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making. As it pertains to immunization, we must ascertain what our success ratios are with each of our target publics. Are we reaching the inner cities but not the suburbs? Why? Are we 20% more successful in the midwest than on the east coast? Why? Are our late night television commercials on television shows that have a sufficiently high rating? Are our Nebraka immunization centers conveniently located? Do they remain open late enough at night? Are younger west coast physicians distributing our literature in their waiting rooms and clinics?

Only when we have this information can we make the decision called for in our final question. "Should we change direction?" We must believe that no part of a strategy is sacrosanct, and if we have been thoroughly objective in our answering of question No. 4, we will have set the stage for effective decision-making at this point. We might simply engage in fine-tuning such as seeking increased commercial exposures to the 20 to 30 age groups or by eliminating mobile van immunizations as inefficient delivery tools. We might, however, have to rework our entire appeal or possibly scale down our objective.

In short, the application of this Social Marketing process to the area of social needs is a step too vital to be overlooked if we want to insure success.