



GGD Amsterdam

# The 'Soa – polikliniek'

'Kliniek seksuele gezondheid'



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## **Executive summary**

‘The name attached to a brand can become a burden to the brand’s development, e.g. when wanting to access new activities, international markets, or simply when wanting to rejuvenate a brand’. (Kapferer, J., 2008, p. 417). Changing a company’s name, is not to be taken lightly, and could cause some serious damage to the image. Therefore the Sexual Transmitted Infections Clinic (STI-clinic) once decided not to pursue a change of name. However, times have changed, and the company as well. Expansions and innovations have caused the STI-clinic to consider a new name, which will cover all developments of the past few years, and the years to come.

This dissertation provides strategies for implementing a new name without harming the current image of the STI-clinic. The STI-clinic has become well known and has built recognition, trust and awareness amongst their target audiences, which is paramount for the services they offer. Pursuing a change of name could erase it all, if the new name does not meet the same expectations for the consumers, as the STI-clinic provides.

The research is built upon the following aspects:

- Branding and brand architecture: Refers to the relationships amongst brands to determine the possible brand naming strategies.
- Corporate image: Describes the model used for measuring the corporate image of the STI-clinic.
- Brand image transfer: Is a theory explained to determine the viability of transferring associations from one brand, towards another.
- Corporate communication: regards the communication activities from the company to the target audience.

The image of the STI-clinic is measured using quantitative and qualitative methods. A survey including closed and open questions is conducted to determine the perceptions, associations, preferences and knowledge the consumers have regarding the STI-clinic and the prospective name ‘Kliniek Seksuele Gezondheid’. Qualitative interviews are conducted to provide extra insights about the STI-clinic and to substantiate the research.

The STI-clinic in relation to the 'Kliniek Seksuele Gezondheid' has to provide the familiarity, trust and recognition and can do so by endorsing the 'Kliniek Seksuele Gezondheid' and either use a transactional implementation of the name or an immediate. However, it is recommended to maintain the fastest timeframe. The results show that the STI-clinic has indeed a high familiarity, and is overall perceived as very positive. The associations regarding the STI-clinic are in line with the associations regarding the name 'Kliniek Seksuele Gezondheid', which is a positive outcome and supports the image transfer to the new name.

The execution of changing a name should involve all stakeholders and therefore corporate communication is required. Coordination of all departments and early notification including the reasons for changing the name to all stakeholders are of vital importance. The best way to communicate to the target audience is determined from the research and is via the 'GGD', the 'website of the GGD' and 'Google'. Eventually is recommended that a different name than the 'Kliniek Seksuele Gezondheid' should be considered due to audience's preferences. Additionally it is recommended to utilize the opportunity, the introduction of a new name provides. Meaning not only to focus on the implementation, but also focus on generating awareness to all of the services at the same time.

Please find attached in the cover of the dissertation, a CD-ROM including all the appendices. Myriads of information in the appendices in tangible form did not seem practical, therefore the CD-ROM is included.

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## **1. Introduction and Background**

The ‘Soa – polikliniek’ or ‘STI-clinic’ stands for Sexual Transmitted Infections clinic and their main aim is to decrease the number of sexual diseases in Amsterdam. The clinic was originally located at the Groenburgwal in Amsterdam before it merged with the head quarter of GGD at the current location Weesperplein 1, on May 6<sup>th</sup>, 2006. Before the relocation, the Groenburgwal (GBW) was a well-known concept, meaning that the ‘GBW’ was almost a substitution for the ‘Soa – polikliniek’ in Amsterdam; when googling ‘Groenburgwal’, the STI-clinic was highly listed. Nowadays, the clinic doesn’t have those benefits anymore. Although the STI-clinic has been accepted as part of our healthcare, yet we must not forget that sexual liberty in the Netherlands is still inherently linked amongst others to shame, sexual abuse, gay scene and adolescents that are still subject to learning. It is essential for the STI-clinic to have an accessible location, and appropriate name, which provides easy access and recognition for the citizens of Amsterdam. The STI-clinic has been innovating over the years, therefore nowadays the name lacks of identification of the expanded services; A reconsideration of the name was proposed. The name generated earlier for replacing the ‘Soa - polikliniek’ was “Kliniek Seksuele Gezondheid’ (Clinic for Sexual Healthcare) and comprises of all the services offered. This name was ultimately not adopted, as the status of the name ‘Soa – polikliniek’ had gained too much familiarity and recognition among its target audience. The threshold is higher to gain access due to the taboo concerning sexual diseases, as sexual diseases are not a widely outspoken subject in society due to shame. Meaning that the adjusted name would lead to loss of audiences and consequently has a detrimental effect on its initial purpose to ‘diminish’ sexual diseases.

### **1.1 Goal**

The current name ‘Soa - polikliniek’ does not cover all the services provided. Therefore a new or additional name is required, however might show difficulties when implementing due to the high recognition and familiarity the ‘Soa - polikliniek’ has gained over the years. A new name could expand the concept of ‘sexual health’, which is currently limited to STIs. This dissertation aims to research the viability of a prospective change of name, why it is necessary, and how this could be executed and conveyed to the target base causing minimal harm to the STI- clinic’s current image.



## **1.2 Limitations**

Firstly, the possibilities of adjusting e.g. the name, are limited due to the financial resources because the company is a non –profit governmental organization. This also excludes the importance of the competitive positioning and thus the perspective of marketing.

The applicable amount of theories are limited due to the fact that the literature concerning this research assumes, that adding a brand equals the addition of a product or service. However this research solely focuses on an additional name and thus an intangible asset.

### **1.3 The Research Questions**

#### **1.3.1 Policy Question**

How can the Soa – polikliniek's prospective name change, to 'Kliniek Seksuele Gezondheid' be executed without harming the current recognisability and image?

*Assumptions in the policy question*

- 'Soa - polikliniek' has a high familiarity
- A new name will do harm to the image and the recognition

#### **1.3.2 Research Question**

Which measures can be taken to transfer the current image of the 'Soa polikliniek' to the new name 'Kliniek Seksuele Gezondheid'?

#### **1.3.3 Subquestions**

- What are the possibilities for implementing a new name?
- What is the target audience's image of the STI-clinic?
- What does the client's target audience think about the intended name change to 'Kliniek Seksuele Gezondheid'?
- How can the target audience be reached most effectively?

## 1.4 Chapters overview

The following chapter will present and justify the methods used for conducting the quantitative and qualitative research.

The subsequent chapter provides background knowledge regarding the STI-clinic and the GGD Amsterdam for later references. The mission, objectives and the connection of the STI-clinic in relation to the GGD Amsterdam are briefly described.

Chapter 3 explores past literatures and the theories and methods applied for the dissertation regarding the four main aspects of this research, 'Branding and brand architecture', 'corporate image', 'brand transfer', and 'corporate communication'.

The conducted qualitative interviews and survey research will be analysed, in the research results chapter according to the following structure: *familiarity*, *perception*, *preference*, *position* and *primary impression*. The results will be used for answering the subquestions and provide substantiating information for applying models and literature.

The last part concerns the recommendations and findings and will focus on answering the policy and research question including the recommendations and factors left for consideration.

## **2 Methodology**

### **2.1 Qualitative vs. Quantitative Research**

Qualitative research is an important part for measuring the corporate image, which is supplemented by quantitative research (Vos, M., Schoemaker, H, 2006). Therefore 10 qualitative interviews (appendix 4) were conducted with employees with different functions at the STI-clinic of Amsterdam. The ‘Interview guide approach’ was applied: there was no fixed order for asking the questions. (Sewell, M. N.d.)

The qualitative interviews were designed to provide more insights about the STI-clinic, to gain a better understanding of the company and the internal thoughts about the topic of research, ‘the prospective name change’. The results of the qualitative interviews were prerequisite for establishing the latter mentioned survey.

For analysis of the qualitative interviews, a summarized scheme including the questions with synopsised replies of the interviewees is developed for a practical overview and for drawing conclusions (appendix 4, p.22).

For quantitative research, a survey was conducted to identify the current image of the STI-clinic from the target audience’s perspective. A survey is a common method to use for measuring attitudes, knowledge, opinions and views of a large group of people (Pligt, v.d. & Blankers, 2013). A digital survey was established via ‘Thesistools’ (Appendix 3.2), which was also conducted in tangible form in the waiting area of the STI-clinic. (Appendix 3.1)

In the survey, closed questions with dichotomous answers were provided, multiple-choice questions, semi-open questions and a semantically differential question. The open questions regarded free associations are particularly suitable for qualitative research (Vos & Schoemaker, 2006).

Two surveys were designed for gathering data: one to be handed out to the people entering the STI-clinic and one digital survey, to be spread out via the Internet. Measuring the familiarity regards a broad public in general and therefore questions related to the subject were asked in the digital version to reach a public other than the audiences in the waiting area of the STI-clinic.

Due to the qualitative interviews the target audience of the STI-clinic was identified, and concerns a wide range of audiences (Chapter 5.1, p. 29). The same audience was targeted for this research:

- All people with a high risk of getting an STI (this includes; swingers, prostitutes, people originating from areas with a high amount of STIs, people with dynamic sexual relations)
- People with symptoms related to a STI
- People that were warned or referred by someone for a STI
- Men that have sex with men
- Age until 25

The main area of focus was Amsterdam, however, for determining the image of the STI-clinic of Amsterdam respondents from other areas are also included in the survey analysis because their perceptions are still relevant. There is no specific gender targeted, the audience concerns both, male and female.

The objective was to have approximately 100 respondents from the tangible version, distributed in the waiting room of the STI-clinic. A response rate of 110% was achieved. The same objective of 100 respondents was set for the digital survey, however a response rate of approx. 60% was achieved. The majority of the respondents from the digital version were obtained via social media and snowball sampling. The aim of obtaining 100 respondents per survey was deliberately determined. More results would increase the reliability, yet analysing the open questions would be a laborious task.

## **2.2 Secondary Collection and Analysis**

Previous research conducted in the STI-clinic of the GGD Amsterdam was available and was only used for gathering background knowledge. Furthermore other secondary data has been collected from the libraries and the Internet. A more detailed explanation regarding the analysis of data is presented in the appendix 2.

## 2.3 Reliability and Validity

### *Reliability*

Reliability is dependent on consistency; whether the results would be the same when the research would be conducted again and thus the absence of errors (Pligt, v.d. & Blankers, 2013).

The consistency was not tested; the following possible factors for influencing the reliability were determined:

- The tangible versions to be handed out in the waiting room of the STI-clinic can contain incomplete surveys.
- Respondents do not understand the question or do not feel like answering the question and reply randomly.
- Accidentally the respondent could give a different answer than intended, when was meant to 'click' or 'circle' another answer.
- The answers given could be biased due to previous questions asked in the survey.

Questionnaires not filled in completely were still integrated in the total data analysis. The answers provided could still be valuable if they were answered in honesty. Not many incongruous trends were identified; most of the answers were in correspondence.

### *Validity*

A test is valid when it measures what it is supposed to measure. The survey was meant to measure the image in terms of perception, familiarity, primary impression, preference and position. The outcomes have led to viable results as these parameters were all identified.

### **3 Internal Analysis**

#### **3.1 The GGD Amsterdam**

The GGD Amsterdam is an abbreviation for ‘Public Health Service of Amsterdam’ and is a national company in the Netherlands.

The Public Health Service of Amsterdam offers wide ranges of health care, included are; travel vaccinations, child healthcare, tuberculosis screening, sexual health care and pest control services. The Public Health Service of Amsterdam is the largest and oldest Medical Health instance in the Netherlands and was established in 1923. Prior 1923, the service existed of two divided instances; The Governmental Medical Service and the already existing Public Health Service, but eventually merged into one, and became ‘the GG&GD’.

##### **3.1.1 The Mission of the GGD Amsterdam**

*‘The GGD Amsterdam guards and fosters the health of the residents in the working area, either in acute and/or chronicle threatening of the health. As public health service we are aware of the necessities of the society. When needed we take specific measures to protect the health of the people’ (GGD, N.d).*

The many diverse work operations of the GGD Amsterdam are divided in seven main clusters (Figure 1.1 in the appendix). The STI –clinic is part of the infectious diseases (ID) cluster. The ID cluster fights and prevents infectious diseases by; screening audiences with a higher risk for ID, and researching and treating people with a Sexual Transmitted Infection (STI). Part of the cluster ID is the regional laboratory, which examines body materials for the GGD and other instances.

#### **3.2 The STI-clinic of the GGD Amsterdam**

The STI-clinic in Amsterdam is known as the clinic that provides free tests and treatments for STIs. Over the years expansion has surpassed this area. Consumers can go to the STI-clinic for vaccinations regarding Hep. B, Pep treatments, sexual education, Chlamydia take home tests, sense consults, services concerning partner warning, services regarding Prostitution and Healthcare and Man to Man.

The Sense consults include contraceptive treatments, information regarding sexual violence, pregnancies and sex in general. Man to Man is a service which informs gay men about safe sex, sex in general and other useful information. The service Prostitution&Healthcare provides specific information for prostitutes, about work, housing, debt, tax and income. Also psychosocial and legal supports are offered and courses and guidance. Furthermore free and anonymous STI/HIV testing is available, hepatitis vaccinations and information about birth control.

The services mentioned provide a clear overview of what is offered to consumers.

### **3.2.1 The Mission of the STI-clinic**

The mission of the STI-clinic is derived from the GGD's broad vision and is defined as the following:

*'To maintain and foster the sexual health of the residents of the specified working area'.*

'Sexual health' however, is a broad definition. The GGD and STI-clinic define sexual health as more than the absence of disease, dysfunction or malfunction. It is about voluntarily, safe and nice relations. Free from force, discrimination or violence. To foster sexual health therefore also means to foster the safety, defensibility and freedom. In addition, other specific problems are also part of sexual health, such as HIV and other STIs, unwanted pregnancies and sexual violence.

### **3.2.2 Objectives of the STI-clinic**

- The STI-clinic strives for a sexual healthy population of its working area to evolve from STI-clinic to a regional centre for sexual health.
- Prioritize customers in compliance with the features of the risk group.
- Accessibility and familiarity amongst the target audiences
- Centre of expertise and leading position in the country
- Coordination of additional sexual healthcare in the region
- Perform preventive tasks in the field of STI's and sexual health
- Scientific research on international competitive level.



