

COVIRIAS

COMMUNITY PHARMACY & ADVERTISING

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LEKARNE IN OGLAŠEVANJE

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Leto izdaje: 2017

1. izdaja

Izdano v .pdf formatu.

Objavljeno na spletni strani:
www.irrk.eu

COMMUNITY PHARMACY & ADVERTISING

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Proofreader: Jure Škerl

Published by

COVIRIAS, Parmova 14, 1000 Ljubljana

Published in 2017

1st edition

Published in .pdf format.

Published on website:
www.irrk.eu

CIP - Kataložni zapis o publikaciji
Narodna in univerzitetna knjižnica, Ljubljana

659.1:615.1

PUC, Martina

Community pharmacy & advertising [Elektronski vir] / Martina Puc. - 1st ed. - El. knjiga. -
Ljubljana : Covirias, 2017

Način dostopa (URL): www.irrk.eu

ISBN 978-961-92925-6-3 (pdf)

288577536

Foreword

However good you are, there is always place for improvement. And I care enough about the Community Pharmacies to do something to contribute to their excellence.

I am offering the starting vocabulary for better communication which could lead to more fulfilling results for all parties included, especially for the end user of products and services.

I hope you will get at least one idea on how to improve your practice. And of course, I would be honoured to help you.

Martina Puc

Contents

| | |
|--|----|
| Foreword | 4 |
| Content | 5 |
| Community Pharmacy & Advertising | 6 |
| Advertising Community Pharmacies' brands and its services | 7 |
| Advertising Community Pharmacies through products | 12 |
| Advertising products through Community Pharmacies | 16 |
| Slovenian Community Pharmacies Online Advertising in Numbers | 21 |
| Slovenian Community Pharmacies' Web Pages | 23 |
| Slovenian Online Pharmacies | 31 |
| Slovenian Community Pharmacies Engagement on Social Media | 37 |
| Conclusion | 42 |

Community Pharmacy & Advertising

Advertising *per se* should not be judged as good or bad or anything in between, since it is a tool and can be used for various purposes and in different circumstances.

In the case of advertising in connection with Community Pharmacies, it is evident from the recent attempts for legal restrictions¹ that the practice has grown and developed in recent years to an extent which requires some classification. This could be useful both for clarification of real-life situations and to enable further research of the field. In particular, interesting information could be observed if we focused on the object and subject of advertising, in other words, what is advertised by whom.

There are three basic types of advertising in relation to Community Pharmacies:

- 1) Advertising Community Pharmacies' brands and its services
- 2) Advertising Community Pharmacies through product brands
- 3) Advertising product brands through Community Pharmacies

Each advertising type is discussed in more detail in the following chapters.

¹ Pharmacies Act, Zakon o lekarniški dejavnosti (Official Journal of Republic of Slovenia, No. [85/16](#))

Advertising Community Pharmacies' brands and its services

The reason to put this type of advertising on top of the list is not the extent of its use. On the contrary, as will be shown further on the case of Community Pharmacies in Slovenia, it is probably the least used type of advertising in practice. Nevertheless, it is a very logical type of advertising to be used first for any kind of business or public service, since it is clarifying their added value, or to put it very simply, the reason for their existence. When discussing Community Pharmacies, one should have in mind it is primarily a question of whether and how they differ not just from each other but also from the competition on the market. And the competition includes everybody who offers the same products and/or services and/or even the ones perceived as the same by the end user. In the time of internet and open borders across European Union, it is a very demanding issue, requiring a separate discussion.

For those readers without an economic educational background, let us take into account at this point of discussion the definition of advertising.

»Advertising is any paid form of non-personal presentation and promotion of ideas, goods, or services by an identified sponsor. Ads can be cost-effective way to disseminate messages, whether to build a brand preference or to educate people«².

»Advertising – the use of paid media by a seller to inform, persuade, and remind buyers about its products or its organization is an important promotion tool for communicating the value that marketers create for their customers«³.

To put these definitions into the perspective of the Type 1 advertising in connection with Community Pharmacies, it is good to have in mind the view of WHO, who says, "Community pharmacists are the health professionals most accessible to the public."⁴. According to this internationally most relevant organization for health professions in general, "Community Pharmacies:

² Kotler, Philip and Kevin Lane Keller. 2006. Marketing Management, 12th ed. Pearson Prentice Hall: New Jersey.

³ Kotler, Philip and Gary Armstrong. 2012. Principles of Marketing, 14th ed. Prentice Hall: New Jersey.

⁴ The Role of the Pharmacist in the Health Care System, WHO, 1994, <http://apps.who.int/medicinedocs/en/d/Jh2995e/>

- supply medicines in accordance with a prescription or, when legally permitted, sell them without a prescription;
- ensure an accurate supply of appropriate products, their professional activities also cover:
 - counselling of patients at the time of dispensing of prescription and non-prescription drugs,
 - drug information to health professionals, patients and the general public;
- participate in health-promotion programmes,
- maintain links with other health professionals in primary health care.”⁵

According to the WHO⁶, “pharmacists can take part in health promotion campaigns, locally and nationally, on a wide range of health-related topics, and particularly on drug-related topics (e.g., rational use of drugs, alcohol abuse, tobacco use, discouragement of drug use during pregnancy, organic solvent abuse, poison prevention) or topics concerned with other health problems (diarrhoeal diseases, tuberculosis, leprosy, HIV-infection/AIDS) and family planning. They may also take part in the education of local community groups in health promotion, and in campaigns on disease prevention, such as the Expanded Programme on Immunization, and malaria and blindness programmes.”

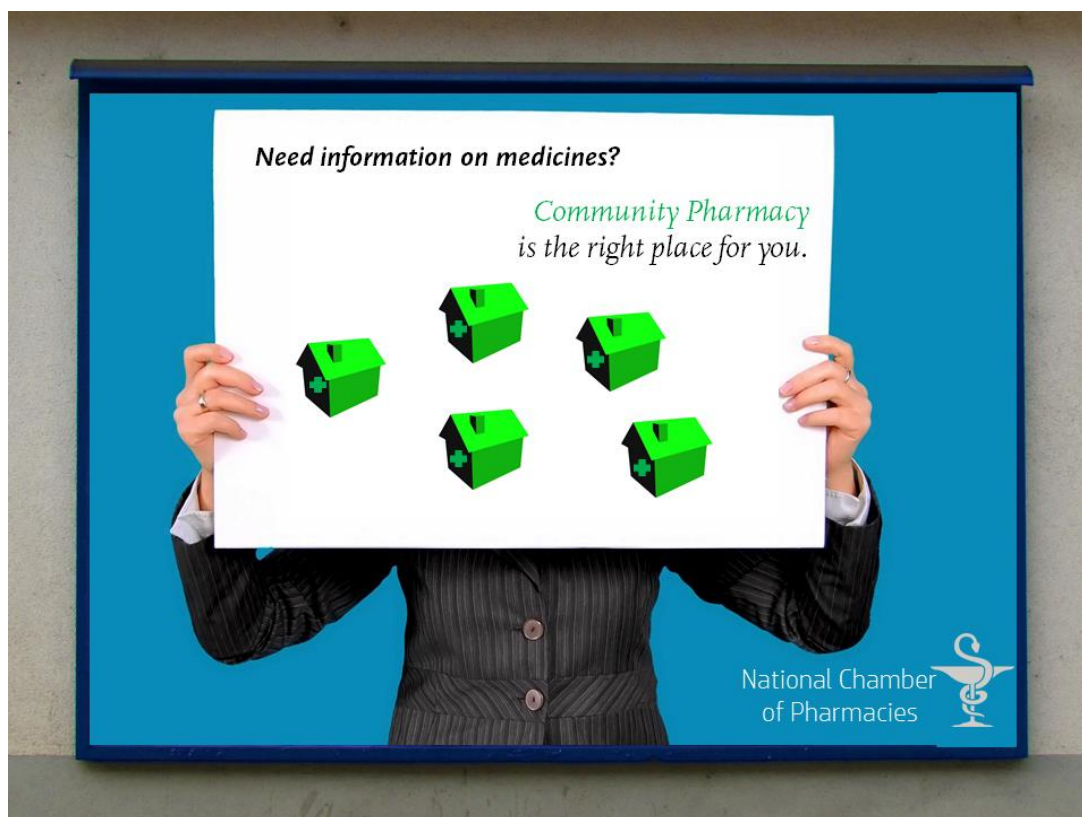
In line with above stated definitions of advertising and with Community Pharmacies in mind, there are two options for Type 1 advertising:

- A. Advertising a Community Pharmacy as a General Brand (CPGB) of an industry or health care public service, regardless of individual legal entities carrying out the services in question.
The object of advertising is CPGB. Ministry of Health, Health Insurance or National Chamber of Pharmacies, for example, could act as the subject or advertiser.
- B. Community Pharmacy’s Individual Branding (CPIB) and advertising of each brand separately and independently of others.
The object of advertising is CPIB itself. The Community Pharmacy itself or even a municipality, where appropriate, could act as the subject or advertiser.

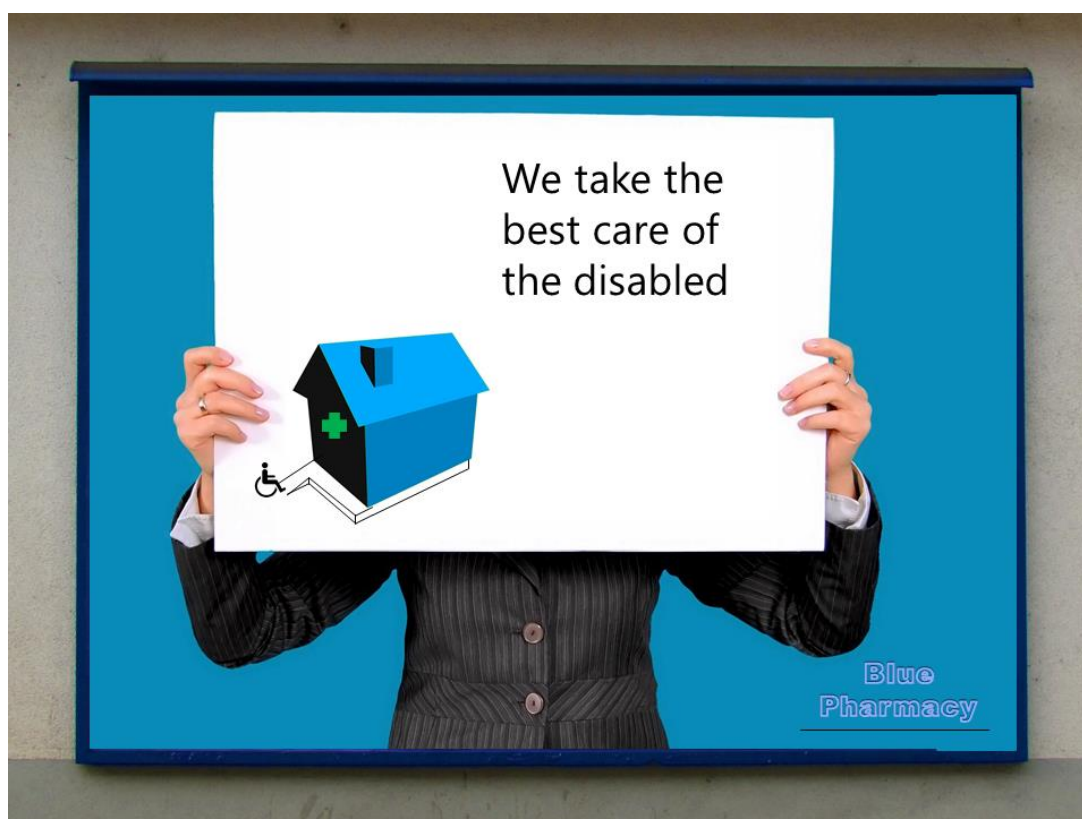
⁵ The Role of the Pharmacist in the Health Care System, WHO, 1994, <http://apps.who.int/medicinedocs/en/d/Jh2995e/>

⁶ The Role of the Pharmacist in the Health Care System, WHO, 1994, <http://apps.who.int/medicinedocs/en/d/Jh2995e/>

Picture 1: Demonstration of Type 1.A Advertising, advertising CPGB.



