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T O D A Y

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## The Psychographics Of Dentistry

BY SCOTT McDONALD

The greatest enemy of success in the business of dentistry is ignorance, not stupidity.

Ignorance is the lack of facts. It is necessary, therefore, to be diligent in finding all the available, relevant information in order to base our choices and actions upon firm ground. Data is now available to dentists to make key decisions about their practices. This is the same information that once was the sole domain of governments, large industries, and their allies. Practitioners can rely on more than instinct. They should ask, "What facts are most important to success in dentistry?"

The answer to this question is basic: it is the knowledge of people. Dentistry is a people business.

- Where can you find your best customers and patients?
- What will these people buy?
- Where will they buy it?
- What do they want?
- What do they need?

The questions are endless.

Behavioral scientists tell us that the first thing a person notices in a total stranger is gender. The reason is because we do not treat or speak with men and women in the same way. Men and women think and reason based upon different criteria. Some of these criteria are social; some are biological. But the fact remains that we need to know a person's gender before engaging him or her in conversation, sales, or persuasion.

Gender, therefore, is a basic demographic statistic we use to make decisions and assumptions about other people. Other factors include age, income, and employment. You know that people make decisions based upon different criteria. It matters whether they're old or young, rich or poor, blue collar or white collar. Most

experts believe that a person's cultural background is also an important indicator of future behavior to a given stimulus. This matters more than race.

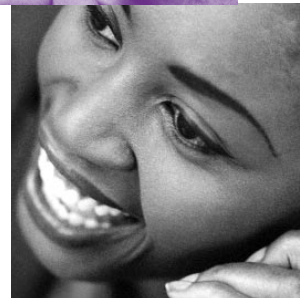
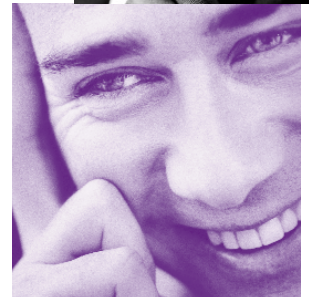
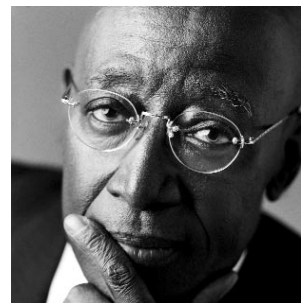
By combining demographics, we can begin to make certain overall assumptions about the wants and needs, purchases, and decision making of various segments of the public. For example, a 20-year-old poor, Hispanic woman with two small children will tend to see the world (including dentistry) much differently than a wealthy 54-year-old, Japanese-American male with four grown children.

To an extent, this has allowed professionals to make informed decisions about where to put a practice, where to advertise, and what services to promote when they take the trouble to examine local demographics.

The big problem is that those who depend on these demographics still rely on old assumptions of how demographics will affect behavior. Unless you look at demographics often, it is difficult to make effective use of them in making decisions.

### Psychographics is a field of its own.

Before we explore the application of psychographics for dentistry, we should look at how the idea got started. General Mills had introduced an instant cake mix in the early 1950s. To make a cake, one had only to add water. It was easy. It was inexpensive. It was delicious. But it didn't sell. Along came Ernst Dichter, an out-of-work Austrian immigrant and disciple of the psychologist Carl Jung. Dichter suggested that, in fact, people often make decisions for unconscious reasons. In this particular case, he asked a group of



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# Top 10 Tips For Parents:

## *How to educate your children about the dentist and promote good oral health*

It is just as important for children to take care of their teeth as it is for adults. The Chicago Dental Society surveyed more than 600 of its members to gather tips about how parents might best educate their kids about the importance of good oral health. Here are the top ten tips to help make trips to the dentist something kids enjoy.

- 1** Be positive and honest. When talking to your child about the dentist, use positive language. Don't say, "It won't hurt." Kids probably won't think of a visit to the dentist as a negative experience unless the issue of pain is discussed. Talk to kids in a positive, honest way, and use words they can understand. Remember dentistry is easy for children, especially compared to twenty years ago.
- 2** Don't transfer your fears about the dentist to your children. Too often, adults who fear the dentist will tell horror stories about their own experiences. If you are afraid of the dentist, try not to share your fears with your children. A child who goes to the dentist without any preconceived notions is more likely to have a good experience.
- 3** Talk about oral health as a routine part of taking care of yourself, just like going to the doctor. Going to the dentist is part of being healthy. Preventative measures taken from a child's first visit to the dentist will help ensure that the child has healthy teeth and gums for the rest of his life.
- 4** Set a good example. Parents should brush and floss with their children from the time they are toddlers. Kids often imitate the good (and bad) habits of their parents, and if brushing and flossing are activities parents do on a regular basis, children are more likely to continue such good behavior as they grow up.
- 5** Never threaten children with pulled teeth or other dental procedures. If you are having a hard time getting your kids to brush their teeth, don't threaten them with frightening dental procedures such as having a tooth pulled. Instead, teach your children why oral health is an important part of overall physical health.
- 6** Don't make a big deal out of going to the dentist. Surveyed dentists also recommend talking about the dentist as something that's necessary but not a big deal. Many pediatric dentists have their own methods to make appointments easy and enjoyable for kids, such as providing music, toys, and videos.
- 7** Let the dentist do the talking. If you don't feel comfortable explaining what happens at the dentist or you are afraid of the dentist, let the dentist speak to your child. Many dentists, especially pediatric dentists, are skilled at making children feel comfortable and explaining good oral health to kids in a way they can understand.
- 8** Use other educational materials such as books and videos. There are many children's books and videos available to help you teach your kids about the importance of brushing, flossing, and visiting the dentist. Call your dentist or visit your local library to find some of these tools.
- 9** Bring kids to the dentist early and let them watch you or an older sibling have teeth cleaned. The earlier you bring kids to the dentist, the more they will feel comfortable there. This allows the child to see the process and understand that it's not a painful experience.
- 10** Make a game of brushing. Find ways to make brushing fun for your children. For example, play your child's favorite song while she is brushing her teeth, and tell her that she should brush until the song ends. Games help children to associate positive feelings with brushing, as well as teach children to brush their teeth for the appropriate length of time, which is at least two minutes.