## 4 Theoretical Framework

The theoretical framework will be used as a frame of reference. The centre of focus will concern four aspects: the corporate image, branding and brand architecture, brand transfer and corporate communication.

### 4.1 Branding & Brand Architecture

The brand architecture provides insights about the possibilities regarding the name convergence of ‘Soa - polikliniek’ and ‘Kliniek Seksuele Gezondheid’. For clarification, the term brand will be identified and subsequently the brand architecture will be explained.

#### 4.1.1 Branding

‘One of the hottest points of disagreement between experts is the definition of a brand’ (Kapferer, J. 2008, p.9). Definitions are being criticized for being too product-related, and should encompass the cognitive factors as well (Pelsmacher, P. de., Geuens, M., Bergh, J. van den, 2013). For instance, Kapferer mentions that *‘In the consumer’s minds a well-known name is linked with mental associations, empathy and personal preferences.’* (Kapferer, 2008, p. 415).

Also for this research a brand should not solely refer to the name, but should also include the cognitive aspects (such as associations). This leads to the following definition applicable for this research: ‘A brand is a name, term, design, symbol or any other feature that identifies one seller’s good or service as distinct from those of other sellers’ (Mishra, P. 2012, p. 123 cited Bennett 1988).

In general, there are many reasons for changing the name of the company, and thus changing the ‘brand’. Some of the most common reasons to do so are e.g. mergers or acquisitions, the desire to create new image in the marketplace and international marketing considerations. The impetus for changing the name concerning this research is a consequence of strategy changes; the name does not encompass all business activities. ‘When a company diversifies out of its original product category, the original brand name may be considered too limiting’.(Jobber, 2010, p. 322).

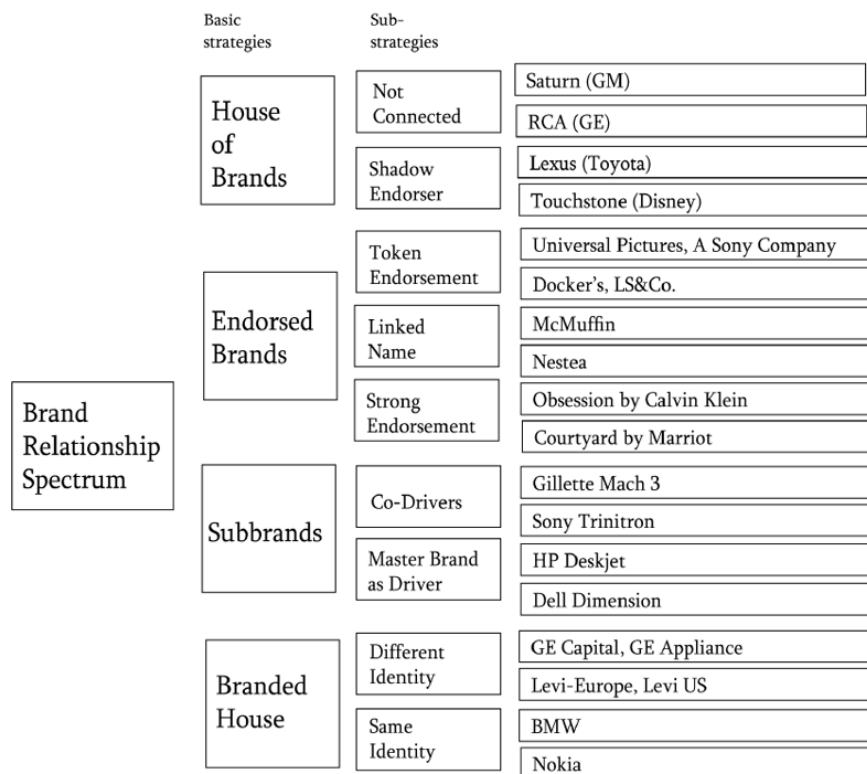
#### 4.1.2 Brand Architecture

Many different types of brand architectures are defined; the environment used to be different and managers had to cope with simple brand structures with minor extensions. Nowadays globalisation, dynamics, market fragmentation and business environments have all changed drastically leading towards complex and diverse structures (Aaker, D.A., Joachimsthaler, Erich, 2000).

A clear definition of the brand architecture is defined by Uncles (1995); *'a set of interlinked building blocks reflecting the levels of branding, from higher level corporate brands to lower level product sub-brands and the linkages amongst them'*. (Rahman, K., Areni, C.S., n.d. p. 2, cited Uncles, 1995). Commonly, authors describe the brand architecture, although depicted in various terminologies, with three main strategies. A distinction can be made between parent-dominant brands, parent – endorsed brands and parent-silent brands' (Chiaravalle, B., Schenk, B. F. 2007). Parent-dominant brands provide each product or service with an identical name and identity. The Parent-endorsed brand remains visible characteristics of the parent brand however the product/service has their own branded identity (including name and logos). The parent-silent brand refers to a structure whereby each product or service has its own values and name with no visible connection to the parent company (Cornelissen, 2011 & Herlé and Rustema, 2012). In spite of the latter mentioned brand architecture, the Brand Relationship Spectrum from Aaker and Joachim (2000) provides four components and several sub strategies of the branding architecture and is more thorough for defining the brand architecture of the STI-clinic in relation to the 'Kliniek Seksuele Gezondheid'. This will be explored and applied in the following paragraph.

#### 4.1.2.1 Brand Relationship Spectrum

The Brand Relationship Spectrum (BRS) provides a framework to define the position of the brand in the spectrum and reflects the degree to which brands are separated in strategy execution (Figure 1). The available models used within the brand architecture are called branding strategies. (Important to notify is that multiple types of branding strategies at the same time are possible, Kapferer, 2008). Every strategy will be explained briefly to provide an overview of the brand strategy possibilities.



Source: D. A. Aaker & E. Joachimsthaler, *The Brand Relationship Spectrum: The Key to the Brand Architecture Challenge*, 2000a. p. 9.

Fig. 1, BRS.

#### What are the possible naming strategies?

In the strategy 'House of brands', the brands are independent, with each maximizing their impact on a market. The strategy consists of two subgroups, 'not connected', and 'shadow endorser' brand. A reason for using a house of brands strategy is to avoid brand associations, which are incompatible with an offering. Furthermore, to signal advantages of new offerings, which could show advances and differentiation in relation to the existing products. Another reason to use this strategy is to own a new product class

association by using a powerful name, reflecting a key benefit. The aforementioned is to avoid or minimize channel conflict.

The 'house of brands' would establish the 'Kliniek Seksuele Gezondheid' as a stand-alone brand, and thus no connections with the 'Soa – polikliniek' are visible. Utilising the substrategy 'shadow endorser', provides the brand the freedom to create their own image and associations. Additionally, it also has the recognition of the support brand because the link is commonly known, however not visible. This strategy is successful if the audiences are aware of the connection between the 'Soa – polikliniek' and 'Kliniek Seksuele Gezondheid'. Hiterherto, this strategy does not fit the current circumstances and might be considered for later introduction, e.g. when the audience perceive a clear connection between the names.

The second strategy is the 'Endorsed brand' strategy. Endorsed brands are still independent, but are mostly supported by the organizational brand. The endorser plays only a minimal driver role, however the characteristics remain visible. The endorser provides credibility, and the endorsed brand can provide useful associations vice versa.

This strategy allows the brand to be independent, but is supported by the organizational brand, which is in this scenario the STI-clinic. The STI-clinic then plays a minor role but would still be providing credibility to the 'Kliniek Seksuele Gezondheid'. Moreover, the name 'Kliniek Seksuele Gezondheid' will not be limited with the associations from the STI-clinic. Subsequently, opportunities for new associations will occur, such as innovation and expansions of services.

The substrategy 'token endorser' is another possible option for applying the name 'Kliniek Seksuele Gezondheid'. This strategy is very similar to the 'endorsement' strategy, however the masterbrand 'Soa – polikliniek' is less prominent present; thus the name 'Kliniek Seksuele gezondheid' is more independent. Consequently the endorser provides somewhat credibility to the endorsed brand, but still grants the endorsed brand maximum freedom to establish their own associations. The high independency concerning the 'Kliniek Seksuele Gezondheid' might not be a viable option yet to execute, however is dependent on whether the STI-clinic prefers to establish the brand closely linked to the STI-clinic.

*The* 'linked name' is another substrategy, which establishes names with common elements of the endorser. Such a strategy has the benefit of having a separate name without bothering to establish a new name and trying to link it to the master brand; there already is a natural link. However, this strategy is not applicable due to the diverging definitions and characteristics the names 'Kliniek Seksuele Gezondheid' in relation to the name 'Soa – polikliniek' have.

The third strategy is 'subbrands'. These brands are obviously connected with the master brand, which is also the primary frame of reference and enhances the associations of the master brand. It is different from endorsed brands, as the link with the masterbrand is closer than endorsers with endorsed brands. The subbrand has less freedom to create a distinct brand image than endorsed brands. Due to the close link with the masterbrand there is the risk of negatively (or positively) influencing the associations of the masterbrand. The 'subbrands' strategy is applicable for linking the name 'Kliniek Seksuele Gezondheid' to the 'Soa – polikliniek'. The primary frame of reference then would be the STI-clinic. This strategy however, could also limit the 'Kliniek Seksuele Gezondheid' or make the name even unnecessary, as the name was established to provide a broader aspect than the name 'Soa – polikliniek' currently does.

In the substrategy 'the subbrand as a codriver' the master brand and the subbrand have both an eminent driver role and the masterbrand does not dominate the subbrand. In this situation the associations could tarnish one and another, unless both names stand for equal quality and expectations.

The branded house strategy permits the master brand to be the main driver across a multiple set of offerings. This strategy grants clarity and is easy to understand since there is only a single brand communicated across products and there are solely associations about the master brand. However this strategy finds difficulties in maintaining the same image amongst all the offerings. The 'branded house' would indicate that the 'Soa – polikliniek' would remain unadjusted and is therefore not relevant.

## 4.2 The Corporate Image

The corporate image as defined by M. Vos and H. Schoemaker (2006) is 'The image of an organisation as it is experienced by the various publics', it consists of evaluations and impressions in relation to the organization as a whole. It is essential that the corporate image should be identified in order to understand the audience's perception and to transfer these values to the new name.

Having and maintaining a corporate image has many strategic advantages for an organization. Cornelissen (2011) describes in his book 'Corporate communication' three reasons for emphasizing the importance of a corporate image. The first reason is the distinctiveness; a corporate image can increase the recognisability of an organisation. 'When consistently communicated, a corporate image can create awareness among stakeholder groups, because they will have a clearer picture of the organization' (Cornelissen, 2011, p.60). Second is the impact; due to a corporate image, an organisation can be favoured by stakeholders. The last reason concerns stakeholders; when organisations yield a uniform image, confusion amongst stakeholders can be prevented. Therefore if a change of name is implemented at the STI-clinic, this can affect the corporate image with possible results of negatively affecting the factors aforementioned; loss of recognition, favourability and could provoke confusion. Nonetheless the positive adaptations should be recognized. Changing the name for companies, changes the way people see the company; it allows to create a new image and associations. It can reflect innovation and shows that the company makes use of their opportunities for growth. The focus of the STI-clinic has changed over the years, and the new name might be able to reflect the shift of focus, leading to an innovational image, to generate awareness concerning all services and possibly the reach of more audiences (Entenmann, 2007).

A myriad of methods can be used to measure the corporate image. The general basic elements of measuring image according to M. Vos and H. Schoemaker (2006) are measuring the familiarity of the public with the organization, which characteristics the public attributes to the organization and the degrees of positive and negative perceptions from the public towards the organization. M. Vos & H. Schoemaker (2006) mention other authors (e.g. Van Riel & Kotler and Fox) who provide a more encompassing measurement due to the addition of several aspects, such as measuring the quality of management, quality of products and services, ability to attract and keep talented people.

Van Riel uses the reputation quotient, which measures the image from six dimensions; emotional appeal, products and services, financial performance, vision and leadership, workplace environment and social responsibility. This type of measurement is used mainly to measure evaluations, monitor developments and additionally to compare the reputation of the organisation in relation to other similar organisations. However this type of measurement does not gauge impressions and associations regarding the organisation.

Kotler and Fox used a two-step approach for measuring the corporate image;

- 1) Familiarity and favourability
- 2) The locations of the organisation's image along major relevant dimensions, called the semantic differential.

This method is mainly used for comparing corporate image and the ideal image (of that the respondents think a company should be).

The 'Corporate Image Measurement Model from M. Vos and H. Schoemaker (2006) will be significant for measuring the image of the STI-clinic from the target audience's perspective. The focus is limited to merely the following aspects:

- Primary impression - the preliminary impression that people have of the organisation and the name 'Kliniek Seksuele Gezondheid'.
- Familiarity – familiarity with the organisation and its activities.
- Perception – characteristics, based on previous qualitative interviews are scaled to the extent the respondents feel that various relevant characteristics are applicable to the STI-clinic.
- Preference – the preference people have for each characteristic (also determined from the internal qualitative interview) and the relative weight of the characteristics for the respondent.
- Position – the position attributed to the organisation in relation to other organisations.

### 4.3 Brand Image Transfer

Companies use brand image transfers to transfer valuable associations from one brand to another (in this scenario, the brand is solely a name; 'Kliniek Seksuele Gezondheid').

The viability of a brand transfer from the 'Soa – polikliniek' to 'Kliniek Seksuele Gezondheid' should be determined before executing a prospective change of name.

According to Kapferer (2008) one of the most risky aspects of brand management, is the changing of brand names. He states that the transfer of a brand is not to be taken lightly as it impacts the consumers and the market. The risk of losing market share is high.

