to develop a brand architecture that would create unity throughout its growing network, which was at the time considered a consortium of brands.

Research played a vital role in renaming the organization and identifying a sound market positioning strategy. Multistaged focus groups yielded critical insights into what truly resonated with consumers, not what intuitively felt right to corporate insiders. Using a consumer-centric research approach was the most important decision in the process because the organization would have taken a completely different—and incorrect—direction if internal forces or instinct had driven the outcome.

Brand Basics

A brand is the set of visual, verbal, cultural and emotional images that surround an organization, its products and services.

It differentiates an organization, giving potential consumers a reason to remember, consider and ultimately select a firm's offerings when making purchase decisions. As such, a brand is a crucial asset to the modern organization—even in the non-profit sector—and rarely is abandoned. By representing the critical thought an audience has when seeing or reading a firm's name, a brand sets the implicit promise offered to consumers.

How much is a brand worth to a firm? Financial markets estimate a brand's value by examining the difference between the firm's market value and its balance sheet book value.

Given the significant value their brands represent, firms tend to guard them carefully. Wholesale jettisoning of established brand names or redefinition of brand attributes only is done under unusual circumstances, such as a corporate breakup, for example. One well-known example of a successful rebranding project is the switch from the Andersen Consulting brand to Accenture, which occurred at the start of 2001. This name change was precipitated by the split of Andersen Consulting from its corporate parent, Arthur Andersen.

Sometimes rebranding is necessary because of negative associations with the old brand. For example, Israel recently embarked on a rebranding strategy, to shift potential tourists' perceptions from war and violence to sunshine and sexy beaches. Mergers and acquisitions provide another occasion for rebranding. When one company buys another, a common result is that the target's brand is replaced by the acquirer's.

Before executive leaders consider an important strategic decision such as rebranding, they must take great care to evaluate all alternatives. In the Accenture case, decision-making was quick but thorough. In the space of only three months, employees submitted 2,677 possible brand names, 50 of which were deemed finalists and extensively researched. In contrast, Ettenson and Knowles's comprehensive study of mergers concluded that companies were settling on the most common outcomes by default—because they came most easily to mind—rather than by thoroughly evaluating the possible strategies. (See Ettenson, Richard, and Jonathan Knowles (2006), "Merging the Brands and Branding the Merger," *MIT-Sloan Management Review*, 47 (4), 39-49.)

The market research process provides a comprehensive approach for tackling complex decisions. Researchers should begin with exploratory research techniques to help define the problem. After designing the research, they can proceed with sampling, data gathering, analysis and reporting. The interconnections, both forward and backward, between the stages in the research process are crucial: Early-stage discoveries will influence later-stage work, and expectations for the later stages will guide how work in the early stages is structured.

Today, healthcare leaders make few major decisions without significant research and analysis. Solid research guides capital

expenditures, staff recruitment strategies, market penetration strategies, new service development, customer satisfaction and quality reporting.

Failure at First

Our case is unusual because it includes not one but two instances of organizational rebranding. The first attempt was based on little more than intuition and destroyed virtually all of the brand equity built by the founding organization.

The organization known as Wausau Hospital was formed in 1970 when longstanding local hospitals St. Mary's and Memorial merged. In 1998, Wausau Hospital became Community Healthcare, a name that sought to reflect the transformation from a single hospital to a regional healthcare system.

Though just a decade ago, 1998 was a different and simpler time for healthcare organizations. The organization's board chose the name "Community Healthcare" based on intuition, rather than on research. Furthermore, no follow-up studies were done to evaluate the effectiveness of the new name. If not for subsequent shifts in the marketplace, little thought likely would have been given to the organization's name and brand equity.

But by fall 2002, change was afoot, and Community Healthcare anticipated the entry of new, well-capitalized competitors into its market. As a precautionary step, the marketing department initiated a brand awareness study, focused on one question: Has Community Healthcare established a solid brand position in the marketplace that will allow it to compete in this new environment?

In the first phase of the brand awareness study, Community Healthcare hired an outside research firm to conduct a comprehensive brand audit of the health system and its competitors. The audit evaluated each firm's mission, vision and values; Web site; brand architecture; facility and signage; collateral materials; advertising and press releases.

