



THE **VISION**COUNCIL

SUMMARY REPORT

FOCUS GROUP I

ECPs Not Dispensing Protective and Computer Eyewear

VISION EXPO EAST

New York, NY—April 12, 2008

Prepared for The Vision Council Vision Protection Committee

By The Vision Council Research Department & The Magnum Group

BACKGROUND & DEMOGRAPHICS

The Focus Group participants were solicited by The Vision Council over the course of approximately eight weeks, using the Vision Council's data base of past Vision Expo East attendees. On a whole this group only dispensed protective eyewear or computer eyewear on a marginal level.

We recruited from a demographically mixed group of individuals. The seven participants were from the following states:

1. New York (2)
2. Connecticut
3. Florida
4. Kansas
5. Tennessee
6. Maryland

The panel was comprised of four men and three women—five were Optometrists, one Ophthalmologist and the other was an Optometric Assistant. All had practices that did both refraction and dispensing. Their respective practices were located in both urban and suburban communities with six practices being sole proprietorships while the other one was a multi-doctor practice.

Facilitating the meeting from The Magnum Group were Randy McDonald, Managing Director and Jim Grootegoed, Vice President of Optical Products and Market Analysis. The focus group meeting lasted approximately 1 hour, including the completion of an introductory questionnaire on their practices and buying experience. Each member was provided an honorarium in the form of a \$150 American Express gift check for their time and participation. The results from the meeting were compiled and analyzed by Craig Edmund, Research Analyst for The Vision Council.

LIFESTYLE

Our first inquiry was to determine the lifestyle practices of participating EyeCare Professionals (“ECPs”). We found the following:

- Of our participating ECPs only two completed lifestyle questionnaires when seeing patients, the others did not. However, those that didn't use questionnaires had “one-on-one” conversations with their patients and felt that this method was effective.
- We also asked the ECPs if they offered a “Family Plan” to their patients. None of the participants offered a family plan, however they were able to offer 2nd pair sales among family members. One participant said there was no need to offer family plans. She stated, “...in other areas of life, you don't get discounts simply because you have several family members.” Other participants were concerned that if family plans were offered and appointments were scheduled there was always the possibility of no-shows which, as a family, could be several people resulting in a loss of revenue and time.

SAFETY EYEWEAR (HOME/WORK)

None of these ECPs offer safety/protective eyewear to their patients. Some used to offer previously, but their patient's attitudes and lack of interest caused them not to continue. Thus they won't initiate any conversation about safety eyewear nor would they suggest to their patients the need for safety eyewear. Three of them however, do stock and sell safety eyewear on a small level but only when patients specifically ask for it. As a group, they do not promote safety eyewear as they don't see much use for it because it is not high end.

- General Design—These participants didn't have any general complaints about the design of safety eyewear. They felt it served its purpose, and "it is what it is."
- Ophthalmic Styling—All participants agreed that the look of safety eyewear can best be described as ugly. They feel safety eyewear is non-fashionable and the styling is not acceptable.
- Challenges in Offering Safety Eyewear—As previously stated, this group did not promote safety eyewear. They don't think safety eyewear is consumer driven and people just do not look for eye protection. They also feel that the manufactures should be marketing their products more and there is a great need for patient education. Safety eyewear would be a lot easier to market and sell if it was not so ugly. Several ECPs said that it is not even on their radar and that they just don't think about offering safety eyewear.
- Dispensing Opportunities—We mentioned a few companies that specialized in selling safety eyewear (AO, Essilor etc.) and there were two panelists that provided dispensing services for them. The rest of the panel was not involved in industrial dispensing. Besides the two that do dispense, the rest have never been contacted by any of these companies, and they have never tried to get in contact with them. There wasn't much activity on the local level either. One mentioned that he tried to be proactive in the community, and another said that he's thinking about it.

SPORTS EYEWEAR

Only three of these ECPs offered "sports" eyewear to their patients. These same three sell "sports" eyewear and they also stock them.

- Sport Eyewear Products—Rec-Specs was the most recognized name among this group.
- Patient Needs—The "look" of the sports eyewear products did not satisfy the patient's needs. These ECPs reported that their patients didn't want to wear "sports" eyewear because they felt it made them look "dorky".
- Promoting Sports Eyewear—As stated before, these ECP's don't actively promote sports eyewear.