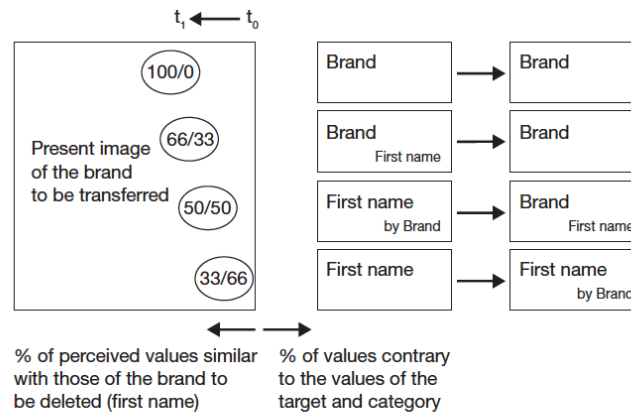
Kapferer and Muzellec both state that the theories and practices concerning brand transfers are very limited. Muzellec (2009) reveals two strategies for making decisions concerning rebranding; the integration strategy and the brand separation strategy. The integration strategy requires image alignment between the product and corporate brands. On the contrary, the brand separation strategy ought to form different images for different stakeholders. Muzellec focuses on brand transfer amongst the brand hierarchy between corporate brand and product brand, in terms of 'descending' and 'ascending'. Jean-Noël Kapferer (2008) describes a model with a stepwise approach for executing an image transfer between brands. This model from Kapferer also stresses the importance of alignment regarding the associations of both brands. The main point of difference is, that Kapferer does not emphasize the hierarchy of the brand architecture between the two levels of 'product brand' and 'corporate brand' and therefore makes Kapferer's model more applicable to the current situation.

Rik Riezebos (2002) also suggests a similar theory as Kapferer for image transfer, however Riezebos uses several additional components to find out the viability of such transfer and thus describes a more thorough approach. These six components are divided in two categories; the components that decide the added value for consumers and components that facilitate the process of an image transfer. Notwithstanding, this approach does not provide guidance for executing the brand image transfer and only concerns the viability.

Muzellec's theory is not applicable due to emphasizing the hierarchy, which is not identifiable in the current situation. Riezebos's model does not mention stages for



executing an image brand transfer. For these reasons Kapferer's brand transfer model will be applied in the research. Kapferer's model is based on the target audience's perceptions regarding the new brand (in this situation; 'Kliniek Seksuele Gezondheid') and whether these are coherent to the target audience's current image of the STI-clinic.



**Figure 15.2** A stepwise approach to brand transfers (relating the type of transfer to the image gap) (Kapferer/VODW)

Figure 2, Brand Image Transfer Model.

For this research, 'category expectations' indicate the associations and perceptions regarding the STI-clinic and 'Kliniek Seksuele Gezondheid'. If the values perceived of the new brand are similar with the current brand, which is to be 'substituted' (or in this scenario, to be connected), it refers to 100% (figure 2). Many similarities indicate a better chance of succeeding an image transfer (Riezebos, 2002). A quick brand change is then desirable since the expectations and perceptions are already in line. However, when the percentage is low, the new brand can damage the image of the existing brand. This would have influence on the stakeholders and thus the brand. The model displays the phases to be followed concerning the relationship of the existing and the additional brand for executing the brand image transfer, and therefore each step concerns a different brand strategy regarding the brand architecture. Following these different phases, the brand's image will be in agreement with the audience's expectations of the organisation and provides opportunities to move to the final stage, resulting in a complete switch of name.

#### **4.4 Corporate Communication**

Another important aspect is how the implementation of a change of name can be communicated. As mentioned earlier, changing the name of a service brand can be very risky since the name is an important asset. 'When lacking any tangible elements the brand becomes the heart of all contractual relations' (Kapferer, 2008. p. 431). Therefore implementing a new name takes time and considerations.

Definitions regarding corporate communications differ in perspectives. Some authors say that corporate communication regard all communication conveyed from a company, e.g. the definition given by M. Herle and Rustema (2012): 'The management function within an organisation (profit or non-profit) which is responsible for communication processes that are initiated from within the organization and trying to promote a sustainable interaction between the organization and groups of the public in the internal and external environment'. However, many authors include in their definitions that corporate communication is also used to create a favorable point of view amongst stakeholders. E.g. the definition from Cornelissen (2011): 'Corporate communication is a management function that offers a framework for the effective coordination of all internal and external communication with the overall purpose of establishing and maintaining favourable reputations with stakeholder groups upon which the organisation is dependent'.

The definition from Jackson (1987) is defined to a greater extent and is therefore applicable for this research: 'Corporate communication is the total communication activity generated by a company to achieve its planned objectives' (Jackson 1987, cited from Cornelissen, J, P.116).

The emphasis on service brands is on the employees. 'A change of design is often perceived as a sign of counterfeit' (Kapferer, J, 2008. p. 431). There are almost always implications for change; such as resistance. All changes have to pass through all managers and employees who might be very attached to the brand. With respect to the stakeholders, awareness should be generated long time before the actual implementation of the name (Kapferer, J, 2008).

Philippe Villemius, the former marketing director of Mars mentions important factors to consider regarding corporate communication for a successful brand transfer. He states that first of all a change of name requires effort from all the company departments. Secondly the change should be perceived as an opportunity, or something positive, and not as a limitation. The benefits or reasons for the transfer should be clarified to all those concerned, and why it is beneficial to them. Whenever all parties are aware of the change, all communication channels necessary should be available. Philippe also mentions that when the brand transfer is executed in several stages at first, the quickest time frame should still be maintained. A 'fait accompli' should be avoided. A 'fait accompli' is the sudden transfer, without generated awareness or warnings, information and explanation provided (Villemius, P., 1996 cited from Kapferer, 2008).

Jobber, D. (2011) describes in his book 'Principles and practices of marketing' similar key issues as Philippe Villemius delineated for consideration for the implementation of a change of name. Additionally Jobber states that it is important to know what the consumer identifies as important characteristics of the brand and research is required for determining these characteristics. Moreover he mentions to provide assistance to distributors/retailers and double stocking should be avoided; with respect to this situation no signs of the old name should be in sight. Jobber suggests that a decision should be made upon a transitional name change or an immediate. Old names are retained during a transitional period when they have positive associations and/or high recognition amongst the target audience.

In all branch sectors it is important to stress the role of the internal communication (Kapferer, 2008). Besides the aforementioned factors by Villemus (1996) and Jobber (2010), Kapferer additionally remarks some other factors to consider. Prior changing the company name; discussion groups need to be established for communication and tense-release purposes. Moreover, rumours should be avoided because they can portray a complete different image of what is yet to come.

For providing a clear overview of how the process of communication between the source (sender) and the receiver works, the communication models from Shannon & Weaver and Laswell have a general consensus of being effective (figure 1.2 & 1.3 in the appendix) (Herlé, M., Rustema, C., 2012). The model from Laswell differs from Shannon&Weaver due to an extra aspect taken in consideration; 'the effect the message has'. This extra

component is mainly based on speculations; therefore the model from Shannon & Weaver will be applied for providing a clear process of communication. In the model of Shannon&Weaver, the communicator *encodes* a message, by using words, symbols, pictures and/or numbers, which is transmitted through media. When the receiver receives the message, it is *decoded*. The factor *noise* affects the communication process and can be e.g. a distraction or distortion.

## **5. Research Results**

### **5.1 Qualitative Internal Interview Analysis**

From the interviews with the employees, the following results were to be summarized and are used for later references (Appendix 5).

#### *Services and audience*

The services the STI-clinic provides vary heavily from curative treatments of STIs to preventive tasks. For instance, sexual education and Sense consults (including contraceptive treatments). Guidance is offered to victims of sexual violence and HIV diagnosed men. Concerning future expansions there are several ideas, however they are not yet enforced due to financial reasons and other priorities. The future prospects for expansions of these services indicate that the current name becomes more inadequate in the longer term. The target audience as mentioned by the employees of the STI-clinic is mainly a younger audience (until 25) with a high risk of acquiring an STI. This includes; men that have sex with men, male/female prostitutes, certain countries with a high prevalence of STIs, swingers, people with STI-related symptoms and people that are warned/referred by someone for a STI.

#### *Media*

Communicating towards the target audience is done via multiple media. The Internet is a main tool. References from other instances are also an important part for generating visitors. Additional media used are handing out gadgets, flyering, poster advertisements, advertorials, campaigns, word-of-mouth, cooperation's with other instances and field research; approaching the audience at their locations, and are all vital for creating awareness about the STI-clinic.

### *Perceptions*

According to the employees of the STI-clinic, the GGD Amsterdam is well known for its vaccines and overall has a positive image as a strong brand. In general the citizens of Amsterdam are aware of the fact that the STI-clinic is part of the GGD Amsterdam and vice versa; the GGD Amsterdam is also strongly known for the STI-clinic. The employees are convinced that being part of the GGD Amsterdam has very positive effects for the STI-clinic due to the positive and reliable image the GGD Amsterdam has. The construed image of the STI-clinic is that the audiences think overall positive about the STI-clinic, which is substantiated with results from client satisfaction researches.

The main characteristics regarded applicable for the STI-clinic were; high expertise, reliable, professional, anonymity, many services provided, easy accessible, innovative, dynamic and free of charge.

The current name of the STI-clinic is perceived as a good name, which defines the main task. The majority values the name and regard it important for keeping the name 'Soa – polikliniek'. Some interviewees replied that elimination of the name STI-clinic is not possible and will cause too much confusion.

Associations about the prospective name 'Kliniek Seksuele Gezondheid' were diverse amongst the interviewees. Some took both sides, they think it is important to keep the 'Soa – polikliniek' however think as well that this might not suffice for the services that are being offered. Suggestions were mentioned that the name should not be 'Kliniek' but 'Centrum' for Sexual Healthcare. Associations concerned the name were *formal*, *hospital related* and *fancy*. Mentioned was that the name might cause confusion because it does not really clarify what purposes it serves and is harder to pronounce.

The option to attach the location to the name, 'Weesperplein 1' does the majority not find appropriate.

The STI-clinic seems to be unique in its kind, however there are some instances that provide some of the services, except they do not do it for free. The STI-clinic of the GGD Amsterdam is the biggest in the Netherlands and has its own laboratory included.

## 5.2 Survey Results

### 5.2.1 The Respondents

As displayed in the appendix the majority of the respondents is from Amsterdam; the intended target group of the survey. Other respondents were from areas near Amsterdam or foreigners (appendix 5.1 & 5.2).

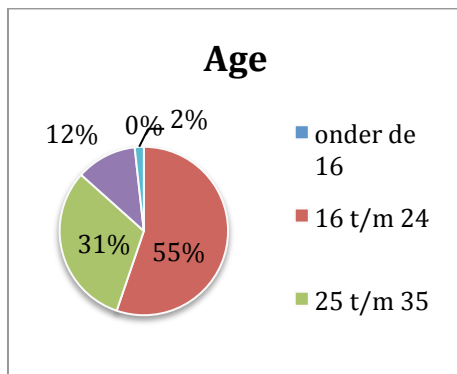


Fig. 3

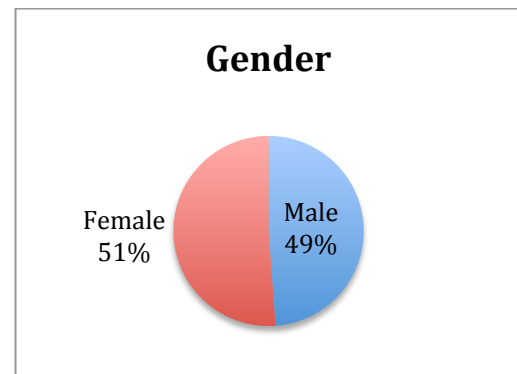


Fig. 4

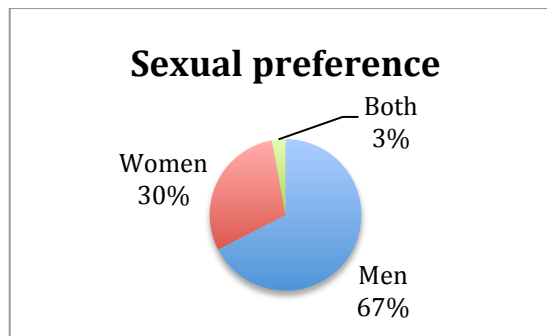


Fig. 5

The audiences that filled in the survey were mostly between the 16-24 (55%) years old, with no respondent younger than 16. A small minority was bisexual (3%). Approximately half of the respondents are male, however the sexual preference for men has the majority (67%), reflecting gay males amongst the respondents.

Targeting the same audience as the STI-clinic, succeeded in terms of youth, people with symptoms (because the tangible survey was distributed in the waiting area of the ST-clinic) and gay audiences. The total amount of respondents is  $110 + 62 = 172$  respondents.

The results will be provided according the structure of the Image Measurement Model (M. Vos., H. Schoemaker, 2006); *Familiarity, perception, preference, position* and *primary impression*. Some additional graphics are displayed in the appendix.

### 5.2.2 Familiarity

Fig. 6

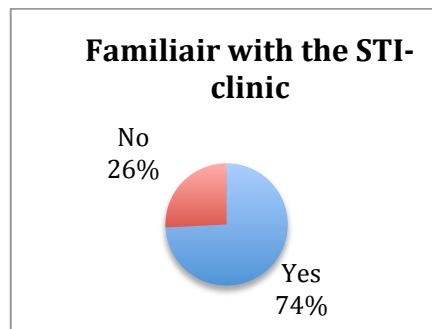


fig. 7

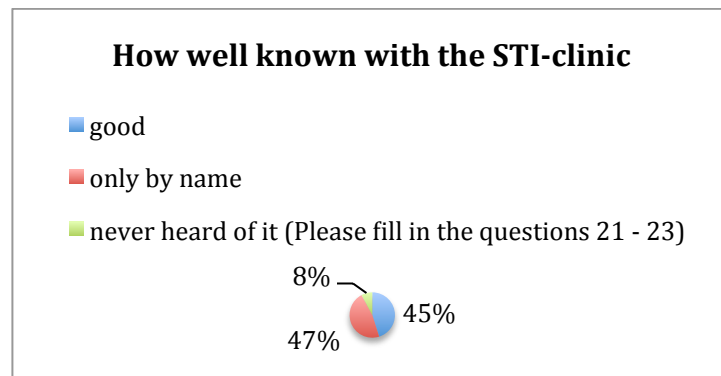
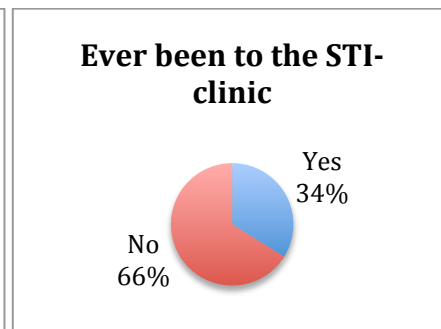


Fig. 8

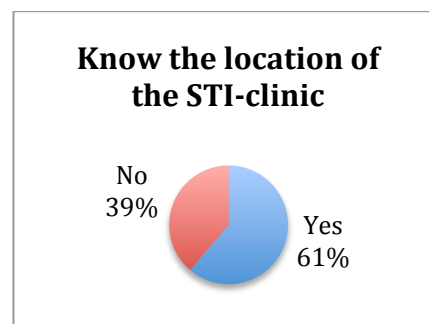


Fig. 9

From the survey results (of the digital version) can be determined that the name of the STI-clinic is quite known. 74% is familiar with the STI-clinic, however, 66% has never visited. Even though the majority has not visited, the 61% of the respondents knows the location. Only a small minority answered they have 'never heard' of the STI-clinic, which substantiates the familiarity of the STI-clinic.