Exhibit 1

External discovery findings

Need states	<ul style="list-style-type: none"> • Caring • Trust • Feeling valued • Performance 	<ul style="list-style-type: none"> Having a compassionate experience Having a confidence in the caregivers Being treated well, respected Providing health care excellence—defined as level of personal care received
Desired outcomes	<ul style="list-style-type: none"> • Security • Connection • Dignity • Relief and renewal 	<ul style="list-style-type: none"> I made the right, safe choice for a provider I have a good relationship with my doctor I'm respected as a person I had improvement in the body, mind, spirit
Key drivers	<ul style="list-style-type: none"> • Passion • Unity 	<ul style="list-style-type: none"> Inspired provider, dedicated and committed to the career; view work as a calling Effective provider teams; seamless

The second phase of the brand awareness study was unstructured and qualitative. The research firm conducted focus groups with internal stakeholders (board members, senior management, physicians) and external stakeholders (representatives of local business and industry). Focus group participants were asked to complete a routine statement of the organization's mission and strategy:

Community Healthcare is a (business description) that will provide (offering) to (target customers). Unlike (competitor), Community Healthcare offers/provides/delivers (differentiation) that will allow its customers to (value proposition).

Then focus group participants were asked deliberately ambiguous questions designed to elicit more emotional responses:

Imagine that Community Healthcare (CHC) is a person, and that person is going to a party. What kind of car would CHC drive to the party? Would CHC be male or female, and how old would it be? Describe CHC's attire. What would CHC's personality be? You just had a 15-minute conversation with CHC. How do you feel after that conversation? Why?

Consumers were the focus of the third phase of the brand awareness study. To begin, the research firm conducted six focus groups, each with about 10 participants, throughout the region. Screening eliminated participants who worked in healthcare related fields and those with household members working in such fields, while selecting participants with diverse ages and income levels. Participants were promised a light meal and monetary stipend.

Focus group participants were asked to complete questionnaires on the importance of different attributes of a healthcare organization (e.g., offering the most specialized care, minimizing wait times, providing comfortable surroundings) and then on the effectiveness of Community Healthcare and its potential competitors on these same attributes. A 75-minute discussion followed, exploring the participants' beliefs and concerns. When asked, "What comes to mind when you hear Community Healthcare?" participant responses ranged from describing all healthcare in the community to a free clinic for the poor—far from the "correct" response. Similarly disappointing answers were given about Community Healthcare's tagline of "keeping local healthcare strong."

In spring 2003, marketing leaders presented the board with the alarming conclusions of the brand awareness study: Community Healthcare had almost no brand equity and was going unnoticed because it was seen as generically referencing community healthcare. The study also provided two starting points for change:

- Medical excellence is extremely important to consumers.
- Friendly, helpful, well-coordinated patient care could serve as a differentiator for the organization.

The early stage of the research project both defined the problem and provided a starting point for subsequent work.

Incidentally, prior to this research study, a consumer awareness study of the Community Healthcare brand also was conducted via a telephone survey of 975 consumers in its service area (maximum margin of error associated with random sample of 1,000 consumers at the 95 percent level of confidence: +/- 3.5 percent). When asked "What name comes to mind when you think of a healthcare system?" only a disappointing 2 percent mentioned, unaided, Community Healthcare.

A Methodical Approach

The first phase of the research had conclusively demonstrated that the organization then known as Community Healthcare desperately needed to raise its brand awareness. Two basic choices were available. It could either invest in a large amount of advertising to reposition and redefine the image of Community Healthcare or start from scratch with a new name.

The first choice would require helping the public to "un-learn" its conceptions of the CHC name; the second involved the risk of selling a totally unknown name. Given the strength of the misconceptions revealed by the early research, management quickly decided to focus on the latter alternative. Senior marketing staff, with assistance from an outside firm, immediately began the second phase of the research: to identify the organization's future brand (to encompass the brand promise/tag line, name, icon and brand architecture).

An outside marketing and communications firm developed a detailed, multistage design for this crucial phase of the research. In the first stage, both internal and external audiences would participate in exploratory, brainstorming-type sessions. The second stage would subject a fairly large set of names to ranking and discussion with consumer groups. The final stage would quantitatively test a short list of finalist names with consumers.