- Sports Sales Improvement—The general consensus was that for sports eyewear sales to increase, the styles need to improve.
- Younger Patients—As stated previously, if any patient plays sports it would be revealed during the lifestyle questionnaire. Polycarbonate and dress eyewear would be the best fit for younger patients. Children resisted wearing sports eye protection because they did not want to look “dorky”. Parents were not pressured if children showed resistance to the eyewear.
- Challenges in Selling Sports Eyewear—The largest objections to selling sports eyewear are the cost, style. Styling was labeled as critical as one panelist noted that “you can not expect sales to increase if the styles offered do not improve.”

COMPUTER VISION SYNDROME

We wanted to get a feeling for ECP perspective on Computer Vision Syndrome. All the panelists admitted that they actively promote the eyewear for CVS.

- Overall CVS Experience—Most participants did not like the name Computer Vision Syndrome or the abbreviated CVS. Both terms are okay to use among ECPs, but it is not a good term to use with patients. The “syndrome” suggested some type of disease, which patients simply do not approve of the connotation associated with the word. One panelist said that she told a patient that they had astigmatism and they cried, so imagine telling them they had some type of “syndrome”. For patients it is better to just discuss the symptoms and not mention the name at all. “Computer Fatigue” was suggested as a better term to use among patients.
- CVS Sales—These panelists did not actively promote computer eyewear. They have never been approached by any manufactures/vendors of computer eyewear, nor have they reached out to any of them. Most were aware of the manufacturer Prio, and they also mentioned the interview lens by Varilux. None of these ECPs used or were interested in brochures or reading materials because they preferred to keep their office “clean”, but about half said if they could get customized “point of purchase” materials they would be willing to pay a nominal charge and use those. Some on the panel mentioned that Eyemagination would be very effective in the office.

SOLUTIONS

We wanted to understand if there was anything else that could be done by the manufacturers or by The Vision Council to help promote the issue of Vision Protection.

Public Awareness—when asked if there were any tools or resources that would help them to better explain the importance of Task Specific Vision Protection to patients, they all agreed that “Consumer Awareness” is paramount if they expect business to improve. They also think if improving the styling of the eyewear will greatly help also. As mentioned above, Eyemagination would be a very useful and effective promotion tool in the ECP’s offices.

Where do you turn for assistance when it comes to investigating safety, sports and computer eyewear? We asked participants to rank in order of importance (1 to 10, with one being the least important and 10 being the most important) the following:

| SOURCE | AVERAGE | RANGE |
|----------------------|----------------|--------------|
| Sales Representative | 8.6 | 8-9 |
| Colleagues | 8.0 | 7-9 |
| Internet | 7.7 | 5-10 |
| Advertising | 7.6 | 7-8 |
| Journal | 7.3 | 5-9 |
| Trade Shows | 7.3 | 6-9 |
| Continuing Education | 6.6 | 5-9 |

Education—This panel felt that continuing education would be useful on a local level but they were not generally interested in pursuing any other avenues.

SUMMARY

As a group, these ECPs did not believe in the importance of vision protection. Their feelings are based on their interactions and experience with their patients. Since their patients don't want vision protection they don't think they should waste their time and resources to try and promote it.

CONCLUSION

This Group was largely content with the way things are. Although they agree that the word needs to get out, they do not see it as their responsibility. They don't really see vision protection as important so they weren't very helpful with suggestions on how to promote it. On their list of priorities, vision protection is way down. This group needs help in understanding the reason for vision protection and how to promote it.



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FOCUS GROUP II

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BACKGROUND & DEMOGRAPHICS

The Focus Group participants were solicited by The Vision Council over the course of approximately eight weeks, using the Vision Council's data base of past Vision Expo East attendees. This group dispensed both protective eyewear and computer eyewear.

We recruited from a demographically mixed group of individuals. The seven participants were from the following states:

1. Pennsylvania
2. California
3. Texas
4. Florida
5. Virginia
6. New Jersey
7. Washington

The panel was comprised of one woman and six men—six were Optometrists and the other was an Ophthalmologist. All had practices that did both refraction and dispensing. Four of the practices said they stocked both protective “safety” and “sport” eyewear frames, while two stocked only “sport” frames and the other didn't answer. Their respective practices were located in both urban and suburban communities with four practices being sole proprietorships while the other three were multi-doctor practices.