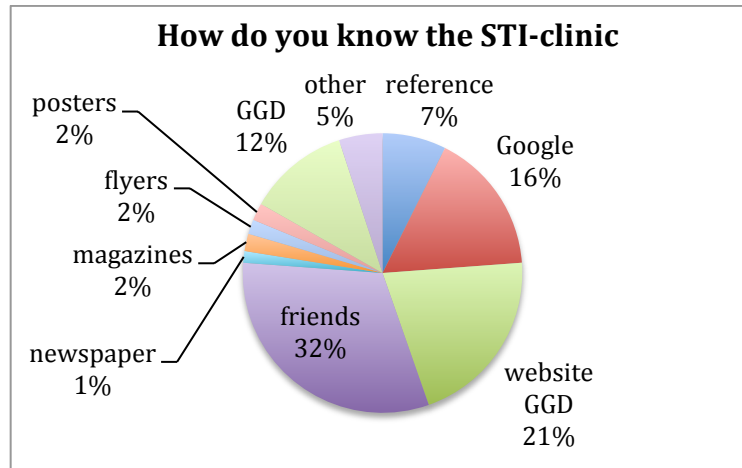


Fig. 10

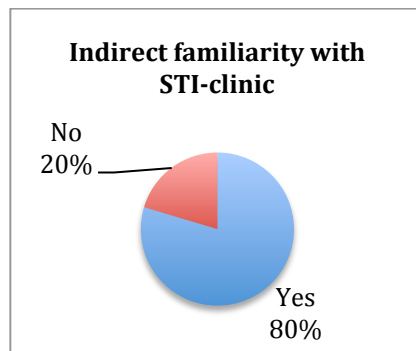


Fig. 11

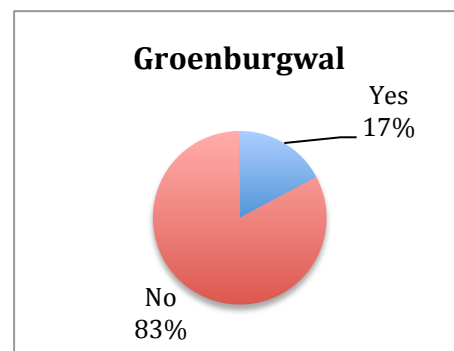


Fig. 12

It is noticeable that many respondents know about the STI-clinic via friends, hence, word - of-mouth amongst the target audience is a crucial part for the STI-clinic. Moreover the GGD and Internet are important channels for reaching the target audience. Quite an amount of respondents know about the STI-clinic via the 'GGD' (12%), referring to the 'word of mouth' from the diverse departments of the GGD. 80% of the total of respondents knows somebody who visited the STI-clinic of Amsterdam (indirect familiarity with STI-clinic), indicating that the STI-clinic has quite a big reach. The majority does not know about the term 'Groenburgwal'.

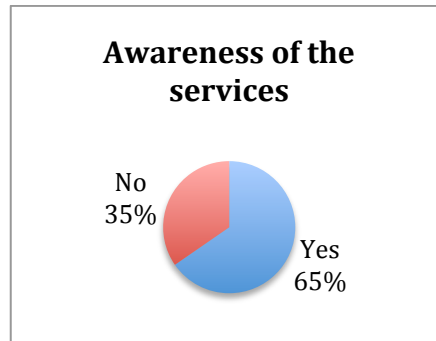


Fig. 13

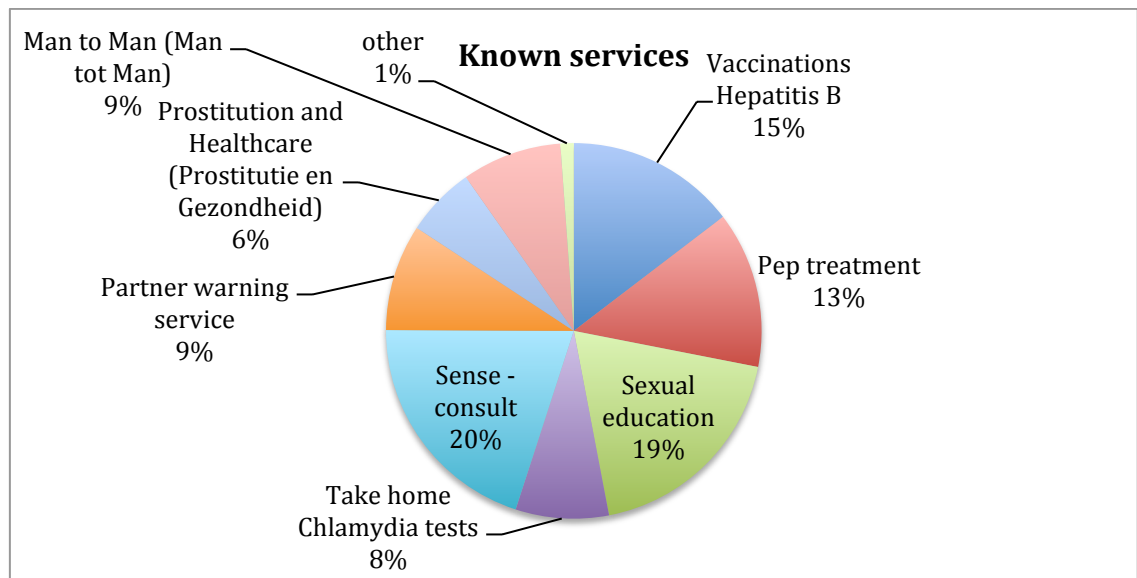


Fig. 14

65% of the 153 respondents is aware of the other services provided, leaving 35% unaware. The services commonly known are Sense, sexual education, Vaccinations for Hepatitis B and Pep treatments.

### 5.2.3 Perception (for detailed results see, appendix 5.4)

This question regarded several characteristics determined from the internal interviews. The characteristics provided, were made bipolar for creating a semantically differential question. The following table provides an overview of the results regarding the preferred characteristics of the target audience.

Fig. 15

Reliable	Quite
Professional	Quite
Friendly	Quite
Accessible	Quite - slightly
High expertise	slightly
Fast	Slightly
Not moralizing	Slightly
Formal	Slightly
Nice atmosphere	Slightly

Primarily the STI-clinic is perceived as *reliable*, *professional*, *accessible* and *friendly*. The other attributes *high expertise*, *fast*, *not moralizing* and *nice atmosphere* are all still perceived as very positive regarding the STI-clinic, however less prominent than the attributes mentioned earlier. *Formal* is not applicable to be analysed as positive or not positive, however indicates the perception that generally the clinic is perceived as formal.

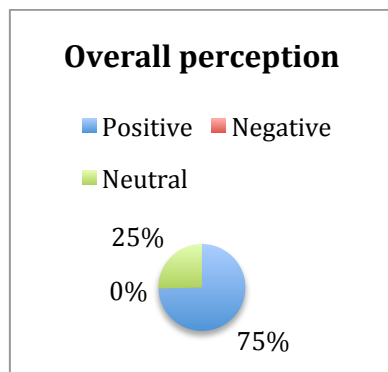
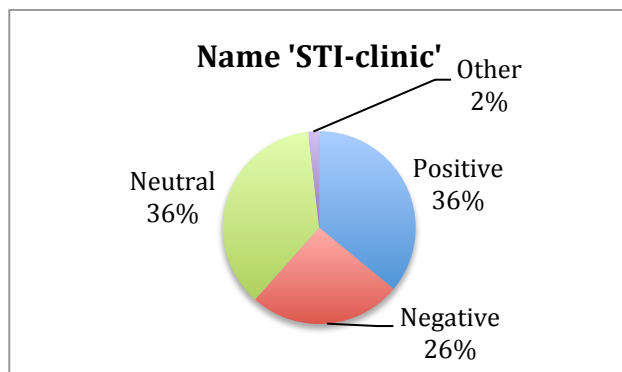


Fig. 16



fig, 17

The graphics demonstrate that the overall image of the STI-clinic of the GGD Amsterdam is perceived as positive; no respondent mentioned 'negative'. Unfortunately this does not entirely apply for the name 'Soa – polikliniek' as 26% of the respondents perceived the name as negative.

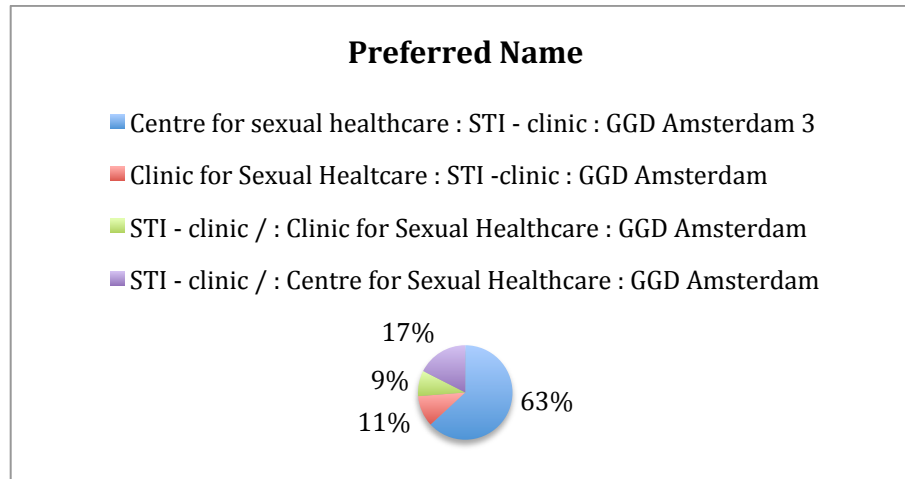


Fig.18

The name ‘Centrum voor Seksuele Gezondheid:STI-clinic:GGD Amsterdam, is preferred by 63% of the respondents, and secondly, the name combination ‘STI-clinic/:Centrum voor Seksuele Gezondheid:GGD Amsterdam’. The names including ‘Kliniek voor Seksuele Gezondheid’, were least preferred.

#### 5.2.4 Preference (for detailed results see appendix 5.6)

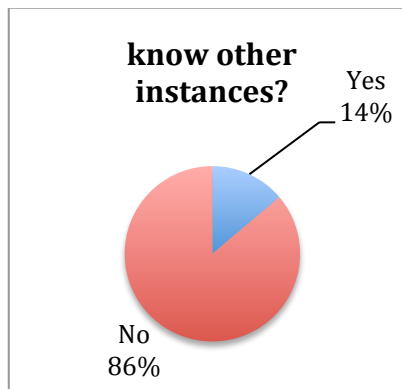
Fig. 19

Attribute	Grade
Reliability	9
Professionalism	8,9
Free use of services	8,5
Expertise	8,4
Customer Friendliness	8,4
Anonymity	8,4
Fast	8
Accessible	7,9
Involvement with consumers	7,4
Innovativeness	6,7

The characteristics given were: *Reliability, professionalism, free use of services, expertise, customer friendliness, anonymity, fast, accessible, involvement with consumers and innovativeness*. Almost all attributes given to the respondents are highly graded demonstrating that quite some importance is attached to all of them. However, a distinction can be identified; the highest grades given and thus preferred attributes are *reliability, professionalism* and *free use of services*. The respondents regard *innovativeness* as least valuable. See the following table:

### 5.2.5 Position

Fig. 20



The STI-clinic of the GGD Amsterdam is considered quite unique; 86% of the 159 respondents does not know any other instance similar to the STI-clinic of the GGD. A minority knows other instances amongst which were mentioned several times: *hospitals* and *GGDs* from different locations in the Netherlands. (appendix 5.7)

The reasons given for preferring the STI-clinic from the respondents indicate a positive perception in relation to other instances. Reasons mentioned were: *'good reputation, trust in the GGD, good experiences, reliable, anonymity and professional'*. (appendix 5.7)

### 5.2.6 Primary impression (Appendix 5.8)

The frequently mentioned associations determine the primary impressions.

A table of the top 10 most frequently mentioned associations regarding the 'Soa – polikliniek', 'Kliniek Seksuele Gezondheid', and 'Weesperplein' is presented in the appendix, 5.8. These impressions are also distributed amongst the following categories:

- Characteristic – is a characteristic given about the company from the consumer's perspective
- Company – For associations related to the STI-clinic as a company, or associations related to other companies.
- Service – Are associations related to what the STI-clinic provides.
- Location – involves the surroundings and environment of the STI-clinic
- Feeling – Thoughts and/or feelings from the consumer's perspective given towards the STI-clinic.
- Sex – Things related to sex and genitals are assigned here.

- STI – everything related to a STI or disease
- Other – words I could not assign amongst the other categories.
- Traffic – words concerning traffic, including vehicles, road, etc.

### **STI-clinic**

The five most frequently mentioned associations regarding the STI-clinic of the GGD Amsterdam are *STI*, *test*, *HIV/AIDS*, *anonymity* and *prevention* (appendix 5.8.1). Furthermore the STI-clinic is characterized as *friendly*, *reliable*, *accessible* and *professional*. Providing tests is strongly associated with the STI-clinic; it was mentioned 42 times. Also *STI* (mentioned 61 times) and everything related to a STI; *diseases*, *chlamydia*, *HIV/AIDS* have strong associations regarding the STI-clinic. The feelings towards the STI-clinic were fairly equally distributed amongst negative and positive feelings. Another strong association regarding the STI-clinic is ‘sex’. The words *research* and *waiting* were also frequently mentioned amongst the categorical parameters. (Appendix 5.8.1)

### **Weesperplein**

The primary impression of the Weesperplein, included mainly associations concerning the traffic (*‘metro’*, *‘busy’*, *‘tram’*), and companies located near Weesperplein (*‘school’*, *‘GGD’*, *‘STI-clinic’*) (Appendix 5.8.2.). It is noticeable that the GGD is mentioned many times more often than the STI-clinic; suggesting a stronger association with the GGD. The top 5 words most frequently mentioned regarding Weesperplein are *metro*, *school*, *GGD*, *busy* and *centre* (Appendix 5.8.2.) Furthermore the Weesperplein is not really regarded as positive concerning *feelings* towards the location; the majority mentioned negative feelings.