Picture 2: Demonstration of Type 1.B advertising, advertising CPIB.



Each approach could be as successful as any other advertising, with respect for brand value consistency and other aspects of good branding. Nevertheless there are some basic differences between options, as shown in the Table 1.

Table 1: Distinctions between Option A and Option B in Type 1 Advertising regarding sponsors, business models and quality of services.

| | OPTION A: CPGB ADVERTISING | OPTION B: CPIB ADVERTISING |
|----------------------------------|---|--|
| SPONSOR OF ADVERTISEMENTS | Financier ⁷ / Professional Chamber | Individual Brand Owner |
| SUPPORTED BUSINESS MODEL | Health Care Service Provider | Retail Service Provider |
| QUALITY OF SERVICES | The same level in all entities | Different levels among existing entities |

Mixing those imperatives between both options leads to mixed messages of advertising. For example, with mixing characteristics from option A and B, the following questions open:

- How come there are different brands of Community Pharmacies, if they are supposed to have the same level of quality of services? or
- How is it possible to declare a health service as a main service, if the money is coming mainly through retail services?

Regardless of the existing mixtures and combinations, inconsistent advertising inevitably leads to:

- Decrease of trust in the individual Community Pharmacy brand and Community Pharmacies in general,
- Decrease of trust in the professional services of the Community Pharmacy in general and
- Decrease of trust in the profession.

There is of course a need for research data to support the above hypotheses. For relevant research the challenge is providing objective data and methods to support such claims and it is also necessary to point out the temptation to take shortcuts. For example, a questionnaire

⁷ For example Ministry of health or a health insurance organization could act as a financier of the advertisements for raising awareness of the public, what is good for their health.

among the existing visitors of community pharmacies might be an elegant approach to get the answers, but at the same time, the visitors needing the community pharmacy service will unlikely respond objectively and truly, while on the other hand, the ones without a certain level of trust would not even be there.

The following is evident from the data for Slovenia:

- Community Pharmacies are showing the need to differentiate from each other with a unique, individual brand, visualised with a logo. Frequently they come up with a logo which is a variation of the general logo, defined by law.
- Owners of the Community Pharmacy brands are the only ones showing interest in their advertising. There was not any advertisement found promoting Community Pharmacies or their services in general.
- Health insurance as a main financier of health care services in Slovenia concentrates mainly on the administration role of Community Pharmacies in the retail service. Medicines prices, both retail and wholesale, are determined on the national level, removing any motivation for retail development in that direction.
- Health insurance is defining the value of the factor per prescription for evaluation of pharmaceutical services and relevant supervision and at the same time there is no publicly known agreement or control of the level and quality of services. The structure of the factor for evaluation of pharmaceutical services⁸ is very informative. However, payment for health care services is obviously not sufficient, since Community Pharmacies put a lot of effort (time, energy and advertising focus) in retail services. It looks like they almost exclusively attend industry sponsored events as a form of continuous education, perform industry sales promotions, organize their shelves according to the price paid for the space, which is performed by highly educated personnel etc.
- Community Pharmacies differentiate mostly through the retail services (for example selling channels used or products sales sponsored exclusively by the industry) and not so much through pharmaceutical health care services. For example, the following competitive advantages are frequently pointed out: payment means, existence of online sales, products promotions, quantity of recipes etc.

Data and more information on the situation is analysed in detail in a separate chapter.

⁸ The factor structure is divided by points given to certain services regardless of the patient or particular medicine. It is not evident what kind of methodology was used for the given structure and when.
<http://www.zzzs.si/zzzs/PAO/ZJavSif.nsf/V115E?OpenView>

Advertising Community Pharmacies through products

This type of advertising includes cobranding a Community Pharmacy brand and a brand of an individual product or a product line. Again, there are two options for this type of advertising:

- A. Cobranding of a product or a product line with a CPGB.
There are two objects of advertising, a product brand and a CPGB. The subject or advertiser is the product brand owner or the producer, optionally acting through a local representative or a distributor.
- B. Cobranding of a product or a product line with a CPIB.
There are two objects of advertising, a product brand and a CPIB. The subject or advertiser is the product brand owner or the producer, optionally acting through a local representative or a distributor.

Picture 3: Demonstration of Type 2. A advertising, advertising CPGB through a product brand.



Before going into more detail of each option for Type 2 advertising, let us look at what cobranding is.

»In co-branding, also called dual branding or brand bundling, two or more well-known existing brands are combined into a joint product and/or marketed together in some fashion.

It can be same-company co-branding, joint-venture co-branding, multiple-sponsor co-branding or retail co-branding.⁹ «

The reasoning for connection of two brands is driven by a well-known expectation: »Co-branding can generate greater sales from the existing target market as well as open additional opportunities with new consumers and channels. Co-branding also can reduce the cost of product introduction because two well-known images are combined, accelerating potential adoption. And co-branding may be a valuable mean to learn about consumers and how other companies approach them.¹⁰ «

Picture 4: Demonstration of Type 2. B advertising, advertising CPIB through a product brand.



⁹ Kotler, Philip and Kevin Lane Keller. 2006. Marketing Management, 12th ed. Pearson Prentice Hall: New Jersey.

¹⁰ Kotler, Philip and Kevin Lane Keller. 2006. *Marketing Management*, 12th ed. Pearson Prentice Hall: New Jersey.

From the fact that CPGB is a decades-old and well recognised brand, it is obvious product brands are the ones to gain from this type of advertising, especially if they are new on the market or if they are facing new competition. What CPGB can gain in such advertising remains an open question.

In the discussion of co-branding connected with community pharmacies one could ask oneself which brand is perceived as the stronger one, Community Pharmacy as a General Brand (CPGB) or a specific Community Pharmacy Individual Brand (CPIB), since »A necessary condition for co-branding success is that the two brands separately have a brand equity—adequate brand awareness and a sufficiently positive brand image.¹¹« In the documented advertising (TV channels, printed media, internet advertising etc.), the CPGB completely prevails over CPIB in Type 2 advertising, since in the advertising of products connected with Community Pharmacies there is always a reference to community pharmacies in general as points of sales.

Moreover, there are cases where CPIBs are advertising a brand of products or a producer brand, obviously perceiving their own brand as the weaker one as described in detail in Type 3 advertising.

It should not be overlooked that there is another indirect co-branding going on, referencing Community Pharmacies as selling points for equalisation of their products with medicines and their identity and characteristics, namely effectiveness, safety and quality.

One should expect any co-branding to be the result of an agreement of both brands managers. In the case of Community Pharmacies brand in general this means there will be someone or better still, some institution managing that brand in line with its values and characteristics, having in mind its future value.

In any co-branding we should not forget: "The most important requirement is that there is a logical fit between the two brands such that the combined brand or marketing activity maximizes the advantages of the individual brands while minimizing the disadvantages."¹²« Any product brand referencing Community Pharmacies as sales points when it is not legally necessary (it means all products except medicines and medical devices of Class IIa, IIb and III) should not be treated as information but co-branding since the advertised product is taking the identity of medicines and its distributor the identity of Community Pharmacies.

If there is no active involvement on the side of the Community Pharmacies, they become hostages of such practices. »The potential disadvantages of co-branding are the risks and lack of control from becoming aligned with another brand in the minds of consumers. Consumer expectations about the level of involvement and commitment with co-brands are likely to be high, so unsatisfactory performance could have negative repercussions for the brands involved. If the other brand has entered into a number of co-branding arrangements,

¹¹ Kotler, Philip and Kevin Lane Keller. 2006. *Marketing Management*, 12th ed. Pearson Prentice Hall: New Jersey.

¹² Kotler, Philip and Kevin Lane Keller. 2006. *Marketing Management*, 12th ed. Pearson Prentice Hall: New Jersey.

there may be a risk that overexposure will dilute the transfer of any association. It may also result in a lack of focus on existing brands.¹³«

Examples of involuntary co-branding can be found in advertisements for non-medicine products including a variety of the following statements:

- Ask your pharmacist if you need more information or advice.
- If you get any side effects, talk to your doctor or pharmacist.
- Always take/use this product exactly as your doctor or pharmacist told you.
- Available in the community pharmacies.
- Available in the community pharmacies with a better assortment.

Brands of product lines represent a special case, when they cover different range of products. For example, originally the brand is introduced on the market with a medicine, followed by food supplements under the same brand. When such food supplements are advertised, a medicine is advertised simultaneously. Infant formulas represent similar case.

¹³ Kotler, Philip and Kevin Lane Keller. 2006. *Marketing Management*, 12th ed. Pearson Prentice Hall: New Jersey.

Advertising products through Community Pharmacies

In Type 3 advertising a Community Pharmacy is advertising a product brand. Again, there are two options:

- A. CPGB advertising a product brand. There are two objects of advertising, a product brand and a CPGB.
The subject or advertiser is the product brand owner, who may be the producer, or it could be done through a local representative or a distributor as described below. In theory the CPGB manager could also act as the advertiser.
- B. CPIB advertising a product brand.
There are two objects of advertising, a product brand and a CPIB. The subject or advertiser is the product brand, who may be the producer, or it could be done through a local representative or a distributor. Alternatively, CPIB owners could also act as the advertiser.

Similarly to Type 2 advertising, Type 3 also includes co-branding. The difference is in who is perceived as the advertiser or the subject. Regardless of this, who is really selling and making all the decisions does not change at all.

Picture 5: Demonstration of Type 3.A advertising, advertising a product brand and CPGB.



Picture 6: Demonstration of Type 3.B advertising, advertising a product brand and CPIB.



This is probably the most used type of advertising among Community Pharmacies, with a variety of channels:

- A. Outer walls and windows of a store
- B. Shelves and boards within the stores
- C. Every other surface within the community pharmacy
- D. Uniforms of community pharmacies employees
- E. Shopping bags
- F. Content media magazines
- G. Demonstration dolls and graphic displays
- H. Education and training of customers and employees
- I. Internet sites
- J. Internet pharmacy stores
- K. Facebook profiles

The common practice in this type, regardless of the used channel, is that the community pharmacy acts as the media. In the meantime personnel are acting as renting administrators of the available channels according to the commercial agreement. They do not choose products or the way the advertised product is represented, including wording or graphic presentation. Consequently these advertisements are inconsistent with each other and present different product brands, literally covering the pharmacy. These practices spread without limits and completely transformed community pharmacies from health care service providers to the advertising media. At the moment this is obviously still an attractive and logical choice for advertisers, since there is a legal monopoly and practically every ill person has to go through them one way or another.