*Reprinted, with permission, from the Chicago Dental Society Review, May/June 2004.*

**SEE YOU IN  
CYBERSPACE!**

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homemakers why they made cake. "It is a gift to our families," they said. He never asked them why they didn't buy the product.

Dichter proposed that they felt they were "cheating" their families by not exerting more effort with their cake making. He suggested the designers of the product require an egg and a little milk. While it did not really help the quality of the final product, the change had the desired result. Sales increased dramatically. Thus was born "psychographics," a mix of demographics and psychology.


Unfortunately, demographers and marketers could not use such a broad brush to describe how people lived. They took a step forward and a step backward. Several companies, including Equifax, Urban Decision Systems, CACI, and Claritas went back to the information contained in the U.S. Census. Data was organized on a very small geographic unit called a "census tract."

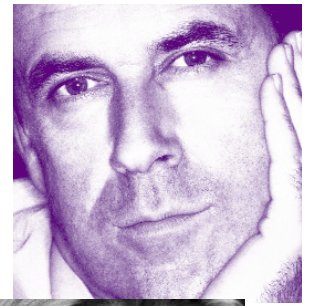
These companies then tried to track spending patterns of the households in these tracts while examining the demographics of the residents. What they developed was a "geodemographic cluster group." Each company then applied its own algorithms to describe these groups by their demographics, purchase decisions, viewing and reading habits, recreational activities, and life priorities.

What came of all the data crunching was a system to examine up to fifty lifestyle groups across the United States. By tying information to census tracts and zip codes, they could identify which lifestyles could be found in any geographic area. Now, with over twenty years of refinement, systems such as ACORN™ and MicroVison™ are available. Dentists can use them to identify who is "out there."

Appropriate use of these products can help a professional identify where to put the practice, how to market services, and how to better serve the community. Ultimately, doctors become most cost-efficient in their efforts.

Reports usually cost between \$95-\$150 for the raw data for radii of 10 miles or less. This information does not include analysis. The analysis will usually cost about \$500 (which includes the data) and should be done by someone who understands the implications of the data for your professional practice.

Remember, without research, you only think you know why people do what they do. There is much more than meets the eye when it comes to how people make decisions. Everyone is in the business of people. Employers, salesmen, and marketing professionals, as well as health care providers, are in the business of reading the wants and needs of other people. They must influence others to accept recommendations, buy products and services, pay bills, and, sometimes, just show up. Give yourself the competitive edge by getting the information you need to find your patients. 



*Scott McDonald is president and owner of Scott McDonald & Associates. The company provides demographic and psychographic data and analysis, mailing lists, and programs on site analysis, practice marketing, and patient motivation. Check out: [www.dental-demographics.com](http://www.dental-demographics.com). FMI 800.424.6222 or e-mail: [Scott@Scottmcdonald.org](mailto:Scott@Scottmcdonald.org).*

## DEMOGRAPHICS REFLECT CHANGE

As the election approaches, we hear more and more about demographics and their assessment. One change has been marked in terms of education. Currently, almost 25 percent of adult Americans have college degrees; in Massachusetts, one-third of the population have college degrees.

But patterns are shifting. People with degrees are moving to where the sun shines.

The country has always had "Smart Belts," or high concentrations of people who have college degrees living in clustered areas. In the past, most of these Smart Belts were located in coastal states. The traditional Smart Belts ran along New England and down to Boston and Washington, DC. In the West, the Smart Belt has been from California to Washington along the Pacific Coast. Colorado and Minnesota also have large populations of the highly educated.

Today, the educated are leading the way into the Sun Belt. Soon, warm and sunny climates will be home to most of them. Florida is leading the draw, followed by Georgia, Arizona, and North Carolina. Nevada, Oregon, Texas, and Virginia are also gaining when it comes to counting people with the highest educational levels as their residents. Traditional areas for the highly educated, such as New York, Illinois, and Ohio, are beginning to see "bright flight."

*Adapted from American Demographics*



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# SERVICES SERVICE SAVVY



Sai, Software Support

## Late Entrant Penalties Versus Group Waiting Periods

A late entrant is a person who did not enroll in the plan on the date he first became eligible for benefits under the employer's plan. Because he enrolled at a later date, penalties may be placed on benefits. Trojan does not list late entrant penalties because they are specific to the individual patient. Late entrant penalties may include waiting periods as well as other restrictions.

Group waiting periods apply to all employees on the plan, regardless of when each enrolled. Trojan plans always contain group benefits, not individual benefits. For this reason, only the group waiting periods are listed on Trojan plans.

Before treatment is rendered, it is recommended that you verify any waiting periods for your individual patient. Remember to specifically ask about Late Entrant Penalties. ☞

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## MEETING PLACE

### Greater New York Dental Meeting

November 28 – December 1, 2004  
Jacob K Javitz Convention Center  
New York, NY  
Booth #928

## TROJAN TODAY

Published monthly by Trojan Professional Services, Inc., 4410 Cerritos Avenue, P.O. Box 1270, Los Alamitos, CA 90720 and distributed to members of the dental profession. Statements of opinion in Trojan Today do not necessarily reflect the opinions of Trojan Professional Services, Inc. or the Editor.

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**Graphic Production** - Moller Creative Group

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## TROJAN CLOSING

November 25 - 26, Thanksgiving Holiday