### **‘Kliniek Seksuele Gezondheid’**

The words mentioned most frequently concerning the ‘Kliniek Seksuele Gezondheid’ were: ‘*STI, education, sex, test & health* and *AIDS/HIV* (table 5.8.3. in the appendix) and are divided amongst the categorical parameters, which resulted the following associations:

The multiple entries in the category ‘services’, concerned mainly educational and health services (which are also ranked in the top 5 most frequently mentioned words). This is quite a positive result, since both answers indicate a ‘broader’ aspect. The word ‘*sex*’ (mentioned 29 times) and *STI* (mentioned 72 times) signify that the name is associated with sexual purposes and STIs which is essential when referring to the services of the organization. *Professional* and *accessible* are the characteristics associated with the name ‘Kliniek Seksuele Gezondheid’. The diseases *AIDS* and *HIV* state again that the name is linked to services related to STIs. The category ‘*feelings*’ display that the amount of positive feelings outnumber the amount of negative feelings, however the difference is fairly small. Noticeable is that the ‘GGD’ is mentioned several times. ‘*Diseases*’, ‘*doctors*’, ‘*treatments*’, ‘*condoms*’, ‘*hospital*’ and ‘*safe sex*’ are also mentioned relatively often by respondents and indicate strong associations.

## 5.3 The Subquestions

### 5.3.1 What is the target audience's image of the STI-clinic?

The current image of the STI-clinic is overall very positive, and is perceived as reliable, professional, accessible and friendly by the majority. These features are fortunately in compliance with some of the attributes (question regarding preference of the attributes provided, appendix 5.6) the respondents valued mostly, which are 'reliability', 'professionalism' and 'free use of services'. Also the STI-clinic is regarded as quite unique as most of the respondents do not know a similar instance other than the general practitioner, and STI-clinics from other GGD's.

Furthermore the STI-clinic is associated with the services it provides, but mainly concerning STIs, and tests. Other associations concerned very positive characteristics and everything with sex and a sexual transmitted infection. The familiarity is also high as most of the respondents know about the STI-clinic, and/or know someone in their surroundings who went to the STI-clinic. The main services, 'STI-tests and treatments' are very familiar amongst the audiences, but the other services relatively not as much. The perception regarding the name 'Soa - polikliniek' is not convincingly positive as 36% regarded the name as positive, 36% as neutral and 26% as negative.

### 5.3.2 What does the client's target audience think of the name 'Kliniek Seksuele Gezondheid'?

The associations given to the 'Kliniek Seksuele Gezondheid' seem in compliance with the definition 'sexual healthcare' (Appendix 5.8.3, p. 57 & p. Chapter 3.2.2, p.16). In general the target audience relates the name 'Kliniek Seksuele Gezondheid' to *sex* and *STIs*, but additionally associate the name with *health* in general terms. The feelings towards the name however differed tremendously and had many negative and positive associations compensating one and another, not resulting in either very positive or negative. However, the name 'Kliniek Seksuele Gezondheid' was least preferred amongst the list provided with other names (Fig. 18, p. 35). Possibly this can be explained by the word 'Kliniek'; this could have a more medical interpretation in comparison to the word 'Centrum', which might relate to diseases and could repel audiences. The target audience has a preference for the name combination: 'Centre for Sexual healthcare: STI-clinic: GGD Amsterdam. In conclusion, the current name is not perceived as positive nor negative, however other names are preferred.



#### 5.3.2.1 Comparison current image STI-clinic and perceived image 'Kliniek Seksuele Gezondheid'.

For determining the viability of a brand transfer, the current image of the STI-clinic and the impressions towards the name 'Kliniek Seksuele Gezondheid' should be compared.

in appendix 6. is an overview of the words most mentioned from the 'Soa – polikliniek' and the 'Kliniek Seksuele Gezondheid' integrated into one table. The associations the names have in common regard, *STI, test, HIV/AIDS, prevention* and *condoms*. The strength of the associations differ in terms of the amount of times mentioned. Noticeable is that *STI* is mentioned several times more often regarding the name 'Kliniek Seksuele Gezondheid' than 'Soa – polikliniek'.

The distinguishing associations concerning the 'Soa – polikliniek' are: *Anonymity, research, free, diseases* and *chlamydia*. The 'Kliniek Seksuele Gezondheid' is associated with ' *Education, sex, health, doctor* and *treatment*.

Both names are strongly associated with 'STI' signifying that the main service is still recognizable, also in the name 'Kliniek Seksuele Gezondheid'. The words mentioned most frequently do not suggest contrasting or dissimilar associations of what the STI-clinic does and provides. The name 'Kliniek Seksuele Gezondheid' additionally is associated with *education*, and *health*, which reflects a broader perspective and could imply that the name 'Kliniek Seksuele Gezondheid' does cover more of the services provided than the name 'Soa – polikliniek'.

In the appendix 6.2 an integrated table concerning both names with the categorical parameters is presented (not the complete table is integrated, only the words most frequently mentioned).

The comparison amongst characteristics indicate that as main associations concerning characteristics to the 'Soa – polikliniek' is given *friendly, reliable, professional* and *accessible*. The 'Kliniek Seksuele Gezondheid' is mainly associated as 'professional' and accessible and has therefore somewhat similarity. The words, *reliable, professional, friendly* and *accessible* were relatively perceived as most applicable for the STI-clinic. The words *professional* and *accessible* and *friendly* are in the category 'characteristics' also mentioned several times by the respondents regarding the 'Kliniek Seksuele

Gezondheid’, which already indicates important perceptions to be in compliance with the STI-clinic.

The STI-clinic is strongly associated concerning tests (42 times mentioned), however ‘Kliniek Seksuele Gezondheid is mainly associated with *health* (21), *education* (37) and *tests* (21), *hospital* (14) directing into the broader meaning of health. The category *feelings* were both fairly equally distributed between negative and positive feelings. Both names are associated with young audiences, *youth* and *students*, which is still in compliance with the target audience of the ‘Soa – polikliniek’. Remarkable is that the ‘Kliniek Seksuele Gezondheid’ is relatively often associated with *sex* and *STI* compared to the ‘Soa – polikliniek’.

All in general the words associated with ‘Kliniek Seksuele Gezondheid’, *hospital, doctor, education, sex, health, professional, STI, informative, sex, youth* do imply a trend in relation to the associations provided to the ‘Soa – polikliniek’ ; *anonymity, research, free, diseases, chlamydia, friendly, students, test, sex, STI, cotton swab*.

The name ‘Kliniek Seksuele Gezondheid’ is perceived in the broader context of health on the contrary to the STI-clinic, which has an obvious emphasis on the services related to STIs. However not all important associations concerning the STI-clinic are in line with the ‘Kliniek Seksuele Gezondheid’, *anonymity, reliability* and *research* have not been associated with the ‘Kliniek Seksuele Gezondheid’.

### **5.3.3 What are the possibilities for implementing a new name?**

Literature described earlier about the brand architecture provides the possibilities for several naming strategies and describes the image brand transfer model from Kapferer.

From the comparison between the primary impressions and perceptions regarding the ‘Soa – polikliniek’ and the primary impressions of the ‘Kliniek Seksuele Gezondheid’ a percentage can be attached to the amount of which the perceptions of the name ‘Kliniek Seksuele Gezondheid’ are in line with the ‘Soa – polikliniek’ as suggested in the brand image transfer model from Kapferer (Figure 2, p. 24).

The model provides 4 phases;

- 100/0%
- 66/33%
- 50/50%
- 33/66%

The left side of the percentage represents the amount of similarity to the existing brand. The right side presents the values contrary to the values of the existing brand.

The name 'Kliniek Seksuele Gezondheid' does have several common perceptions, however are not 100% in one line.

The first phase suggests that the perceptions are predominantly in contrast with the existing brand, which does not apply to the 'Kliniek Seksuele Gezondheid' regarding the amount of common associations given by the respondents. Therefore the appropriate percentage would be 66/33% and thus the third phase.

- |                                  |   |                                  |
|----------------------------------|---|----------------------------------|
| 4. 'Kliniek Seksuele Gezondheid' | → | 'Kliniek Seksuele Gezondheid'    |
| 3. 'Kliniek Seksuele Gezondheid' | → | 'Kliniek Seksuele Gezondheid'    |
| by 'Soa – polikliniek'           |   |                                  |
| 2. 'Soa – polikliniek'           | → | 'Kliniek Seksuele Gezondheid'    |
| by 'Kliniek Seksuele Gezondheid' |   | by 'Soa - polikliniek'           |
| 1. 'Soa – polikliniek'           | → | 'Soa - polikliniek'              |
|                                  |   | by 'Kliniek Seksuele Gezondheid' |

The above combinations are the ones derived from the model from Kapferer and applied to the 'Soa – polikliniek' and the 'Kliniek Seksuele Gezondheid'.

A successful brand image transfer is possible. The similarities are high, and thus damage to the current image will be minimal. The third phase also indicates the 'endorsement' strategy (Chapter 4.1.2.1, p. 20).

#### 5.3.4 How can the target audience be reached most effectively?

The results from the survey provide the best way to reach the target audience and thus for generating awareness about a change of name. The model from Shannon&Weaver applied to the STI-clinic is an overview for effective communication.

**The sender:** The communication department of the GGD.

**Message:** The message to convey is dependent on how the STI-clinic wants to be perceived; the STI-clinic wants to be perceived as more than related to STIs. The characteristics identified by the target audience from the STI-clinic still need to be present (Jobber, 2010). Determined from the survey these characteristics are; *reliable*, *professional*, *friendly* and *accessible* (Figure 15, p. 35) and should be included in the message to provide recognition and to prevent confusion about the scale of change. It is also of vital importance to include the reasons and explanations for changing the name in the message.

**Through which channel(s)?** The appropriate channels to use can be determined from the results of the survey (Figure 10, p. 33). This indicates that the majority of the respondents detected the STI-clinic via 'word of mouth', from friends (32%). The second biggest respondent group gained awareness about the STI-clinic via the GGD Website (21%). Also Google plays a vital role in generating awareness as 16% of the respondents used the search operator. 12% of the respondents gained awareness via the GGD. A minority was informed about the existence of the STI-clinic via print media (7%) and 7% of the respondents was referred. In conclusion, the Internet, 'word of mouth' and the GGD are important channels for generating awareness about the STI-clinic. Therefore the focus should be set on these channels.

**Receiver:** The target audience of the STI-clinic:

- Men that have sex with men
- Age until 25
- People with a high risk of getting an STI (this includes; swingers, prostitutes, people originating from certain countries with a high prevalence of STIs, people with many different sexual relations)
- People with symptoms related to a STI.
- People that were warned or referred by someone for a STI.

## 6. Findings and Conclusions

### 6.1 The Research Question

*Which measures can be taken to transfer the current image of the 'Soa polikliniek' to the new name 'Kliniek Seksuele Gezondheid'?*

Not all the brand name strategies are applicable for the STI-clinic regarding the name 'Kliniek Seksuele Gezondheid'. To conclude, three main strategies can be executed; maintaining the family brand name 'Soa – polikliniek', only using the individual brand name 'Kliniek Seksuele Gezondheid', or a combination of the brand names (Jobber, 2010). For transferring the current image of the STI-clinic to the 'Kliniek Seksuele Gezondheid', it is recommended to execute the endorsement branding strategy. This provides the reliability, recognition and familiarity the STI-clinic has constructed over the years to the 'Kliniek Seksuele Gezondheid' and will ease the consumers by ensuring the same qualities to be expected. Additionally this strategy allows for new associations regarding the name 'Kliniek Seksuele Gezondheid' and therefore will not be limited to the current associations of the STI-clinic.

Furthermore the STI-clinic needs to determine whether they want a full substitution (eventually), or introduce the new name and then retain 'Kliniek Seksuele Gezondheid' connected to the 'Soa – polikliniek'. Nonetheless, in both cases an image transfer is necessary to provide the current recognisability and to prevent confusion. A complete image transfer, and thus name substitution can be implemented in four phases according to the model of Kapferer. It is not per se necessary to use the transactional implementation, and can also be executed immediate if the brands have somewhat similar perceptions.

The transactional phase would mean a slow introduction of the new name, changing the name over time in prominence, and eventually substitute the other brand. Each of the phases reflect a different brand architecture. The third phase, which also happens to be the endorsement strategy, is already applicable for the STI-clinic because the majority of perceptions regarding both names are similar. This indicates that a transactional strategy for introducing the name is not per se necessary and the endorsement strategy is already feasible for execution without a stepwise approach.

## 6.2 The Policy Question

*How can the Soa - polikliniek's prospective name change, to 'Kliniek Seksuele Gezondheid' be executed without harming the current recognisability and image?*

The results from the research confirm that the STI-clinic has a high familiarity and therefore the assumption in the policy question, 'that the STI-clinic has a high familiarity' turns out to be a fact. The name 'Kliniek Seksuele Gezondheid' is in line with the consumer's perceptions and associations of the STI-clinic and a successful brand transfer is possible. Moreover, the associations of the 'Kliniek Seksuele Gezondheid' are still in line with the mission and objectives of the STI-clinic, and refutes the second assumption derived from the policy question 'A new name will do harm to the image and the recognition'.

The choice of the branding strategy and consequently the choice of the name will potentially diminish the negative influences on the STI-clinic; the loss of recognition, loss of favourability and provoking confusion (Cornelissen, 2011).

The research question defined how the image could be transferred to the new name, with the steps of implementation from the brand image transfer model from Kapferer and the execution of the endorsement strategy. The factors mentioned by Philippe Villemius (1996), Kapferer (2008) and Jobber (2010), (Chapter 4.4, p. 26) provide guidance for implementing the additional brand name with limiting the harm to the current image of the STI-clinic.

An important factor mentioned for successfully implementing the new name is to have the cooperation of all departments internally. From the internal qualitative interviews it can be noticed that the current name was perceived as quite important, also for maintaining it (Chapter 5.1, p. 29). Therefore changing the name could cause some resistance. For dealing with the resistance, it is important that the benefits, opportunities and the reasons for the change of name are communicated internally, and discussion groups need to be established for tension-release purposes (Kapferer, 2008).