Facilitating the meeting from The Magnum Group were Randy McDonald, Managing Director and Jim Grootegoed, Vice President of Optical Products and Market Analysis. The Focus Group lasted approximately 1 hour, including the completion of an introductory questionnaire on their practices. Each member was provided an honorarium in the form of a \$150 American Express gift check for their time and participation. Results from the focus group meeting were compiled and analyzed by Craig Edmund, Research Analyst of The Vision Council.

LIFESTYLE

Our first inquiry was to determine the lifestyle practices of participating EyeCare Professionals (“ECPs”). We found the following:

- It was almost unanimous that most of our participating ECPs did not complete lifestyle questionnaires when seeing patients. However, they felt that communication was very important and preferred that “one-on-one” relationship. So instead of having questionnaires filled out, they discussed lifestyle needs with the patient and found it to be effective.

- We also asked the ECP's if they offered a "Family Plan" to their patients. The general consensus among all was that they did not offer family plans but they did do 2nd pair. Also, they felt there was always a risk revenue wise in offering family plans.

SAFETY EYEWEAR (HOME/WORK)

All of these ECP's offer safety/protective eyewear to their patients but only two actually sell safety eyewear. That means though they all stock and promote the need for safety eyewear only two from the panel have the market for patients that want safety eyewear. Also, all of the participants have safety products in their offices on display. We thus had to investigate more closely to obtain their impressions and opinions about "safety/protective" eyewear.

- General Design—Most agreed that the general design of "safety" eyewear needs much improvement. Some examples were that there was a space at the top of most "safety" eyewear which allows things to fall from above and get into the eye. They all agreed that to remedy that, the eyewear needs to fit snugly around the eye. However, the caveat to that is that it would generate too much heat to the wearer making it uncomfortable.
- Ophthalmic Styling—All participants agreed that the look of safety eyewear can best be described as ugly. They stressed the need for aesthetics, for although safety eyewear has improved in its look, there is still plenty room for improvement.
- Challenges in offering Safety Eyewear—Everyone on the panel understood and agreed with the concept of the need for vision protection. One mentioned the fact that 90% of all eye injuries are preventable if safety eyewear was worn. The main issue was that most patients viewed safety eyewear for professionals only (construction workers, mechanics etc.) and didn't see the need for it in their everyday lives. Another issue was a legal matter termed "Failure to Warn", in which any ECP can be held liable for not letting their patients be aware of the numerous activities around the house that can cause eye injuries if not protected. One participant mentioned that one method he uses for selling safety eyewear was to classify them according to what the patient mentions. If the patient knits, he has knitting eyewear, if they garden, then gardening eyewear etc.
- Dispensing Opportunities—We mentioned a few companies that specialized in selling safety eyewear (AO, Essilor), but there was not a real awareness of the dispensing opportunities of industrial eyewear. Also, none of the panel members were active in pursuing local industries.

SPORTS EYEWEAR

As in the case of "safety" eyewear all of these ECPs offered "sports" eyewear to their patients and had displays in their offices. However unlike "safety" eyewear they all sell "sports" eyewear and they all stock them also.

- Sport Eyewear Products—They all mentioned Liberty as one of the most identifiable products in the industry. It was also noted that Liberty's newer products were much

improved from their older models. Oakley was another product that was also mentioned. Oakley products were readily accepted because of their styling and were labeled by some as “hot” and as a “fad”. All of the participants sold Oakley and they mentioned that their products were expanding. Wiley X was another product mentioned but no specific details were revealed about it.