However, it should be said that the product advertisements are in line with self-service stores and not with personal consultancy. In terms of health care, it should bring at least some concern since it means more responsibility is put on the users of products where a lot of special knowledge is needed. Some of the logical questions are: Who is responsible for that knowledge? Who should be responsible for the wrong choices? For example, who will be paying for the health damage caused?

At the moment it looks like Community Pharmacies themselves do not believe in the added value of their services, if we acknowledge there are more and more self-service shelves and space trying to direct their visitors away from personal service. Internet pharmacy is another step in that direction.

A suicidal decision has mostly already been made, since besides becoming advertising media, there are some other practices in Type 3 advertising. And when a store acts as a cheap retail chain, constantly decreasing margins are the way to hell.

Beside advertising media in this Type of advertising connected with Community Pharmacies, two other practices should be pointed out.

One of them includes live promotions of product brands. As a form of events these practices are bringing a relatively contemporary approach to marketing, the so- called Experiential Marketing¹⁴ or even better Engagement Marketing¹⁵. What the visitor of the Community Pharmacy is usually experiencing in such cases is the following:

- There is a young woman in a white coat, smiling and welcoming everybody near the entrance already within the Pharmacy, offering samples, explanation and advice, topped with a discount and invitation to come back with feedback about the product.
- Beside the counter there is a pharmacist, maybe not in the most welcoming mood, but definitely giving customers a bill and taking their money.

It is unnecessary to explain what message about the Pharmacy's service level and the role of a pharmacist has been given in such cases to the visitors. Without going into the reasons why (not enough time, not enough knowledge or not enough willingness), the pharmacists are just not offering the same level of service as the promotor. The evil question is whether impressions are worsened or improved when the visitor finds out the promotor has practically no educational background compared to a pharmacist.

The behaviour of visitors following described experience is leading to unsustainable results of such practices within Community Pharmacies. As a consequence, without a promotor, there will be no additional selling. On the contrary results could end up being lower than before the first promotional appearance. Moreover, the products brand will gain value; the Community Pharmacy brand will lose value.

The next practice to expose a brand of a product within a Community Pharmacy or its on-line parallels is advertising and marking out the discounts with visible signs on shelves. It does not matter what content variation is used (3 for 2, 20% off etc.). To go straight to the Community Pharmacy environment, skipping the events in the usual retail store, the visitor is facing the message by the Community Pharmacy itself about the discounted products: "Professional advice does not really matter." The message is that there is no added value in the Community Pharmacy services. The message is that the products in the category are the same to such extent the consumer can just compare and conclude on their own which product is closer to their taste and budget. So why should anybody with common sense buy this type of products in the Community Pharmacy? Following the logic of mass market, they could never be cheaper than in big chains. It could be interesting practice for the brands which are present just in the Community Pharmacies, but then why are they lowering the

¹⁴ Schmitt, Bernd H.. 1999. *Experiential Marketing: How to Get Customers to Sense, Feel, Think, Act, Relate*. New York: The Free Press.

¹⁵ Shultz, Clifford J. II. 2007. *Marketing as Constructive Engagement*. Journal of Public Policy & Marketing: Fall 2007, Vol. 26, No. 2, pp. 293-301.

price? Is the normal price wrong or is there something wrong with the brand? This is the illustration of messages weakening the brand of the Community Pharmacy, building up the product brand value and taking the Community Pharmacy visitors to become buyers elsewhere.

To sum up, Type 3 of advertising in Community Pharmacies is taking one of the following directions:

- A. Advertising media role, selling surfaces
- B. Hosting live promotion events, replacing pharmacists with promoters
- C. Visible selling discounts, entering in direct competition with big retail chains

Slovenian Community Pharmacies Online Advertising in Numbers

For the purpose of this analysis, a sample of 326 Community Pharmacies in Slovenia was examined in November 2016. Hospital pharmacies were not included in the sample. Online advertising review was chosen as a cost effective method.

The sample consists of:

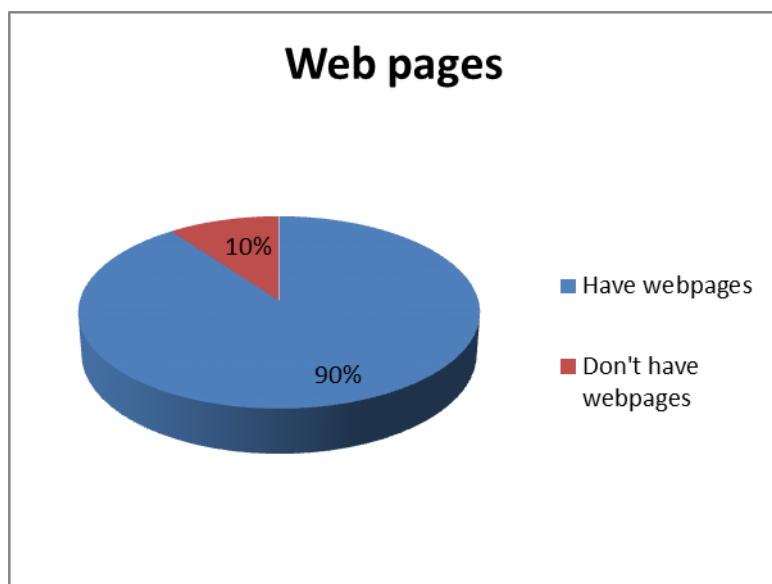
- 24 legal entities under the public law (owned by municipalities), with altogether 233 Community Pharmacies as business units, hereinafter called MCPs, and
- 87 privately owned Community Pharmacies with 6 subsidiaries, hereinafter called PCPs.

Their online presence was analysed to check their priorities in advertising objects having in mind the three types described in previous chapters. Their web pages were explored with emphasis on important corporate identity symbols, such as logotype and headline, values and perceived added value. The potential existence of online pharmacy stores and presence on social media (Facebook) were checked in the same manner. Other online activities, like Google Adds (noticed just by a couple of Online Pharmacies), were not included.

The first result is presented in Figure 1, showing the vast majority, 90 % (293) of Pharmacies from the sample, is present online with their own web page.

In all the cases of MCPs, all Community Pharmacies included in one legal person are using one master web page. It could be concluded that local end user services do not differentiate among business units and there is a bigger difference compared to other legal entities than among inner units.

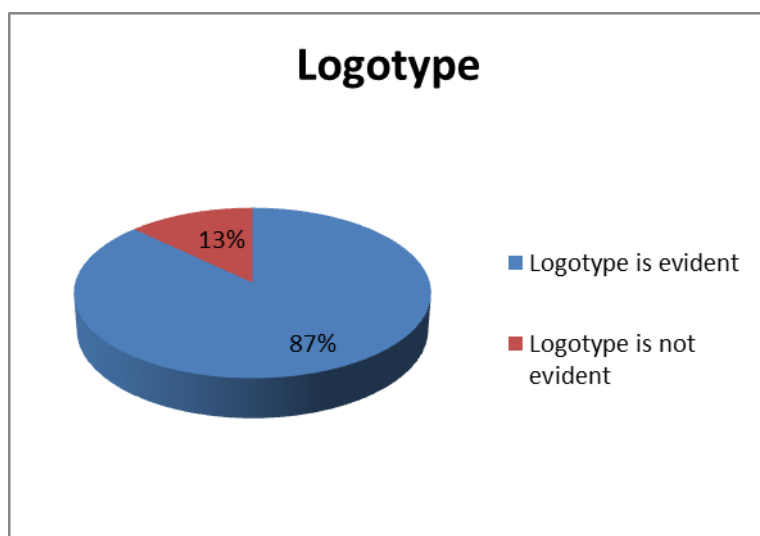
Figure 1: The Share of Slovenian Community Pharmacies with Web Pages.



Slovenian Community Pharmacies' Web Pages

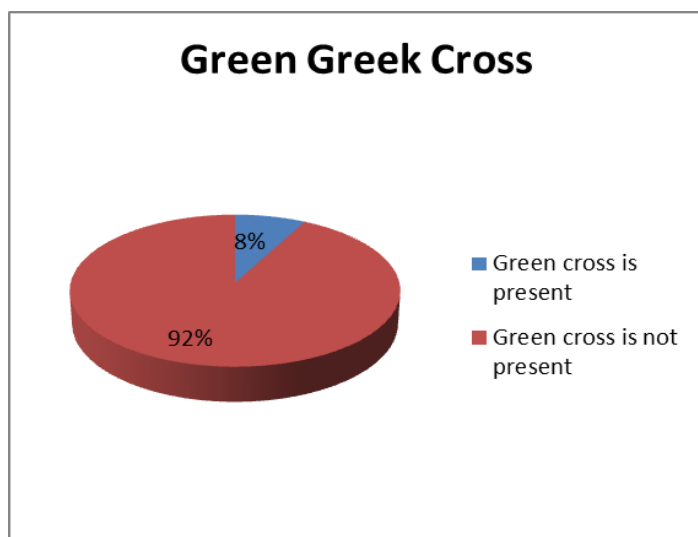
As shown in Figure 2, almost 90 % of the Slovenian Community Pharmacies want to differentiate with an individual logotype (CPIB) present on the web page. Again, like with web pages in all MCP cases, all Community Pharmacies included in one legal entity are sharing one logotype, confirming the corporate identity.

Figure 2: The Share of Slovenian Community Pharmacies with individualised logotype (CPIB) presence on Web Pages.



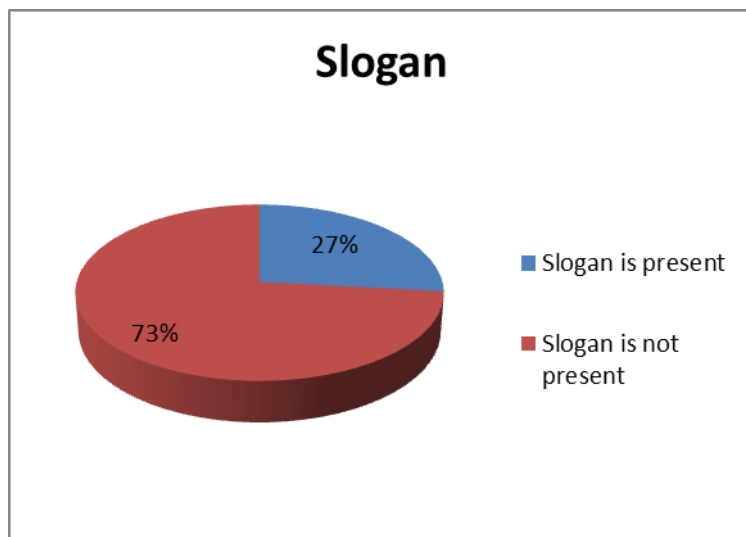
Slovenian Community Pharmacies are legally bound to use the green Greek cross with a Bowl of Hygieia and a snake as their specific symbol, presenting CPGB and differentiating them from other businesses. However, the review of web pages showed only a very weak presence of the legally defined symbol. Nevertheless, frequently a form of cross is used as a part of the pharmacies individual logotype. It is confirming that Community Pharmacies give high importance to differentiating themselves from each other and/or to reflect the existing differences among them with visual symbols.

Figure 3: The presence of the legally defined logo on Slovenian Community Pharmacies' web pages.



More than a quarter of Community Pharmacies use their own slogan as a visible element on their web page. It is communicating the differences by which they want to be distinguished from each other and is one of the distinctive factors.

Figure 4: The share of Slovenian Community Pharmacies web pages with slogans.