Not only internally the reasons should be given, but also to all stakeholders long before the actual implementation. The appropriate channels to use for reaching the target audience are via Internet and the word of mouth communication at GGD (Figure 10, p.

33). The announcement and information should be represented via the website, but also to the other faculties of the GGD. For effective communication towards the target audience, reasons, benefits and explanations should also be provided to them (P. Villemius, 1996). A very positive effect from communicating the reason for the change of name to the stakeholders is the generation of awareness regarding the other services. Therefore it is recommended when conveying the message to the target audience, not to emphasise only the introduction of the name, but also mention all services the STI-clinic provides. The results of the survey revealed that many of the services need more familiarity; therefore this change provides good circumstances to do so.

Additionally, to maintain the original familiarity the STI-clinic has, the characteristics relevant for the STI-clinic should be preserved. For the consumers these are; reliable, professional, friendly and accessible. 'Professional, friendly and accessible' were also associated with the name 'Kliniek Seksuele Gezondheid'. These similarities between the perceptions of the brands could result in a facile transfer of name. Preparations are a necessity for changing all (advertorial) items from the STI-clinic. The consumers will notice the name and get accustomed to it.

### **6.3 Further Recommendations and Considerations**

Interesting is that Kapferer (2008) and Villemius (1996) mention that the execution of a change of name should always maintain the fastest timeframe. Jobber (2010) on the contrary mentions that old names are retained during a transitional period when they have positive associations and/or high recognition amongst the target audience.

In the author's opinion, it is recommended to introduce the new name within a short timeframe. Due to the similar perceptions and associations, a slow transactional introduction of the name in several steps is not necessary, and thus the endorsement strategy can be executed immediately. However, firstly internal and external corporate communications need to be performed successfully.

The name 'Kliniek Seksuele Gezondheid', aside from the shared perceptions with the STI-clinic, is associated with a broader aspect of services provided than the 'Soa – polikliniek' (Appendix 6.1, 6.2 p. 59). This could indicate that the name will provide the necessary link towards the services (maybe also for future expansions), which are not currently covered with the name 'Soa – polikliniek'. It should be considered this could also emerge into a perception, which is beyond the sexual healthcare resulting in an unwanted expansion of audiences.

### **A different name, again?**

It is recommended to consider a different name than the '*Kliniek Seksuele Gezondheid*'.

- \* Due to the survey results. These results demonstrate that the names including '*Centre for Sexual Healthcare*' are highly preferred in relation to the names including '*Kliniek Seksuele Gezondheid*'
- \* The qualitative interviews. Suggestions were mentioned for the '*Centrum Seksuele gezondheid*' instead of '*Kliniek Seksuele Gezondheid*'
- \* Change of name is anyway a benefit for the STI-clinic if the additional services would be emphasized.

### **How about attaching the name to the location 'Weesperplein'?**

One of the considerations of the STI-clinic was to provide a 'cover' term for the STI-clinic, which is 'Weesperplein1', just like it used to be with the 'Groenburgwal'. However, from the internal interviewees the majority did not perceive this as a good idea. The majority of the respondent do know where the STI-clinic is located, however the associations given regarding Weesperplein do not indicate the primary association with the STI-clinic; the 'GGD' and 'schools' are mentioned a significant amount more often than the STI-clinic. Also the traffic is a highly associated category with Weesperplein. For the STI-clinic to be associated with the term 'Weesperplein' quite some investments are required. When trying to do so, this would also have a negative effect, since the term should be used by popularly, as a 'cover' or 'substituting' term. When trying to push this term, it will be far from covered. Regarding the connection with Weesperplein it is advised not to do so.

In conclusion of the literature provided, it appears that handling a change of name requires careful procedures in relation to the psychological impact of employees and the influence on the target audience. The advantages a change of name could provide for the STI-clinic are; opportunities for future expansions, awareness for the yet unfamiliar services, and support of their mission to 'maintain and foster the sexual health of the residents of the specified working area'.



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## 1. Figures and tables

Figure 1.1: Organizational structure of the GGD Amsterdam.

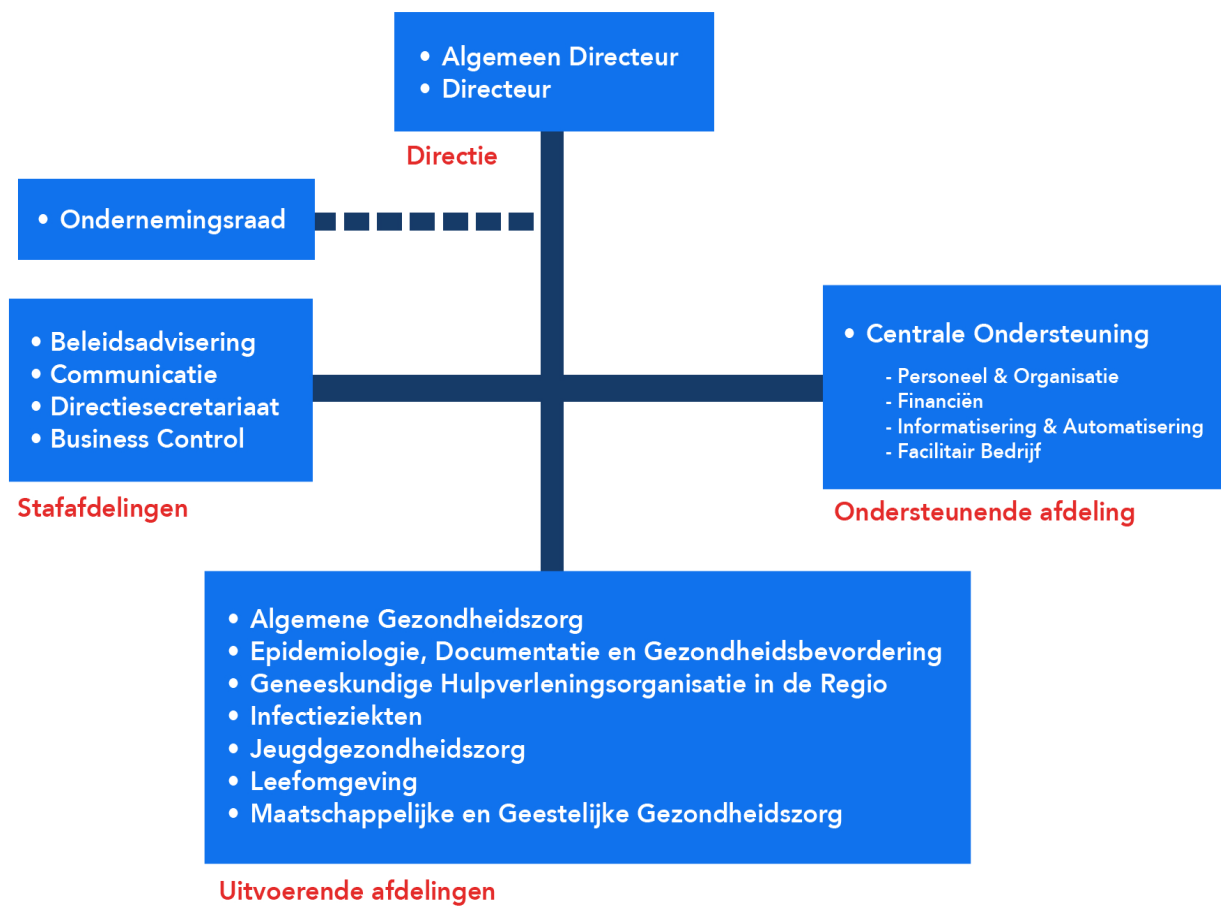


Figure 1.2. Laswell's communication model

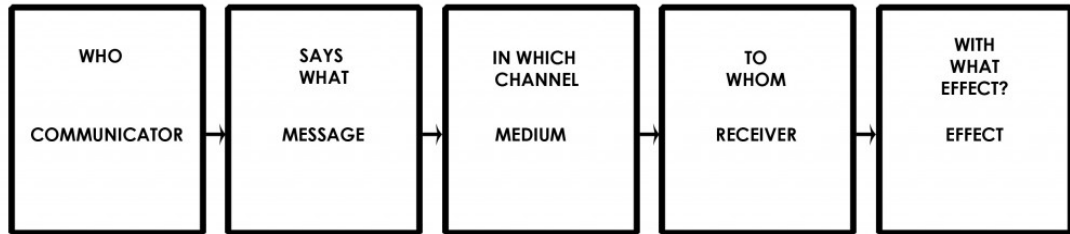
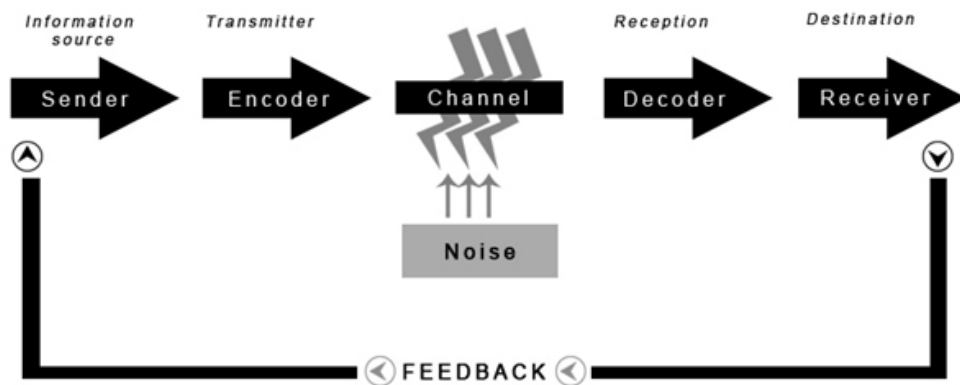


Fig. 1.3 Shannon&Weaver's model of communication



SHANNON-WEAVER'S MODEL OF COMMUNICATION

## **2. Analysis of data**

For analysing the tangible version the answers were digitalized by implementing the answers of every respondent manually in 'Thesistools'. The results were displayed in an excel sheet and for most questions the results from the digital and tangible version are integrated. From excel it was facile to create the graphs and analyse the data. For questions with multiple answers given, numbers defined the answers. When a respondent did not give an entry, a '0' was referred. For dichotomous questions, either '1' or '2' was attached to the provided answers.

The open questions in the survey needed to be analysed qualitatively. This was executed in several steps; first by identifying the words given and when possible to sum up the amount of common mentioned words and change it into one same word. Subsequently the words were coded by category. After it all was categorized, again words similar to other words were combined which is identified as 'axial coding'.

Later on in the appendix (5.3), regarding question 19 there is a graph conducted with SPSS, which displays the mean of the scale for every feature. SPSS was used because it was a question to be analysed differently than the other questions.

For analysing the data, the scale was divided from 1 – 7 (1 extremely positive left side, and 7 is extremely negative right side). 4 (neither) is neutral, therefore the lower the mean presented in the graph (in the appendix) the better the STI-clinic is being perceived. An extra graph was added for a more accurate analysis, which displays the amount of respondents that chose a specific number on the scale.

### 3 Surveys

#### 3.1 Survey Tangible Version

##### **Survey recognition and image - research of the STI – clinic of the GGD Amsterdam**

My survey is about the image of the STI – clinic in Amsterdam which is part of the Governmental Healthcare Service (Sexual Transmitted Infections clinic, in Dutch known as the ‘Soa – polikliniek’ part of the GGD). There will be questions about your familiarity, associations, and perception of the STI - clinic of the GGD Amsterdam.

With the results of this survey, I hope to find out whether there is a possibility to link another name to the STI -clinic, and how to execute such change.

**I confirm that the results of this survey can be used for research purposes.**

☐ **Confirm**

1. What is your age?

☐ Under 16

☐ 16 – 24

☐ 25 – 35

☐ 36 – 45

☐ 46 +

2. What is your gender?

☐ Male

☐ Female

3. What is your nationality?

---

4. In which municipality do you live?



---

5. What is your sexual preference?

- ☐ Men
- ☐ Women
- ☐ Both

6. How well do you know the STI – clinic of the GGD Amsterdam?

- ☐ First time I am here
- ☐ Average
- ☐ Good

7. What are the first 5 words that come to mind when you think of the STI – clinic of the GGD Amsterdam’?

1.

---

2.

---

3.

---

4.

---

5.

---

8. How do you know the STI -clinic of the GGD Amsterdam? (Multiple answers possible)

- ☐ Reference
- ☐ Google
- ☐ Website GGD

- ☐ Friends
- ☐ Newspaper
- ☐ Magazines
- ☐ Flyers
- ☐ Posters
- ☐ GGD
- ☐ Other

---



---

9. If you found the STI –clinic of the GGD Amsterdam through Google, which terms did you use?

- ☐ Weesperplein 1
- ☐ STI – clinic
- ☐ Sexual healthcare
- ☐ STI Amsterdam
- ☐ GGD
- ☐ STI test
- ☐ Other

---



---

10. Do you know someone in your surroundings who went to the STI – clinic of the GGD Amsterdam?

- ☐ Yes
- ☐ No

11. Which 3 associations do you hold with ‘Weesperplein’ ?

1. 

---

2.

---

3.

---

12. Do you know the 'STI – clinic of the GGD Amsterdam was first located at the Groenburgwal in Amsterdam?

- ☐ Yes
- ☐ No

13. Are you aware of the services provided of the STI - Clinic of the GGD Amsterdam, other than the STI - treatments and tests?

- ☐ Yes
- ☐ No (Continue to question 15)

14. Which other services provided by the STI – clinic of the GGD Amsterdam do you know of? (Multiple answers possible)

- ☐ Vaccinations Hepatitis B
- ☐ Pep treatment
- ☐ Sexual education
- ☐ Chlamydia take home tests
- ☐ Sense – consults
- ☐ Partner warning service
- ☐ Prostitution and Healthcare (Prostitutie en Gezondheid)
- ☐ Man to Man (Man tot Man)
- ☐ Other \_\_\_\_\_  
\_\_\_\_\_

15. Could you scale the following characteristics according to you, applicable for the STI – clinic of the GGD Amsterdam?