- Patient Needs—The “look” of the sports eyewear products satisfied the patient’s needs. There were some complaints however, for the length of time it took to have Rx sports lens come back from the labs.
- Promoting Sports Eyewear—All Focus Group Participants actively promoted sports safety eyewear in various ways. They all used their “verbal” lifestyle questionnaire as a forum to discuss the benefits of sports eyewear. One panel member who worked a lot with children, outreached to schools to talk about sports safety eyewear for children. Another panelist used an electronic newsletter as his promotion method.
- Sports Sales Improvement—Style was the major issue here, the “look” and variety must improve in order to have better sales. One panelist mentioned that the location of his practice in a high traffic area has helped him as he encounters “window shoppers”. Another panelist mentioned that most of the time sales just happen without even trying and labeled it as the “accidental sale”.
- Younger Patients—As stated previously, if any patient plays sports it would be revealed during the lifestyle questionnaire. Both the parents and children are included in any discussions when the topic of sports eyewear comes up. The same panelist that does a lot of work with children said that she discusses sports eyewear directly with children even as young as five years old. All patients regardless of age were concerned about the style of eyewear they chose.
- Challenges in Selling Sports Eyewear—The largest objections to selling sports eyewear are the cost, style and vision impairment. One panelist preferred Trivex over polycarbonate, but trivex will significantly increase the already (perceived) high price of sports safety eyewear. As stated previously style was the most important factor for all patients. No one (especially children) wants to look “funny” so when styles are limited it inhibits sales. Some patients have said that some sports eyewear limit their visibility. Their peripheral vision is compromised which affects their play and is potentially unsafe, thus often preferring to simply do without.

COMPUTER VISION SYNDROME

We wanted to get a feeling for ECP perspective on Computer Vision Syndrome. All the panelists admitted that they actively promote eyewear for CVS.

- Overall CVS Experience—Some participants did not like the name Computer Vision Syndrome. The “syndrome” suggested a serious condition and didn’t reflect well with patients. They also didn’t like the abbreviation CVS, saying it was too close to CVS/pharmacy, and caused confusion at times. Computer Fatigue was listed as a
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suggested more user-friendly term for the patients. But overall, since Computer Vision Syndrome is the official name they all agree that everyone should stick with that name and use it nationally so that when it is mentioned in the doctor’s office more patients would know about it.

- **CVS Sales**—The panelists stated that patients do see the benefits of Computer eyewear and they are purchasing them. They also are able to do a lot of repeat sales from these patients. Just like the other categories much is learned during the “verbal” lifestyle questionnaire and from these discussions they make their CVS sales. None of these ECPs use any “point of purchase” materials to explain or demonstrate CVS. They also would not be willing to use or pay any charge for any materials. They wanted to keep the office clean, and it will only end up going with the other unused brochures. Some on the panel have been approached by some manufacturers that make CVS products such as Shamir, Prio and Essilor.

SOLUTIONS

We wanted to understand if there was anything else that could be done by the manufacturers or by the Vision Council to help promote the issue of Vision Protection.

Public Awareness—when asked if there were any tools or resources that would help them to better explain the importance of Task Specific Vision Protection to patients, they all agreed that “Consumer Awareness” is the key. Articles would be good, but having national media attention would be more beneficial. They also felt a dramatic demo to show patients in the office would have a positive influence.

Where do you turn for assistance when it comes to investigating safety, sports and computer eyewear? We asked participants to rank in order of importance (1 to 10, with one being the least important and 10 being the most important) the following:

| <u>SOURCE</u> | <u>AVERAGE</u> | <u>RANGE</u> |
|----------------------|----------------|--------------|
| Colleagues | 7.0 | 5-8 |
| Journal | 6.7 | 3-8 |
| Continuing Education | 6.1 | 4-8 |
| Trade Shows | 5.4 | 3-8 |
| Internet | 3.4 | 2-5 |
| Advertising | 3.3 | 2-6 |
| Sales Representative | 0.9 | 0-1 |

Education—All agreed that Continuing Education would be beneficial. One of panelists also suggested having a Vision Protection section at VEE which would do wonders for gaining exposure and attention. Having local seminars was another idea that most of the panel would support.

SUMMARY

Overall, these ECPs are educated and believe in the advantages and usage of Vision Protection. Although they don't actively sell "safety" eyewear, they do promote it when opportunities arise. They do however actively promote and sell "sport" eyewear and computer eyewear. They are concerned with the design and style of safety and sports eyewear, noting any improvement in those areas would definitely improve sales. They all agreed for the need for national exposure of Vision Protection to enhance Consumer Awareness. Finally, they are open to additional education on the local level.

CONCLUSION

Although these ECP's dispense Vision Protection they could use additional help in getting the word out on the value of Vision Protection. They are very open to any education and promotion of Vision Protection and believe it would be of great benefit to them and their patients.