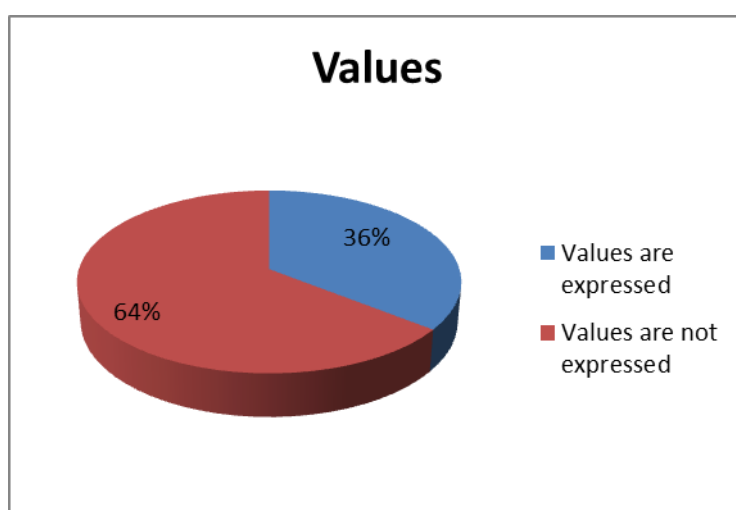
Reviewing the slogans as listed in alphabetical order in original statements below, it could be noticed the majority is recognising health (slo. zdravje, adjectives zdrava, zdrav, zdravo, zdravi) as an important value to pursue in a Community Pharmacy in one way or another. However, some of them are pointing out advice, knowledge or even a smile, which could lead to a simple conclusion that you cannot get the listed in other Community Pharmacies.

List of slogans used by Slovenian Community Pharmacies on their web pages:

- "Bodite zdravi."
- "Lekarna Abc, kjer zdravi tudi nasvet!"
- "Lekarna, kamor lahko pridete zgolj po nasmeh."
- "Lekarna, kjer zdravi tudi nasvet!"
- "Mi skrbimo za vaše zdravje."
- "Moje, domače in varne."
- "Obrnjeni k zdravju."
- "Pomagamo vam premagati bolezen in ohraniti zdravje!"
- "Pomagamo vam pri vašem zdravju, Pri nas zdravi tudi nasmeh."
- "Prijazna spletna lekarna."
- "Skupaj v skrbi za zdravje!"
- "V znanju je moč."
- "Več za vaše zdravje."
- "Vaša lekarna v mestu."
- "Vlaganje v lastno zdravje ima v življenju najvišje donose."
- "Z nasveti pomagamo ljudem. Včasih je dovolj že nasmeh in spodbuda. Z vami od leta 1994."
- "Z vami na poti do zdravja."
- "Z zaupanjem."
- "Zdravi vsak dan!"
- "Znanje za zdravje."

Since it is hard to summarise the point of anyone's expectations in a sentence or two and with a very widely expressed aim to differentiate from each other, in a business connected with health, one would expect clearly expressed values. In practise, Community Pharmacies' values are expressed in a good third of cases, as shown in Figure 5.

Figure 5: The share of expressed Community Pharmacies values on their web pages.



It has to be mentioned at this point that there was only one Community Pharmacy webpage in other language than Slovene. Therefore the content of the clearly verbalised values is not discussed in detail.

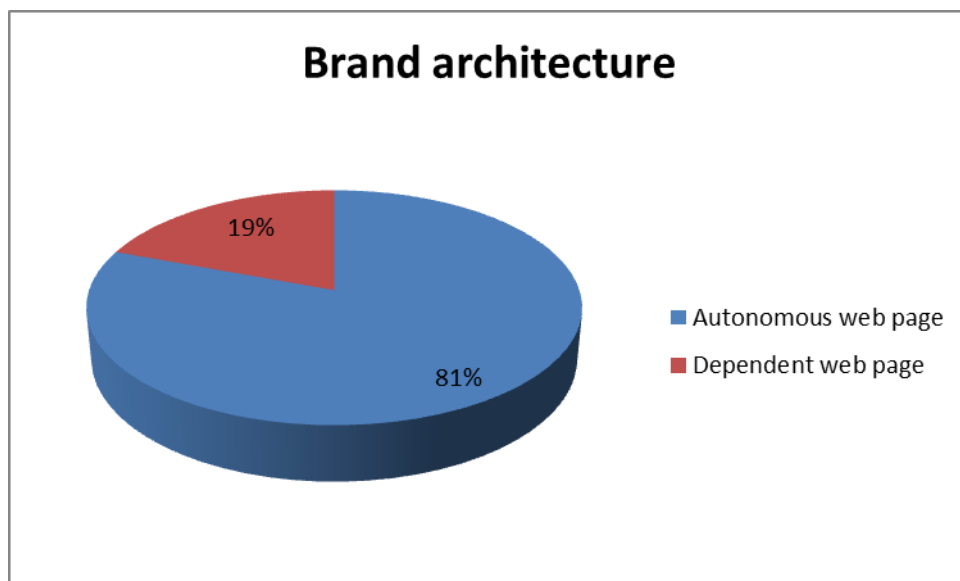
The web pages review revealed that Community Pharmacies Individual Brands (CPIB) in Slovenia are often managed simultaneously with other brands. However, different brand architectures are used, which could be divided in two main groups:

- A. a Community Pharmacy brand is using an autonomous web page
- B. a Community Pharmacy brand is presented on a subpage of a main page, hosting a dominant brand.

The second type of brand architecture shows that the Community Pharmacy is just another selling channel, indicating the used Business Model.

The numbers in Figure 6 show that almost a fifth of Community Pharmacies web pages and consequently the presented brands are somehow dependent.

Figure 6: The share of autonomous vs. dependent web pages among Slovenian Community Pharmacies web pages.



To review what kind of added value Community Pharmacies are advertising on their web pages, the content of relevant homepages was checked. The content was grouped in one of the following categories:

- About Community Pharmacy, describing organization etc.
- Advices on Diseases and/or Symptoms
- Advices on Ingredients/Components
- Contact With The Head Of The Pharmacy
- Contact With The Information Centre
- Contact With The Pharmacy
- Duty Hours
- Execution Of Other Health Services, for example Blood Pressure measurement, Blood Sugar measurement
- Information On Additionally Paid Services, for example home delivery
- Map with Community Pharmacy location
- Newsletter Application
- Notice Of Different Treatment Approaches, for example Homeopathy
- Notice Of The Product Offer Range
- Online Advices
- Online Shopping Possibility
- Opening Hours
- Reference To a Specific Target Group
- Waste Medicine Collection
- Sales Promotion Messages
- Sales Promotion Messages On Own Products Brands
- Reference To Certificates Of Services Quality
- Active User Interaction
- Address Information as the sole contact info
- Specification on Location regarding nearby facilities
- Free Parking Lot
- About Community Pharmacy (History)
- Accessibility For The Disabled
- Information On Serving Staff's Education
- Dogs Welcome
- Safe Point declaration

Figure 7: The numbers of declared added values into grouped contents by Community Pharmacies on their web pages.

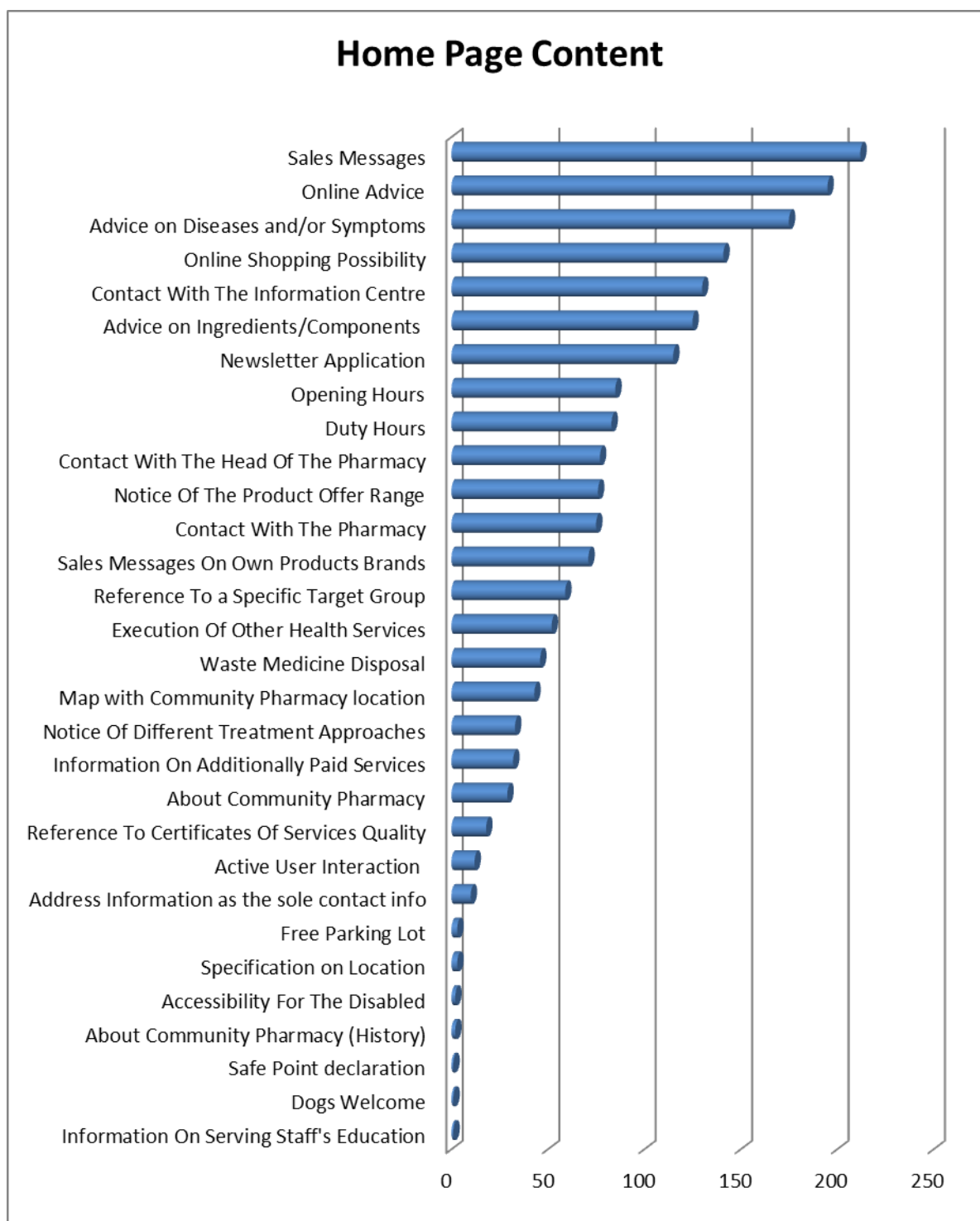


Figure 8: The highest share of declared added values into grouped contents by Community Pharmacies on their web pages.