(From left to right =

Extreme, very, a little, neutral, a little, very, extreme)

Professional	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	unprofessional
Customer friendly	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Customer unfriendly
Reliable	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Unreliable
Formal	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Informal
not moralizing	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Moralizing
High expertise	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	low expertise
fast	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	slow
nice atmosphere	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	bad atmosphere
easy accessible	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	inaccessible

16. What is your overall perception of the STI – clinic of the GGD Amsterdam?

- ☐ Positive
- ☐ Negative
- ☐ Neutral

17. Could you grade the following attributes to what you consider important? (From unimportant 1, to important 10)

Free service	_____
Professionalism	_____
Customer friendliness	_____
Reliability	_____

Innovativeness \_\_\_\_\_

Expertise \_\_\_\_\_

Involvement with clients \_\_\_\_\_

Fast \_\_\_\_\_

Accessibility \_\_\_\_\_

Anonymity \_\_\_\_\_

18. What are the first five words that come to mind when you think of the name  
'Clinic for Sexual Healthcare?' (Kliniek Seksuele Gezondheid)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

19. What do you think of the name STI – clinic (soa –polikliniek) of the GGD  
Amsterdam?

☐ Positive

☐ Negative

☐ Neutral

☐ Other \_\_\_\_\_  
\_\_\_\_\_

20. Which name do you consider most appropriate to connect to the STI – clinic ?

- ☐ Centre for sexual healthcare : STI – clinic : GGD Amsterdam
- ☐ Clinic for Sexual Healthcare : STI –clinic : GGD Amsterdam
- ☐ STI – clinic / : Clinic for Sexual Healthcare : GGD Amsterdam
- ☐ STI – clinic : / Centre for Sexual Healthcare / : GGD Amsterdam

21. Do you know other clinics similar as the STI – clinic of the GGD Amsterdam?

- ☐ Yes
- ☐ No (Continue to question 23)

22. Which other clinics similar to the STI – clinic of the GGD Amsterdam can you mention?

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23. What is for you the main reason you chose to go to the STI - clinic of the GGD Amsterdam instead of another medical instance?

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**Thank you for you cooperation!**

## 3.2 Survey Digital Version

### The STI - clinic of the GGD Amsterdam

My survey is about the image of the STI – clinic in Amsterdam (Sexually Transmitted Infections clinic, which is part of the Governmental Healthcare Service , in Dutch known as the soa – polikliniek part of the GGD) . There will be questions about your familiarity, associations, and perception of the STI - clinic of the GGD Amsterdam. Participataion is anonymous.

With the results of this survey, I hope to find out whether there is a possibility to link another name to the STI - clinic, and how to execute such change.

Write down at the end of the survey your e-mail address, and you might win a bag of condoms! My gratitude is great!

Start

[www.thesistools.com](http://www.thesistools.com)

### The STI - clinic of the GGD Amsterdam

1.

**I confirm that the results of this survey are allowed to be used for research purposes**

☐ Confirm

2.

**What is your age?**

☐ under 16

- ☐ 16 - 24
- ☐ 25 - 35
- ☐ 36 - 45
- ☐ 46+

3.

**What is your gender?**

- ☐ male
- ☐ female

4.

**What is your nationality?**

5.

**In which municipality do you live?**

6.

**What is your sexual preference?**

- ☐ men
- ☐ women
- ☐ both



7.

**Are you familiar with the STI -clinic of the GGD Amsterdam?**

- ☐ yes  
☐ no

8.

**Have you ever been to the STI - clinic of the GGD Amsterdam?**

- ☐ yes  
☐ no

9.

**How well do you know the STI – clinic of the GGD Amsterdam?**

- ☐ good  
☐ only by name  
☐ never heard of it (Please fill in the questions 21 - 23)

10.

**Which first 5 words that to mind when you think of STI-clinic of the GGD Amsterdam?**

1.
2.
3.
4.
5.

11.

**Do you know where the STI -clinic of the GGD Amsterdam is currently located?**

- ☐ yes  
☐ no

12.

**Which 3 associations do you hold with 'Weesperplein' ?**

1.   
2.   
3.

13.

**How do you know the STI -clinic of the GGD Amsterdam?**

- ☐ reference  
☐ Google  
☐ website GGD  
☐ friends  
☐ newspaper  
☐ magazines  
☐ flyers  
☐ posters  
☐ GGD  
☐ other

14.

**If you found the STI -clinic of the GGD Amsterdam through Google, which terms did u use?**

- ☐ weesperplein 1
- ☐ STI - clinic
- ☐ sexual healthcare
- ☐ STI Amsterdam
- ☐ GGD
- ☐ STI test
- ☐ other

15.

**Do you know someone in your surroundings who went to the STI - clinic of the GGD Amsterdam?**

- ☐ yes
- ☐ no

16.

**Do you know that the STI -clinic of the GGD Amsterdam was first located at the Groenburgwal in Amsterdam?**

- ☐ yes
- ☐ no

17.

**Are you aware of the services provided of the STI - clinic of the GGD Amsterdam other than the STI-treatments and tests?**

- ☐ Yes
- ☐ no (skip the next question)

18.

**Which other services do you know of being offered by the STI – clinic of the GGD Amsterdam?**

- ☐ Vaccinations Hepatitis B
- ☐ Pep treatment
- ☐ Sexual education
- ☐ Take home Chlamydia tests
- ☐ Sense - consult
- ☐ Partner warning service
- ☐ Prostitution and Healthcare (Prostitutie en Gezondheid)
- ☐ Man to Man (Man tot Man)
- ☐ other

19.

**Could you scale the following characteristics according to you, applicable for the STI - clinic of the GGD Amsterdam?**

**(from left to right;**

**Extreme, very, little, neutral, little, very, extreme)**

professional	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	unprofessional
customer friendly	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	customer unfriendly
reliable	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	unreliable
not moralizing	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	moralizing
formal	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	informal
high expertise	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	low expertise
fast	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	slow
nice atmosphere	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	bad atmosphere
easy accessible	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	unaccessible

20.

**What is your overall perception of the STI clinic of the GGD Amsterdam?**

- ☐ positive  
☐ negative  
☐ neutral

21.

**Could you grade the following attributes to what you consider important? (From unimportant 1, to important 10)**

Professionalism	<input type="text"/>
Customer friendliness	<input type="text"/>
Reliability	<input type="text"/>
Innovativeness	<input type="text"/>
Expertise	<input type="text"/>
Involvement with customers	<input type="text"/>
Fast working conditions	<input type="text"/>
Accessibility	<input type="text"/>
anonymity	<input type="text"/>
free service	<input type="text"/>

22.

**Which 5 words come to mind when you think of the name 'Clinic for Sexual Healthcare' ('Kliniek Seksuele Gezondheid')?**

1.   
2.

3.
4.
5.

23.

**What do you think of the name 'STI - clinic' (soa - polikliniek)?\***

- ☐ positive
- ☐ negative
- ☐ neutral
- ☐ other

24.

**Which name do you consider most appropriate to connect to the STI - clinic (soa - polikliniek)?\***

- ☐ Centre for sexual healthcare : STI - clinic : GGD Amsterdam
- ☐ Clinic for Sexual Healthcare : STI -clinic : GGD Amsterdam
- ☐ STI - clinic / : Clinic for Sexual Healthcare : GGD Amsterdam
- ☐ STI - clinic / : Centre for Sexual Healthcare : GGD Amsterdam

25.

**Decide your own appropriate name for the STI - clinic of the GGD Amsterdam!**

26.

**Do you know other clinics similar as the STI - clinic of the GGD Amsterdam?**

- ☐ yes  
☐ no (skip next question)

27.

**Can you mention which other clinics are similar to the STI - clinic of the GGD Amsterdam?**

28.

**Why would you choose to go to the STI - clinic of the GGD Amsterdam, compared to another institution?**

29.

**Leave your e-mail address behind if you want to participate in winning a bag of condoms! If you are the lucky winner, I will contact you via your email. Your data will not be used for any other purposes!**

send

Thank you for your cooperation! Your email will not be used for any other purposes then contacting you when you are the lucky winner of the bag of condoms!



#### 4 Qualitative Interview Summarized Table

<b>Function</b>	Sense doctor, and supervisor for the doctor rooms, and researcher for sexual health.	Doctor for Sense, and provides guidance to Sense-nurses in training.	I am a quality officer, and I am coach motivational speeches.	I am a STI- and Sense nurse.	Head of the STI-clinic	I am a prevention worker for hiv /s control for men v have sex with me
<b>Time employed at GGD Amsterdam</b>	2 months	4 years	5 years in current function, and prior that 10 years as a nurse, a total of 15 years	10 years	2 months	2 years
<b>The Services the STI-clinic offers</b>	The STI-screenings and treatments. Also preventive tasks such as education on a variety of locations and schools.	STI – treatments for people with symptoms. We also offer home-tests, partner warnings, pep-consults, and for people who had involuntary sex we offer tests. We also do outreach work in	STI-consults but has expanded to a broader aspect of sexual health and also Sense consults.	STI and Sense education, but also scientific research.	Besides the STI-treatments we provide contraceptive treatments, and Sense-consults. Also we provide sexual education	Curative healthcare (research, motivational conversations, and treatments.) Also preventive aspects concerning several audiences.

		north, which will also expand to southeast of Amsterdam. A part of the STI-testing's is also done at P&G. Further more we offer sexual education to target audiences. We do MI-training in foreign countries. We do business to business but also business to consumer's services.				
<b>Considerations for future expansions? (yes/no, which)</b>	Yes, such as the treatment of genital warts and a HIV treatment centre.	Yes, treatments for genital warts are a possible extension, Further more I am not aware of the	- (Question not answered/asked)	Yes, maybe focus more on the contraceptive parts.	Yes, but we are financial constrained at the moment.	No

		possible expansions.				
<b>Target audience of the STI-clinic</b>	An audience with a high risk for STI's who have a risky behaviour concerning STI's. These are youth until 25, prostitutes, men that have sex with men and male prostitutes	People with symptoms. The less chance of having an STI, the less target audience you are.	The audiences are given by the RIVM, which are youth until 25, men having sex with men, people that are referred/warned, prostitutes and people with symptoms.	Focus is on youth and men that have sex with men.	People with higher risks, such as men having sex with men, prostitutes, people having symptoms, or had unprotected sex past half year, and youth under 25. O	Younger people men who have sex with men.
<b>How does the STI-clinic communicate to the target audience</b>	We do a lot of outreach and approach locations concerning our target audience. Further more communication via posters, radio, social media such as Facebook and internet websites of	Via the website, banners on FB, national campaigns (for Sense), the Website of the GGD, the website for Sense. Also mouth-to-mouth, and at festivals we spread the word. We also hand out	Mouth-to-mouth advertising, also internet and references from other instances.	Online, e.g. websites for mantotman, and hepatitis. B campaigns contribute to the awareness of the STI-clinic. Also cooperation's with SOAids.	Via internet and the website	Concerning my a of expertise we c online chats, and to the city to approach he targ audiences.

	course.	gadgets.				
<b>Construed image of the GGD Amsterdam</b>				That people come to the GGD to get vaccins. Also associations with ambulance, which we used to have and consultations agencies. Mostly about vaccinations I suppose.	We just had the client satisfaction research, and the results were already quite good, meaning that the customers are satisfied.	Everybody know GGD, and every knows that the G also stands for se polikliniek. The as a brand is very strong, reliable a recognizable.
<b>Construed image of STI - clinic</b>	People are quite nervous for coming to the STI-clinic, and it is perceived as a place to test yourself.		We are evaluated very well, with an average score of an 8, as a result of the client-satisfaction research.	As a clinic that offers tests for STI's, but I do not think the majority knows about the other services. The STI-clinic everybody knows of though.	I heard from a colleague of my wife that he thought it was pretty good regulated.	From my audien receive positive feedback.
<b>Does the STI-clinic benefit from the GGD?</b>			The GGD Amsterdam is well known amongst the	Yes, I do think the link GGD Amsterdam with STI-	Yes. The GGD has in Amsterdam a very good name.	Yes, It is also ea for our outreach since the GGD is

			Amsterdam people as a reliable instance. It also finances the STI-clinic and we are a part of it.	clinic is very strong. People going to the STI-clinic know that it is part of the GGD, but the other way around when you say I work at the GGD, people do not think necessarily about the STI-clinic.		familiar, and it is beneficial for cooperation's.
<b>Characteristics of the STI-clinic</b>	High expertise, reliable, professional, anonymity and not judgmental	Anonymous, it is free of charge, offer reliable care with high expertise,	Professional, reliable, high expertise, international research, easy accessible.	Providing services in research, and focus on the men that have sex with men audience, and STI-research and treatments.	Friendly, driven, skilled innovative and empathic.	Professional, reliable good company to work for, broad amount of service offered.
<b>Thoughts about the name of the STI-clinic (good/bad?)</b>	The name is very clear. It says exactly what we do, and people know what to expect and what	It is the most important task we have, so it does fit with what we do. However it does not	It covers what we do. Our main task is the research and prevention for STI's, and it is clear for the	I think it is fine. It suffices, however it does not include the Sense part. It might not be good to	I think the name is good. You should not change things too fast, people are quite conservative. I think	-

	we do. (good)	reveal all the other services. The term Soa -polikliniek is so familiar, that I wonder whether it should be eliminated. You can keep the name, but then also try to show the other services we provide. For another name it takes time for people to get to know the name, and will costs lots of money. (good)	clients what we are and thus what we do. (good)	eliminate the name soa-polikliniek, because it is very familiar. When it will be kliniek seksuele gezondheid, it might be insufficient, and people could wonder, 'where is the STI-clinic?' It might not be clear that STI's are part of the sexual health, therefore it should be attached to the current name soa-polikliniek. (good)	the name should stay, however, only the STI-clinic is not appropriate, because it is more than just the STI-clinic. (good)	
<b>How much importance attaches to the name STI-clinic</b>	<b>7.5</b>	<b>8</b>	<b>8</b>	1. I do not attach any importance. I think Kliniek Seksuele	10	7 (it is important, & everybody know and it is clear)

				Gezondheid sounds prettier, but that the consumers have more recognition with the 'soa-polikliniek' as name than 'kliniek seksuele gezondheid'.		
<b>Associations about the name 'kliniek seksuele gezondheid'</b>	It is a good name, it is much broader. It really sounds like a centre focused on the whole definition of sexual health. Including the contraceptive and other services. It can bring some confusion, because if someone says I am going to the 'Kliniek Seksuele Gezondheid' they	We are not really a clinic, I think this refers more to a hospital, which we are not. I would prefer 'Centrum Seksuele Gezondheid' rather than Kliniek.	I think of the Slotervaartziekenhuis, I think they have the same name 'Kliniek Seksuele Gezondheid', but I am not sure.	I think it is very clear, but I doubt whether this will be clear to outsiders as well. I would not associate it with contraceptive services either, people should just know it somehow.	Business like, hospital like	I like the part of sexual health that covers what we provide. However, the centre would also be appropriate instead of a clinic.