Exhibit 2

Internal discovery findings

Need states	• Attitude	More edgy, spirited, assertive
	• Building bridges	Developing and strengthening relationships
	• Standing out • Maintaining intimacy	Attracting attention Personalized aspect of care
Desired outcomes	• Recognized leadership • Extraordinary results	Setting the pace and direction; receiving the respect Successful care
	• Key drivers	Searching for new ways to care
	• Inspired innovation • Servitude	Compassionate care

The first stage of the brand identification research started with eight 90-minute small group discussion sessions with potential healthcare consumers. There were a total of 51 participants, ages 35 to 75, from seven different markets served by the organization. The maximum group size was eight, allowing for ample individual participation.

The first stage continued with similar small group discussions with key internal stakeholders, including physicians, staff and board members. Eight 75-minute sessions were held in four markets, with a total of 67 participants.

One task from these small group sessions required participants to assemble a collage, using art from magazines, to represent their ideal healthcare organization. Participants then explained to the group what different images represented to them. This exercise was designed to trigger more emotional responses than would be gathered by direct questions in a focus group or survey. The child-like nature of the task was disconcerting, especially to the participants from within the organization. Eventually, though, all the participants joined in and offered creative expressions of their feelings about healthcare organizations. (See Exhibits 1 and 2.)

Analysis of the small-group exercises and discussions yielded important themes:

- Consumers wanted to feel they were getting the best possible care while being treated respectfully as people, not as patients.
- Organization members sought to deliver cutting-edge services as part of a strong team operating in a caring environment.

With the themes of the first stage in mind, the CHC marketing staff worked with the outside firm to develop 13 possible brand names and 10 possible brand expressions, or tag lines. All of the brand names were new words created by the marketers and were not found in the dictionary. Select internal influencers also requested test the option “Wausau Health,” which certain internal stakeholders believed strongly was the ideal new name for the organization. Research would prove otherwise. For example, the name eventually chosen, Aspirus, is of Latin origin and means “to breathe.”

Using novel names is an increasingly common approach in brand building. Organizations can introduce new words to their target markets and simultaneously define and explain them. In many cases marketers consider it better for consumers to have no preconceived notions—rather than to have the wrong ideas—of a word’s meaning. This gives an organization the opportunity to instill a precise image in people’s minds. There are also legal and technological advantages to coining a new term: There are likely to be fewer problems with copy-righting the term and establishing an Internet presence.

Once again, researchers held small group discussions with potential healthcare consumers. They conducted seven

Exhibit 3

Final names and logos

Top four names and logos based on expected overall level of health care:



sessions with a total of 71 participants, ages 24 to 64, from seven markets. No similar group discussions were held with internal stakeholders—a sign of the organization’s determination to develop a truly consumer-centric brand.

This second stage of the brand identification research exposed participants to the different brand names with varying combinations of accompanying art and brand expressions. Researchers used forced ranking exercises to quantify the participants’ preferences and then engaged the participants in discussion for further input.

Consumer feedback yielded four possible brand names in close contention (Aspirus, Spiritus, Illumina and Aria) and one clear winner among tag lines (Passion for Excellence. Compassion for People). (See Exhibits 3 and 4.)

Researchers then moved to the third and final stage of the brand identification study: a quantitative analysis of the four top names from the second stage plus a more conventional name choice, Wausau Health, desired by select internal influencers. For this study, 250 participants were intercepted at random in high-traffic sites in five markets served by the organization. Once again, participants expressed their preferences for different names via a forced-ranking exercise.

The results were surprisingly clear. The consumers in all geographic markets showed a strong preference for the Aspirus name, while there was limited, concentrated support for the

Exhibit 4

Brand expressions

Based on the brand architecture developed as a result of round one research, brand expressions were drafted to advance a balance of medical excellence and human compassion. Seven expressions were tested and ranked as follows:

Score	Brand expression
2.0	Passion for excellence. Compassion for people.
3.68	Talent for medicine. Passion for people.
4.08	Treating each person in the best way possible.
4.18	People treating people well.
4.38	Inspired care.
4.54	The way you should be treated.
5.10	A better way to treat people.