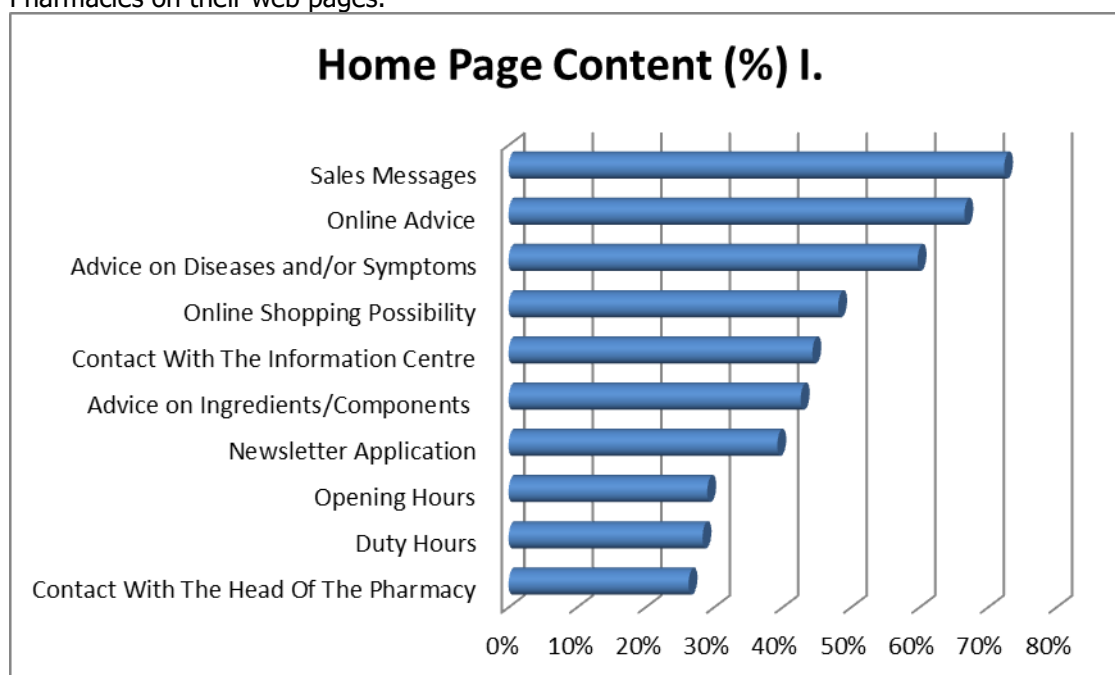
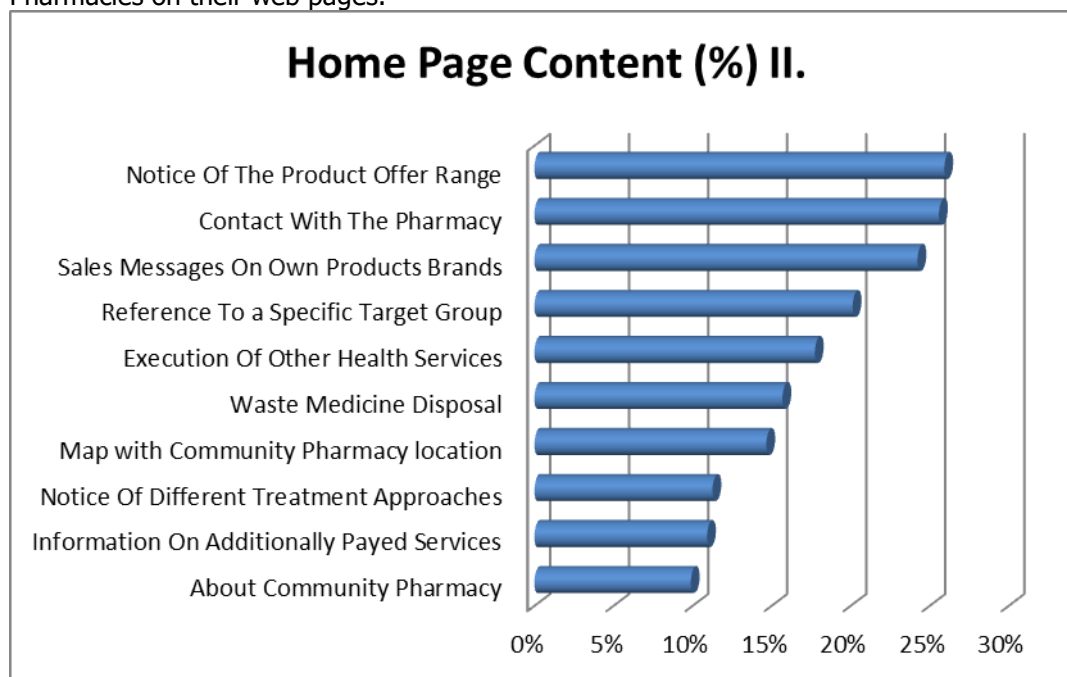


Figure 9: The medium share of declared added values into grouped contents by Community Pharmacies on their web pages.

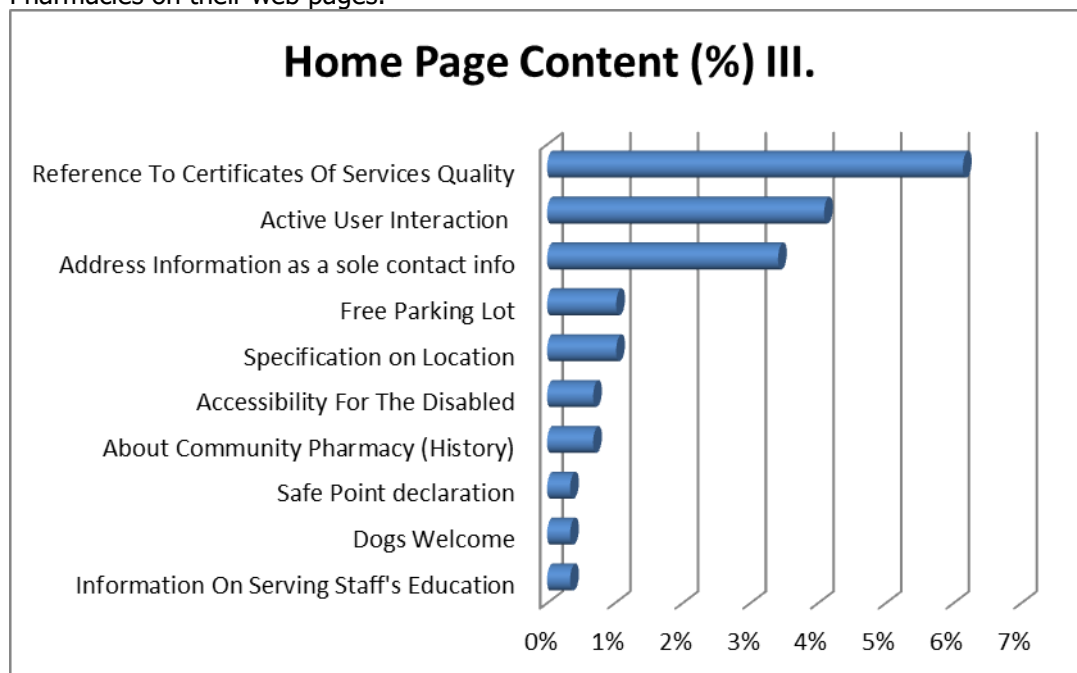


Knowing the Sales Messages are information on product's promotions, it could be said Figures 7 and 8 are showing that in the most cases, Community Pharmacies use Type 3 advertising. Furthermore, the most important messages for its visitors are:

- Community Pharmacy offer cheap products.
- Community Pharmacy offer advice free of charge.
- It is not necessary to come to the store in person, since Community Pharmacies offer online shopping and you can contact them by phone or e-mail. Personal service is not indispensable.
- Community Pharmacy wants to build a loyalty base of customers with newsletter

Surprisingly, Figures 7 and 9 are showing, there are a lot of Community Pharmacies not perceiving opening and duty hours of each business unit as very important information. To the almost same extent they see their advantage in their own products. They also list products they are selling, without any information about the differences from other Community Pharmacies or even other stores. Again there is Type 3 advertising. The real added values distinguishing Community Pharmacies from each others are seldom.

Figure 10: The lowest share of declared added values into grouped contents by Community Pharmacies on their web pages.

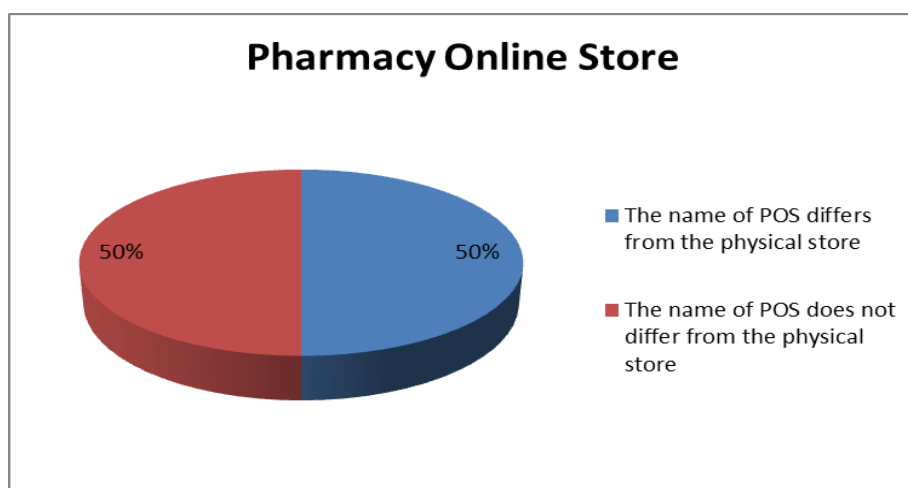


Slovenian Online Pharmacies

Community pharmacies adopted different strategies on their web presence. While 90 % of them use a webpage, 6 % (20) of them also manage their webpage as an online store, hereinafter named as Pharmacy Online Stores, shortly POS.

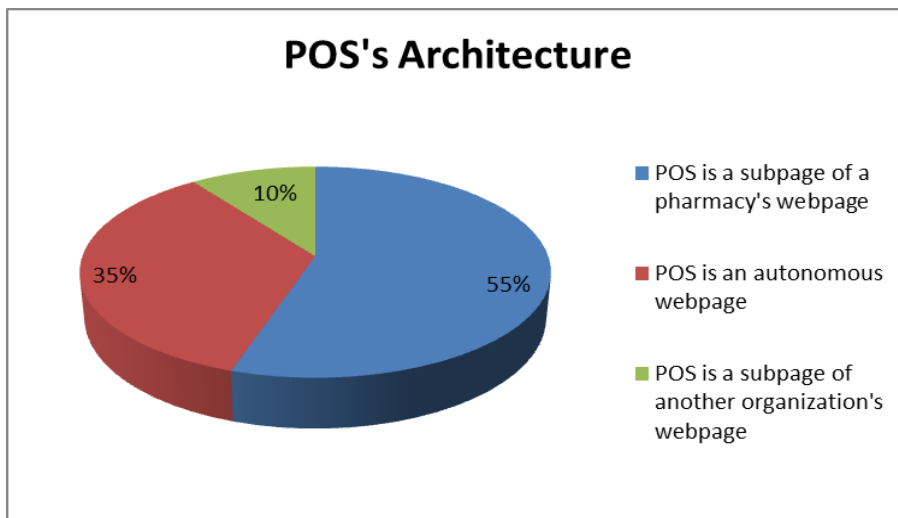
Some decided to completely differentiate their physical store from their online store, while the others kept both businesses on the same webpage. Consequently the names of online stores sometimes differ from their physical store. However, in more than half of the cases the names are the same as shown in Figure 11, showing the target audience differentiation is not perceived.

Figure 11: Naming of Slovenian POS with regard to the name of the Community Pharmacy.



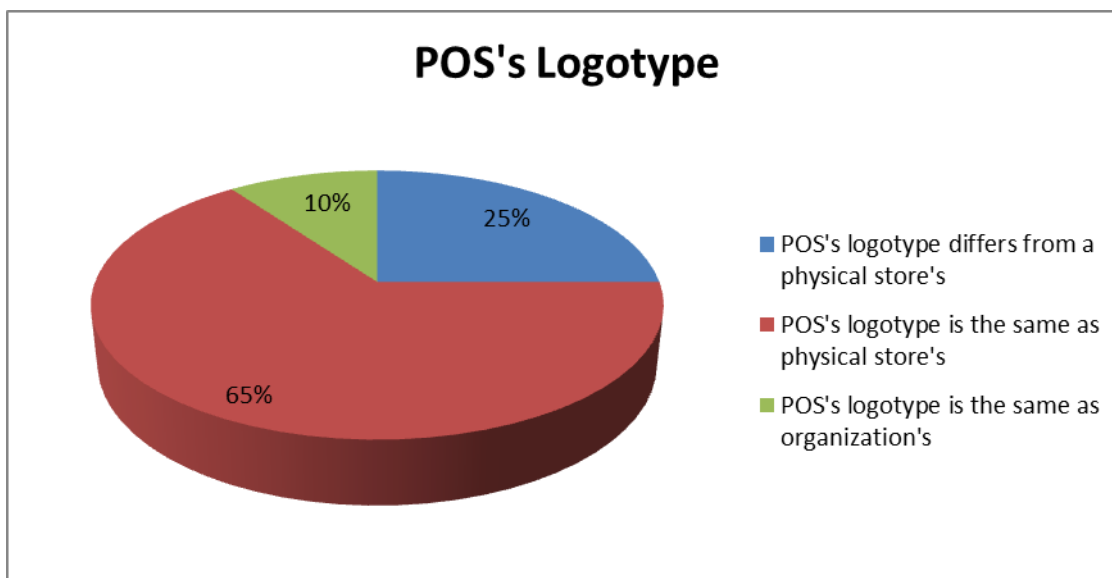
In about third of the cases online stores work as autonomous webpages, while in most of the cases they are operated directly through a physical pharmacy's webpage. 10 % of online stores even work as a part of a third party's web page. Results are presented in Figure 12.

Figure 12: The share of Slovenian POS with regard to the position of webpages.



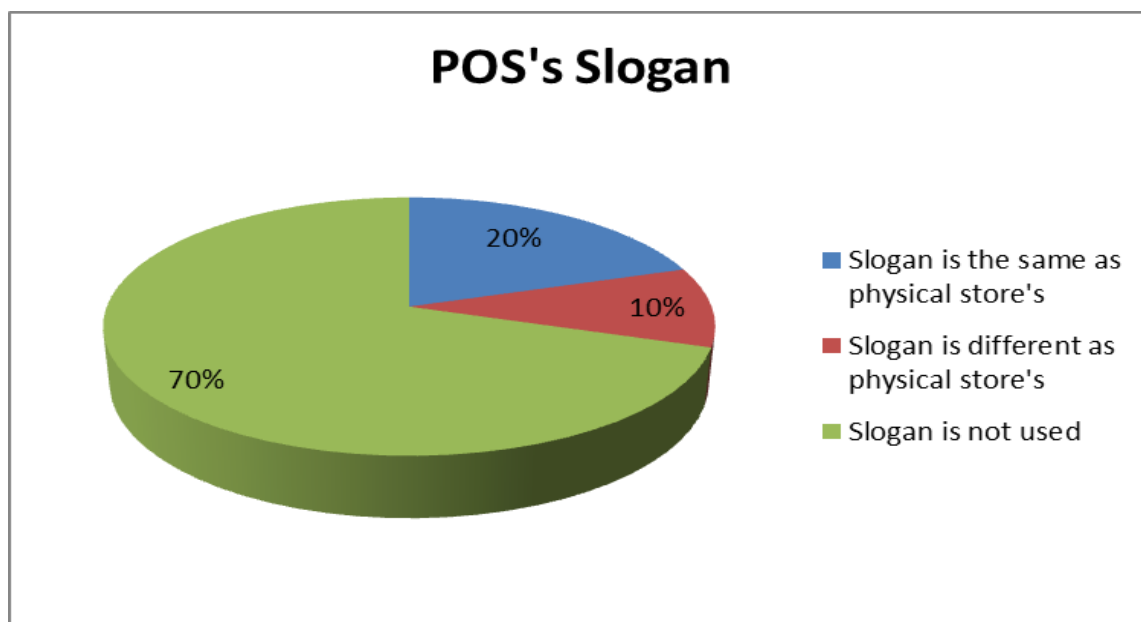
In two thirds of the cases, logotypes are the same for online and physical stores, however almost one quarter of logotypes are specifically designed for online stores.

Figure 13: The share of Slovenian POS regarding the visual differentiation by logotype.



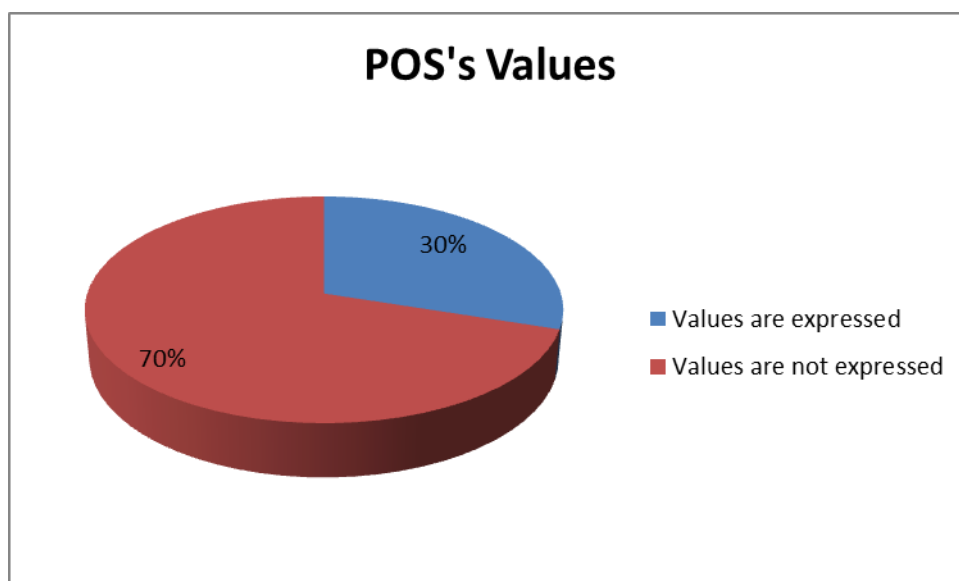
Only 10 % of online stores use their own slogans, while a fifth uses the same slogans for online and physical stores. In more than two thirds of the cases slogans are not used.

Figure 14: The share of Slovenian POS regarding the verbal differentiation by a slogan.



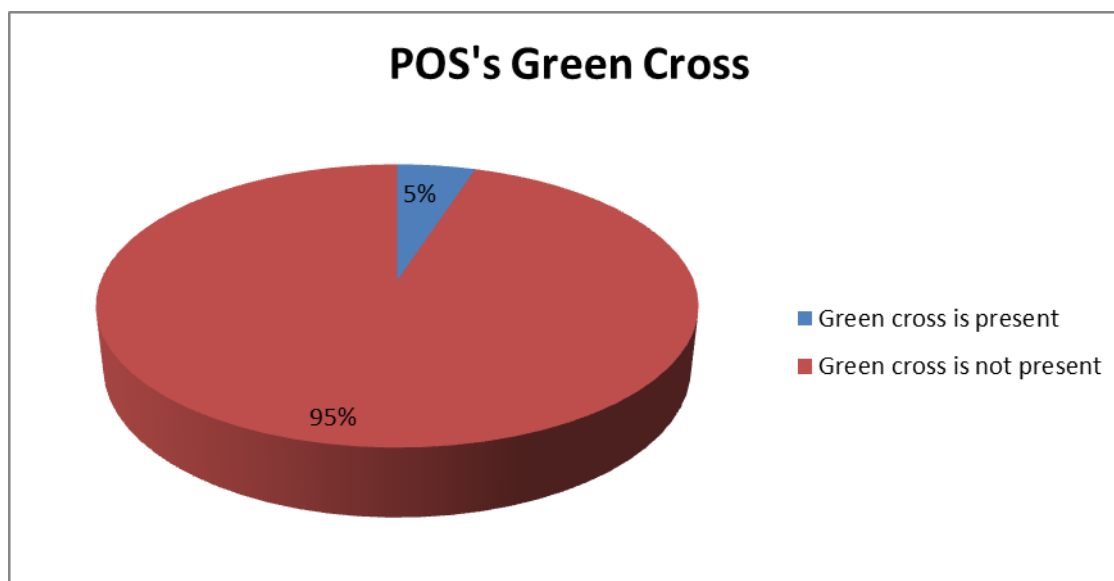
A third of online stores expressed their values on their webpages.

Figure 15: The share of Slovenian POS regarding the differentiation by values.



Only 5 % of online stores use the green cross as a visible symbol, showing they do not perceive a necessity to differentiate from other on-line stores.

Figure 16: The share of Slovenian POS regarding the use of the Greek Cross.



The content of online store's home pages is somehow different than the web representation of physical stores. The most important messages from these pages are the ones regarding sales and sales promotions, newsletter application and giving advice online.

Figure 17: The numbers of grouped contents recognised as important by Slovenian POS.