Wausau Health name. In the four markets outside the city of Wausau, the Aspirus name was a clear winner while Wausau Health performed very poorly. In the city of Wausau, Aspirus again came out on top but was followed closely by Wausau Health.

Decision Time

In May 2004, marketing leaders attended a board meeting, presented the top four names and explained that research showed Aspirus was best. Name selection was not easy. Hospital President Diane Postler-Slattery, like other hospital board members, felt torn between a traditional name choice (Wausau Health) and the unorthodox name recommended by the research (Aspirus). “I personally struggled with going with Aspirus, even though I knew it was the Latin version of ‘to breathe,’” she said.

Decision makers were forced to choose between intuition and evidence. Ultimately, the clear demonstration of the ineffectiveness of “Community Healthcare” convinced the board that it was time for a fresh approach. It approved the name “Aspirus” and tag line “Passion for Excellence. Compassion for People.”

Organization-wide rebranding cost roughly \$650,000. This represented rebranding of all collateral materials, stationery, ID badges, internal signage, vehicle wraps and images and the launch and placement of a new brand advertising campaign. This included billboards, TV, radio, direct mail, print and the Web. It did not include system-wide exterior signage, which was another roughly \$300,000. After the first year, the branding budget was reduced to normal levels, but the execution components remain the same with the exception of a household targeted mini-magazine added in 2006.

The launch involved the creation of three brand architecture levels, along with a brand standards and logo guide for system-wide communication and ongoing compliance. Level one consists of the icon with the Aspirus name and the brand expression or tag line below. Level two puts the icon to the right of

the Aspirus name with the entity or service below and aligned with the “A” in Aspirus but in a slightly smaller font with the tag line beneath. Level three was created for partnership, joint ownership or affiliation cases. This level includes the icon, the other entity name and the descriptor “an Aspirus partner” in place of the brand expression or tag line. The Aspirus name is not part of this third level.

The new brand architecture also allowed the marketing team to shift from a house of brands (roughly 30) to a single brand with appropriate levels. For example, Pine Ridge Medical Equipment changed to Aspirus Home Medical Equipment, Wausau Health Foundation changed to Aspirus Health Foundation and Wausau Hospital become Aspirus Wausau Hospital. This further reinforced the brand at every entry point to the system.

High Aspirations

In April 2005, after eight months with the new name, marketing leaders commissioned another survey of name recognition involving 828 participants across four geographic markets. An outside firm conducted a telephone survey using person-to-person, computer-aided telephone interviewing. The results can be generalized across the total region with a margin of error of 3.41 percent at a 95 percent confidence level. The key identifier of brand equity is unaided awareness. Aspirus received 18 percent unaided first-mention and 35 percent unaided total awareness. The question asked was “When you think of a healthcare system or network (hospitals, doctors’ clinics and other healthcare facilities that join together as a healthcare system), what is the first healthcare system in the area that comes to mind?” In subsequent years, the consumer perception survey was conducted in November. The results continued to be very favorable for unaided awareness. (See Exhibit 5.)

The new brand and tag line have created internal unity and led to increased employee pride. For example, a film crew gathering first-person narratives of employees “living the brand” received more responses than it could use. The resulting vignettes became powerful, emotional ads that stood out in the marketplace as supported by calls to the call center, hits to the Web site and an impressive increase in brand awareness just eight months after Aspirus was launched.

The Aspirus brand and tag line have unexpectedly become crucial components of the organization’s culture. Originally developed for communication to external stakeholders, these marketing elements now effectively tell employees, both current and new, “This is who we are and what we do.” **MHS**

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Exhibit 5

Follow-up studies

Unaided awareness question: “When you think of a healthcare system or network (hospitals, doctors’ clinics and other healthcare facilities that join together as a healthcare system), what is the first healthcare system in the area that comes to mind?”

	First mention		Two mentions	
	2006	2007	2006	2007
Aspirus	30%	36.2%	56.7%	62.5%
Competitor A	12.9%	18.5%	24.9%	40.1%
Competitor B	16.6%	16.4%	22.8%	25%

2006: Maximum margin of error associated with random sample of 800 consumers at the 95 percent level of confidence: ± 3.5 percent.

2007: Maximum margin of error associated with random sample of 1,000 consumers at the 95 percent level of confidence: ± 3.1 percent.