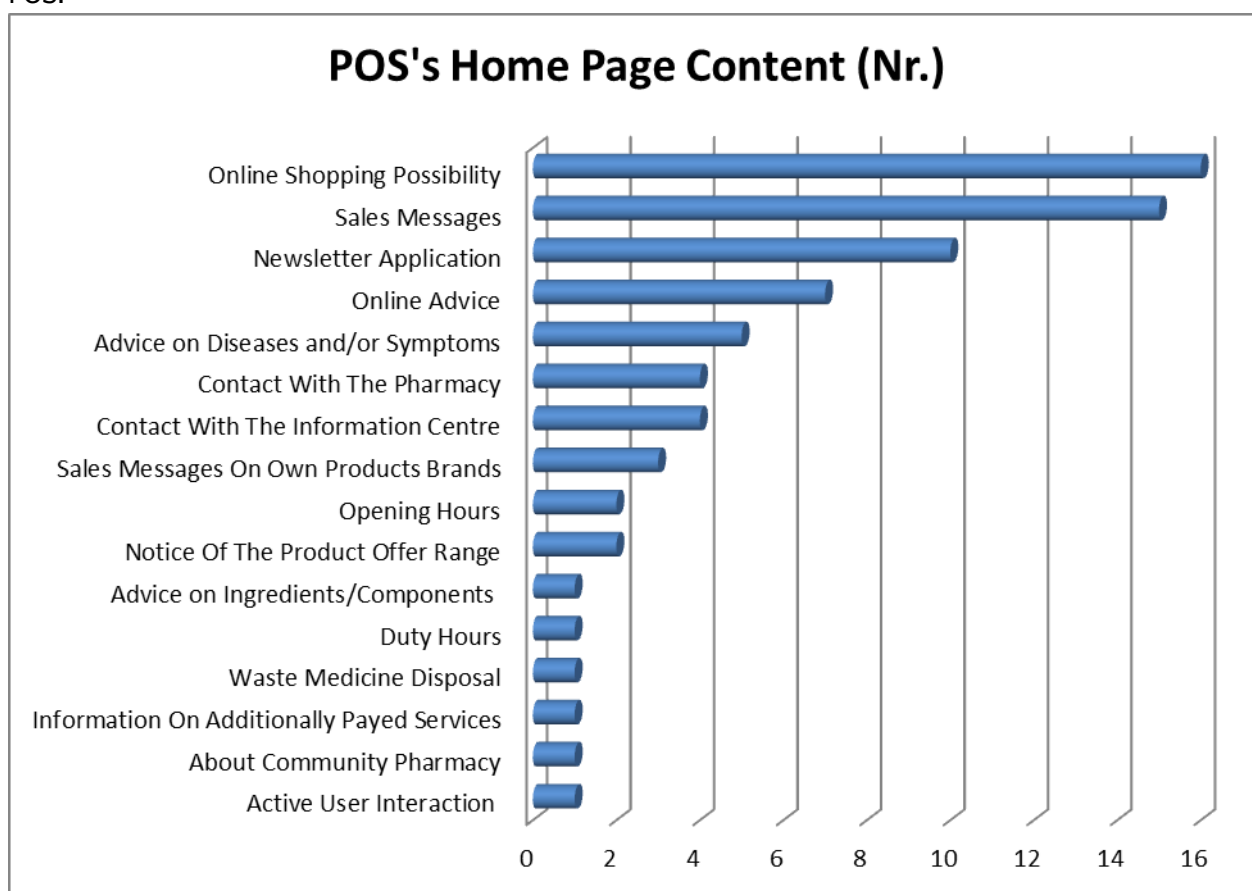
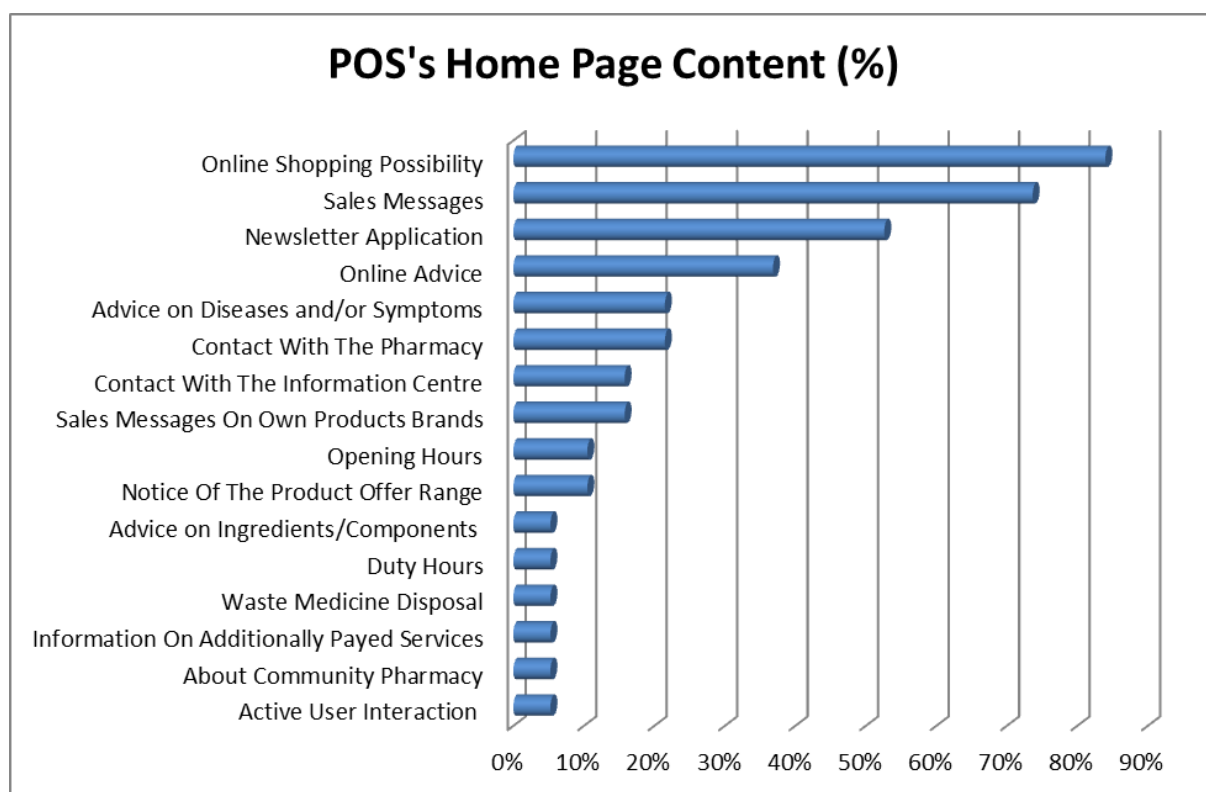


Figure 18: The share of grouped contents recognised as the most important by Slovenian POS.



According to Slovenian law, POS have to use a special banner notifying customers about their business. As it is evident from the Slovenian Ministry of Health's webpage, there are 12 POS and one specialised store currently operating in compliance with the law.

2 of the POS are owned by private companies and are not legally bound to use the banner. Nevertheless, they are presented as subpages on the same level as the Community Pharmacy, and would therefore very possibly be perceived as POS. Additionally, there are 5 POS and one subsidiary not mentioned in the Ministry's list (one of them is not operating).

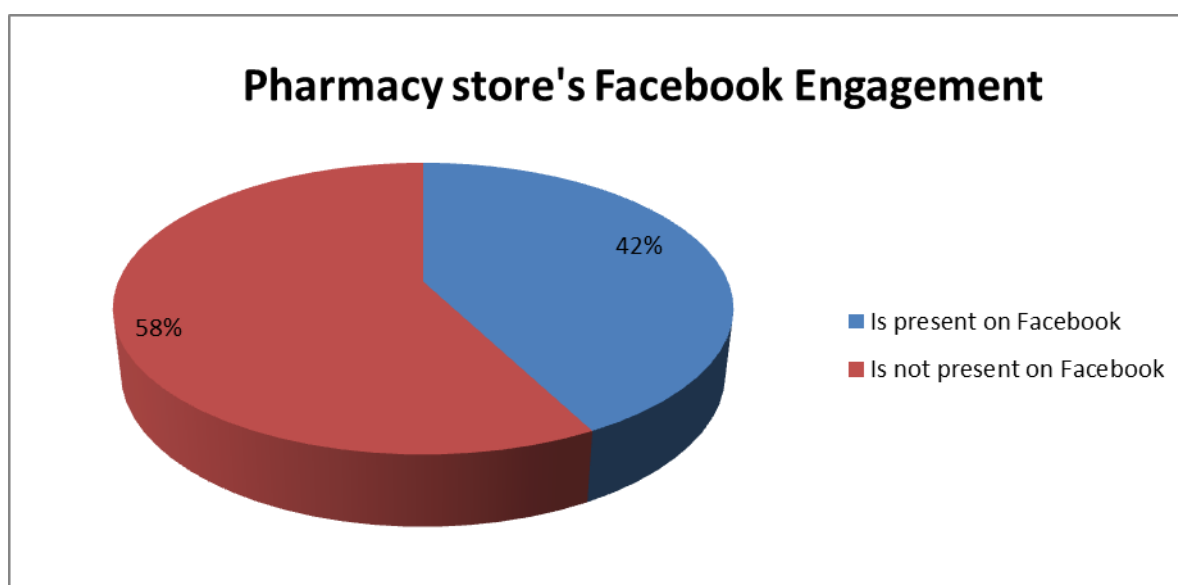
9 of POS use the banner (two of them are not operating).

However, there are only 84 % of POS actually operating.

Slovenian Community Pharmacies Engagement on Social Media

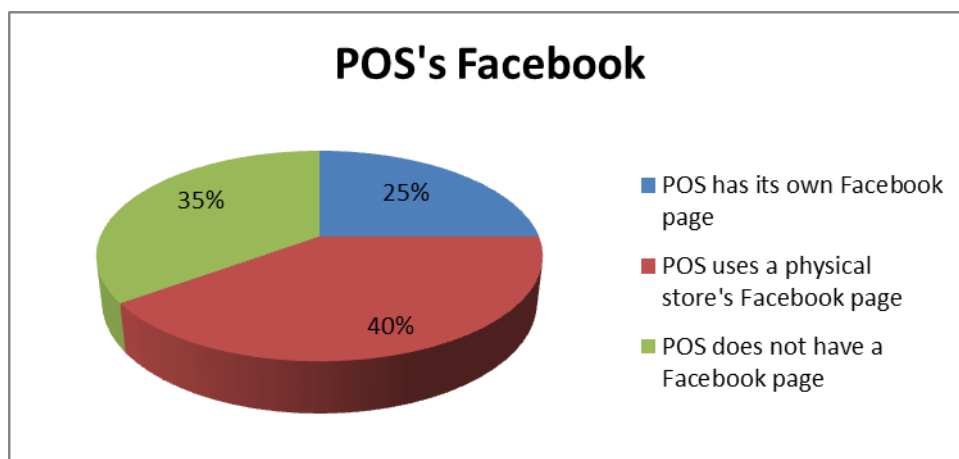
More than 40 % of Community Pharmacies are present on Facebook, some of them actively and some passively, as it will be described further.

Figure 19: The share of Slovenian Community Pharmacies present on the Facebook with a profile.



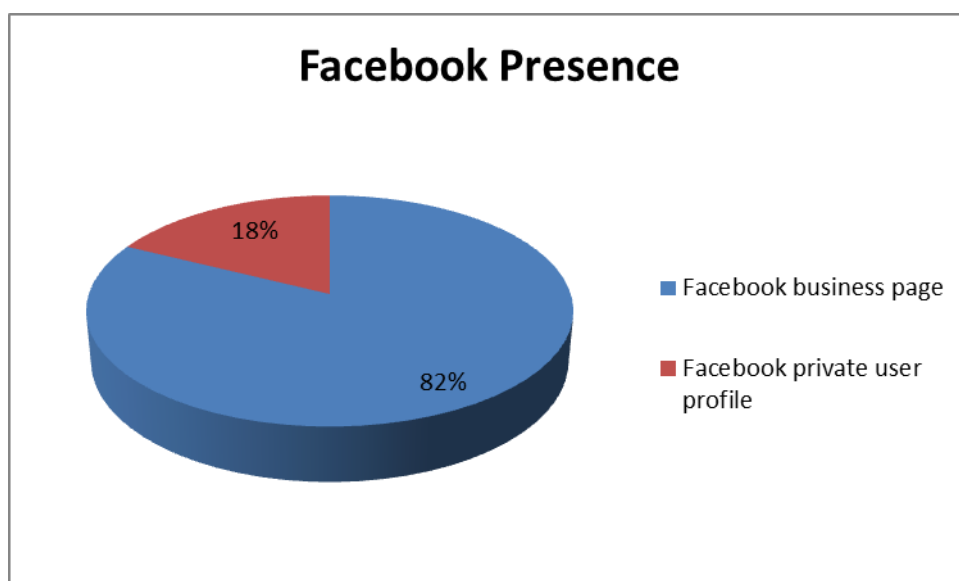
A third of POS do not engage in any Facebook activities. Around 40 % use the same Facebook page for online and physical pharmacy and about one quarter manage their own Facebook page.

Figure 20: The share of Slovenian POS presence on Facebook regarding the owner of the profile.



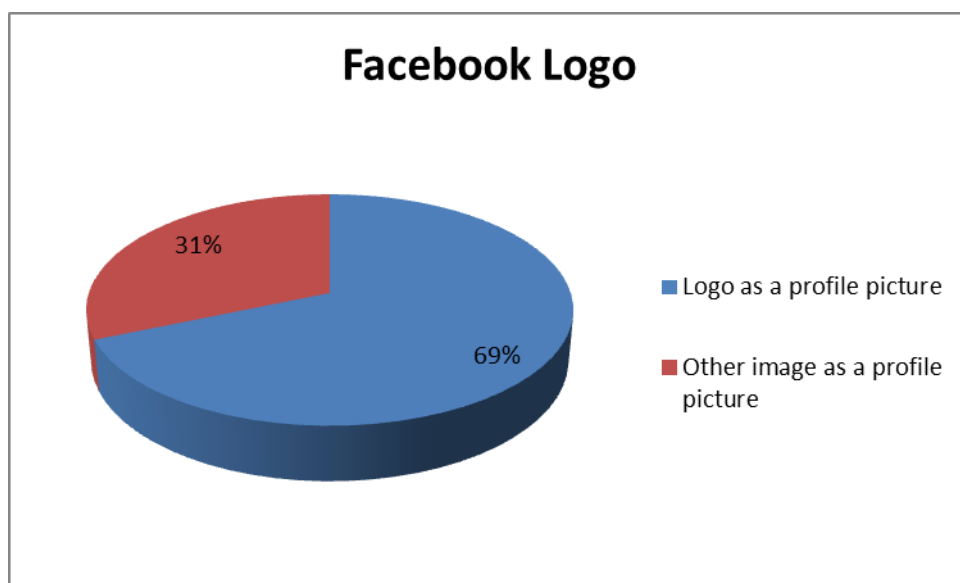
Surprisingly, almost a fifth of pharmacies use Facebook for business purpose through a private profile and consequently communicate only with their friends. Other use Facebook business pages more or less actively.

Figure 21: The share of Slovenian Community Pharmacies Facebook presence regarding profile type.



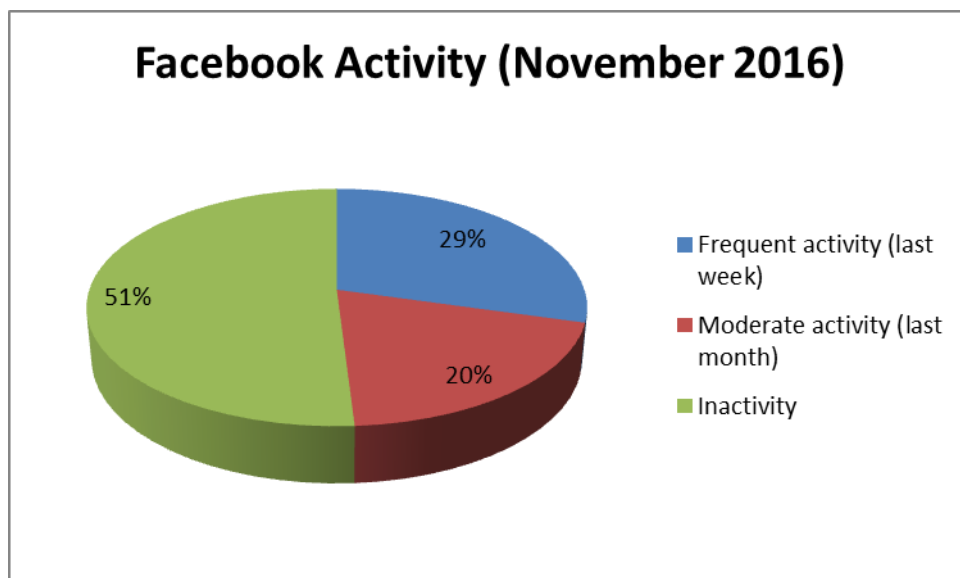
While it is common for Facebook business profiles to use companies' logos as profile pictures, almost a third of pharmacies don't. It could be assumed these profiles are not administrated professionally.

Figure 22: The share of Slovenian Community Pharmacies Facebook presence regarding the used profile picture on a profile.



Although Facebook can be an effective and cheap tool to communicate with potential and regular clients, half of pharmacies are still not active on this social network. We have analysed pharmacies' Facebook activity for the period of one month (November 2016) and discovered a third of them is actively involved with Facebook posting and a fifth is moderately active. The others are far behind.

Figure 23: The share of Slovenian Community Pharmacies Facebook presence regarding the frequency of posting or other activity on the profile.

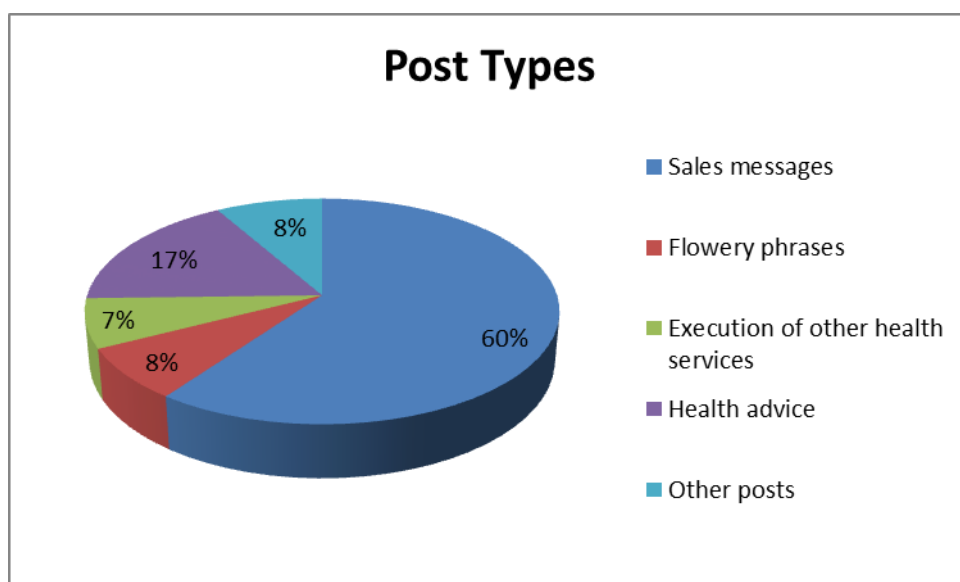


There are different types of Facebook posts Community Pharmacies use. We sorted them into 5 groups:

- Sales messages
- Flowery phrases
- Execution of other health services
- Health advice
- Other posts

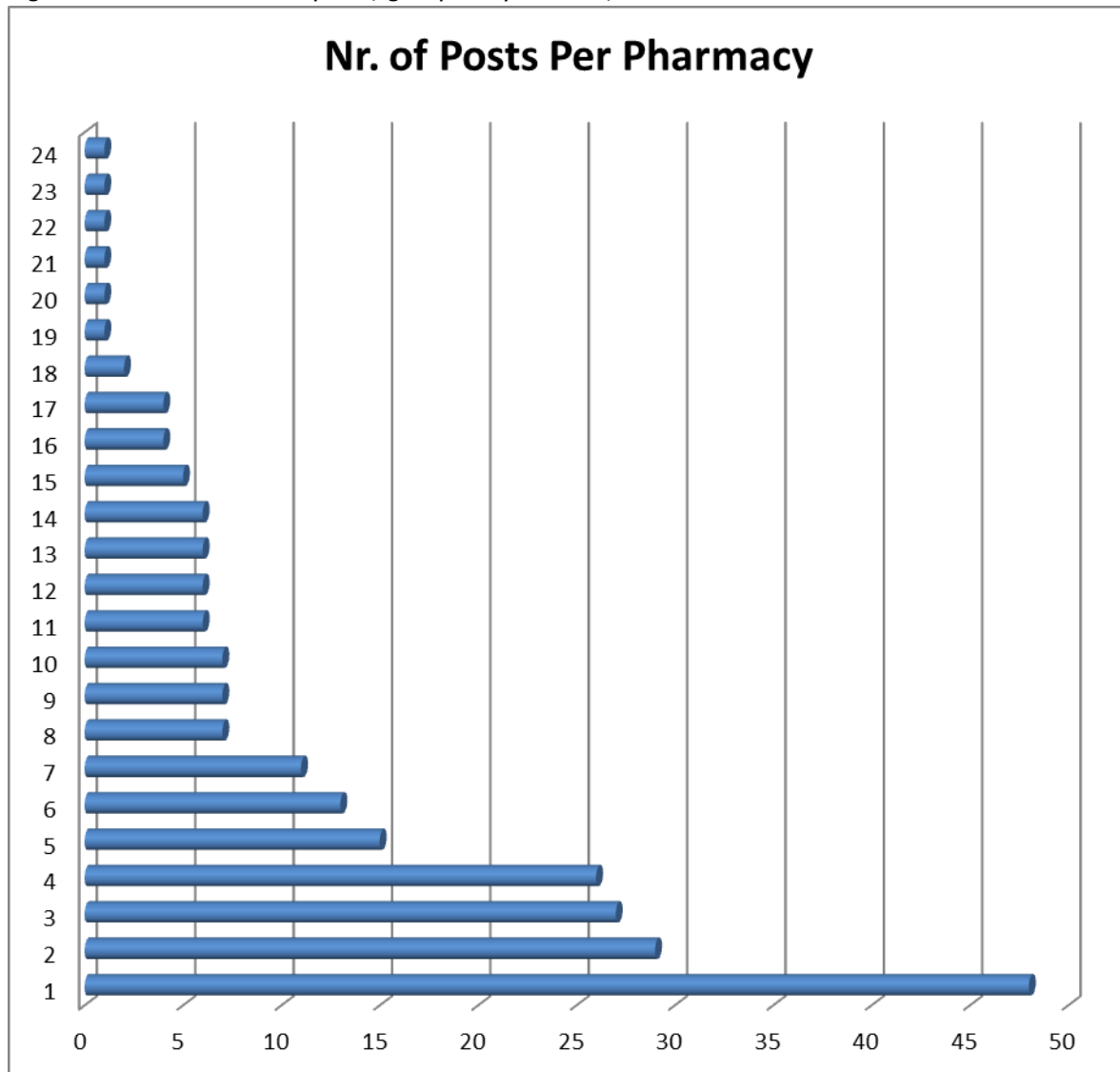
Sales messages and sales promotions as Type 3 advertising is by far the most used group. It is followed by health advice posts, flowery and other kind of posts. Least likely to appear are the posts regarding other health services.

Figure 25: The share of Slovenian Community Pharmacies Facebook presence regarding the type of posting or other activity on the profile.



In total there was 235 posts published in November 2016. An average number of posts per Community Pharmacy Facebook profile is 4,7 in the observed monthly period. There are only 4 Community Pharmacy Facebook profiles with frequent post activity throughout the month.

Figure 26: The number of posts, grouped by content, in November 2016.



Conclusion

Advertising of Community Pharmacies in other countries should be analysed in comparison to the Slovenian situation and with respect to the different Types of advertising. Results could be used to predict the development of Community Pharmacies in future.

The value of the CPIB and CPGB should be measured.

COVIRIAS