	will ask what that is. It does not really state the obvious.					
<b>Important to maintain the name of the STI-clinic</b>	<b>6</b>			-	Yes	-
<b>Weesperplein 1 as an option</b>	I think it is a bit covered term to say where you are going. Besides, if we move to another location, this should be adjusted again. Besides it is a medical instance and that should be mentioned clearly in my opinion. (bad)	I like the idea, it is a good idea. I am not sure how well known the address is but might be worth to research first how known it is. (good)	You should ask the customers,. If I were a consumer I would not really choose it. I would prefer to have an easy identifiable name of what it provides. (bad)	I do not like it. Weesperplein is mostly the metro, and the university across the street. (bad)	Neutral	No, I prefer to say what you are talking about. I will tell the location.  (bad)
<b>Other instances</b>	No.	Health Centres in	Slotervaartziekenhuis	No, we are unique.	Jan van Gooijen	The general



<b>similar to the STI clinic.</b>		Amsterdam east with general practitioners, provide the same services, however not for free.	is similar and the General Practitioner.		Kliniek	practitioner, SO. jellinek, aidshealthcare foundation. The clinic is unique.
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<b>Function</b>	I work as a doctor and researcher.  <i>I work as a seasonal doctor here and do consults.</i>	I am a nurse and I do consults for treatments and research. Also I cooperate with a research going on currently.	Coordinator scientific research of prevention projects of the STI-clinic	Programmanager sexual health care (coordinator of several programs, including Sense, ManTotMan, and GGD of other regions).
<b>Time employed at GGD Amsterdam</b>	1.5 year since march, and prior that for one month and 2 years before that	10 months	17 years	2 years

	<i>for 6 months.</i>			
<b>The Services the STI-clinic offers</b>	<p>Testing's for STI's is the main task, providing sexual health such as Sense. On top of that we do P&amp;G cooperation's, and outreach work for prevention purposes at locations to provide sexual education and tests.</p> <p><i>The main goal is eventually prevention.</i></p>	<p>The researches and treatments mainly, scientific researches and sexual education at a variety of locations.</p>	<p>SOA and HIV screening, Sense project outreach work, Prostitution projects, provide services such as partner warning, online service (Vrij lekker packages). Website for men that just heard they are HIV positive. Except STI-screening also vaccinations and we do a lot in the area of scientific research. Collecting and delivering data to instances, and cooperation's with laboratories. Also business to business, but</p>	<p>Sense, Pep consults, guidance for sexual violence (not in-depth), STI-tests and treatments</p>

			also customer oriented. We also have a regional function.	
<b>Considerations for future expansions? (yes/no, which)</b>	Providing treatment of genital warts and HIV instead of only diagnosing.	No, not that I know of.	-	Yes. dermatologists doing genital warts treatments, more orientation on Man tot Man youth and expansion of online tests for also other audiences.
<b>Target audience of the STI-clinic</b>	<i>Men having sex with Men, people who have a higher risk of getting STI's such as students, people that have many partners., Swingers, people that are being paid or pay for sex.</i>	Audiences with higher risk, so MSM, youth, and swingers.	Everybody in high risk of an STI, youth, and there are guidelines given of the RIVM, amongst others men that have sex with men.	Men having sex with men, prostitutes, ethical minorities, young audiences approx. 19 years.

<b>How does the STI-clinic communicate to the target audience</b>	<p>I think there is not made much publicity, because they already gained a lot of familiarity. And if something is for free, then it is nationwide known in the Netherlands.</p> <p>There is a higher focus on the MSM audience, by attending festivals and other locations.</p> <p><i>References from other medical instances.</i></p>	Campaigns, and outreach.	<p>Prior research conducted (klantpaden onderzoek) shows the ways we communicate. We do national campaigns, we already have a high name recognition, mouth-to-mouth advertising, website, Google, references from medical instances.</p>	<p>Go to the locations, flyering, and advertorials in magazines, provide tests on locations and go to festivals.</p>
<b>Construed image of the</b>	<i>People think about the STI-</i>	The majority is probably positive		I worked in another GGD, and the employees

<b>GGD Amsterdam</b>	<i>clinic when they think GGD Amsterdam, because the GGD Amsterdam is mostly known because of the STI-clinic. Vaccinations and plague extermination are also known of the GGD.</i> <u>Mostly STI-clinic and vaccinations</u> <u>I associate with the GGD Amsterdam</u>	about the GGD Amsterdam. This is also what I receive from my clients that they are very happy with us, and that it is free. There are always people that are not satisfied.		over there did not like the GGD Amsterdam. They were perceived as arrogant, experts and professional.
<b>Construed image of STI - clinic</b>	Friends and colleagues of mine are quite	The majority is satisfied.		That it is big, delivers good health, clinical and professional.

	<p>satisfied about the treatment here.</p> <p><i>I think most people think the service is good</i></p>			
<b>Does the STI-clinic benefit from the GGD?</b>		<p>I hear a lot of people say, yes I am going to the GGD, in stead of the STI-clinic.</p> <p>Also when people say I am going to the GGD, people reply oh, you are going to the STI-clinic! The link is very strong.</p>		<p>Yes, I do think so, because of the image of a reliable service the GGD offers.</p>
<b>Characteristics of the STI-clinic</b>	<p>Anonymous, free of charge, STI-clinic, Amsterdam,</p>	<p>Customer friendly, innovative, nice colleagues, good</p>	<p>Involved, professional, knowledge, acceptance, openness, dynamic, progressive</p>	<p>Professional, high expertise, nurses, logistics, friendly</p>

	reliable, long history	team, dynamic		
<b>Thoughts about the name of the STI-clinic (good/bad?)</b>	<p>I like the name. I Think there should be linked something to the STI-clinic, but the name should not be eliminated.</p> <p><i>I also think it is a good name, and covers the most important part. I would probably link another name to the STI-clinic, because the soa-polikliniek is too familiar.</i></p>		<p>Nothing wrong with it. I do understand there are trends and changes, and with all new developments it is not strange for a change of name. but the soa – poli is very easy to pronounce.</p>	<p>Good name, that covers a lot of what we do. I do miss the sexual health, indicating that we provide more than the STI's. I am not sure whether the name distracts from the other services.</p>
<b>How much</b>	I think an 8,	I do not attach	<b>3</b>	7.5

<b>importance attached to the name STI-clinic</b>	because the brand is so strong. <i>I do not think it is very important, but it is a strong brand indeed, so an 8.</i>	importance to the name, therefore 1.		
<b>Associations about the name 'kliniek seksuele gezondheid'</b>	<i>I do think changing the name to Center/clinic for Sexual health does trigger the people to think more about other services and can trigger to attract more audiences, which are not applicable for us. I think the name Kliniek Sexuele</i>	It sounds fancy, and is appropriate for what we do. We do not only do STI's but we provide so much more. I think it is a very positive name. but less easy to pronounce for the consumers.	Very clinical, very formal and hospital like. Should consider Dutch standards which is more likely to use 'Centrum'. I do not think Kliniek is very appropriate. Also need to consider the national aspect of the name.	More clinical than the Polikliniek. Also more broad. Also conversations about sex, maybe again too broad, that it lacks also the emphasis on STI again.



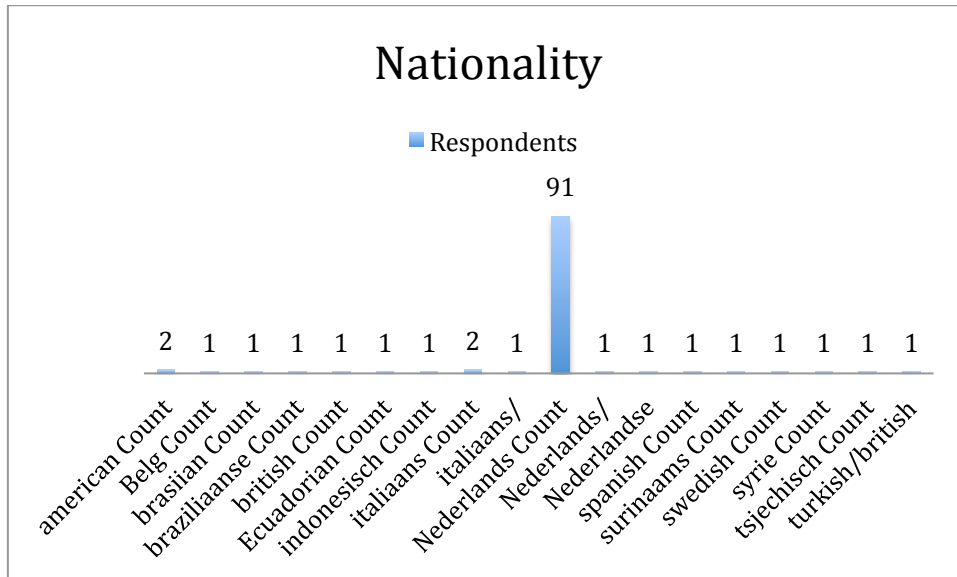
	<i>Gezondheid or Centrum Sexuele Gezondheid does cover more of the services we provide.</i>			
<b>Important to maintain the name of the STI-clinic</b>	8	1	<b>3</b>	7.5
<b>Weesperplein 1 as an option</b>	<p>I would not change it to Weesperplein, I associate it with the metro. I do like W1 as an abbreviation for example.</p> <p><i>I would not use Weesperplein 1, there are a lot of</i></p>	<p>I think we already have enough names, and to add Weesperplein is not really necessary in my opinion.</p>	<p>Convenient because it states the location of the STI-clinic. But there are more companies located at the Weesperplein, so might not be appropriate, and then you cut the GGD loose, which I not good. The GGD has a very high recognition and should be linked.</p>	<p>I like it. It should be a term used by the target audience, but not from the clinic itself.</p>

	<p><i>things on Weespeprlein which is confusing. If you change the location you also need to change the 'name'.</i></p>			
<p><b>Other instances similar to the STI clinic.</b></p>	<p>No, I do not think there are.</p> <p><i>Nationally there are other instances, but I do not really think in Amsterdam, we are unique in our kind.</i></p>	<p>I think we are unique in what we do, also in comparison with other STI-clinics. We have internally a laboratory, we can immediately check for results and do treatments.</p>	<p>Yes there are, but I think we are unique because we are very big and part of the GGD.</p>	<p>Slotervaartziekenhuis</p>

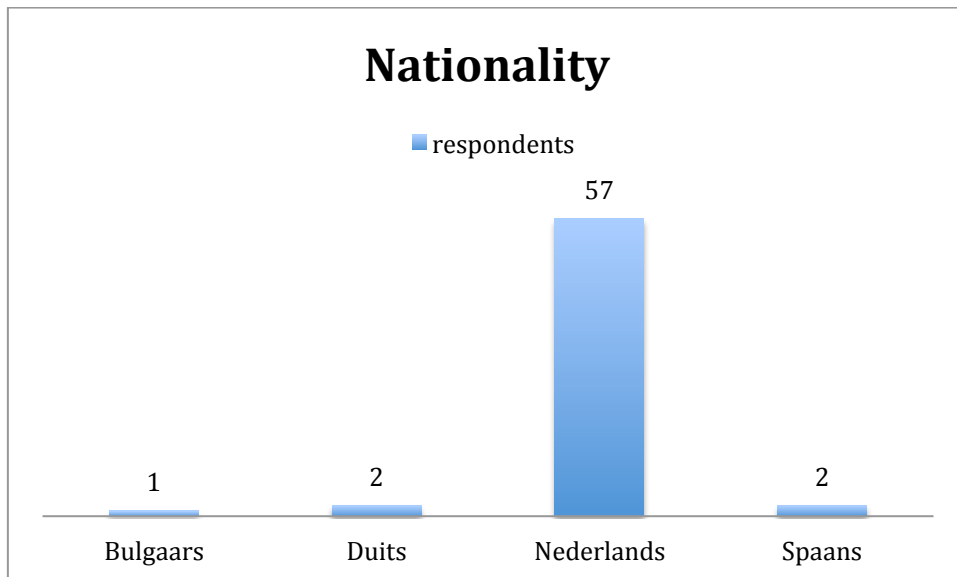
## 5 Graphs survey analysis

### 5.1 What is your nationality?

Results tangible version

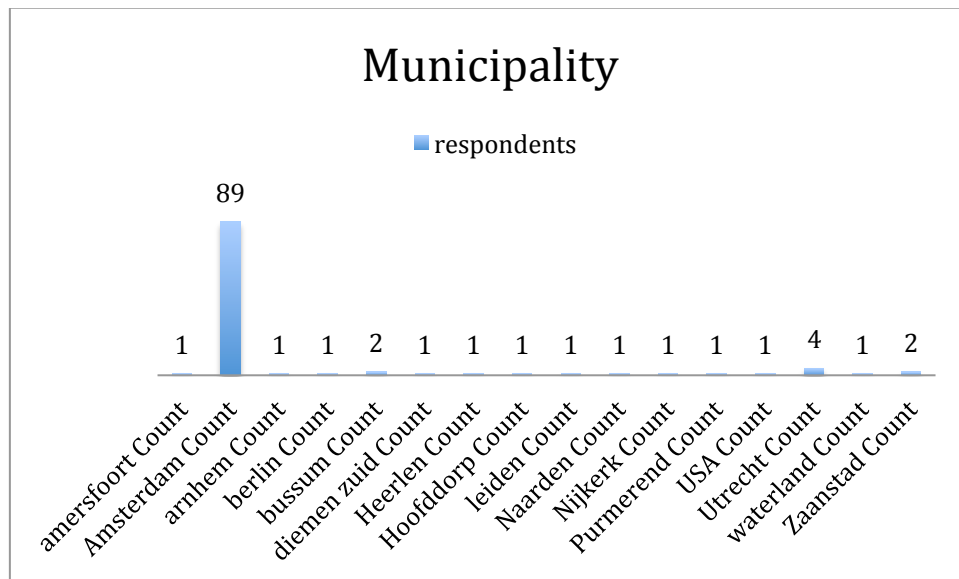


Results digital version

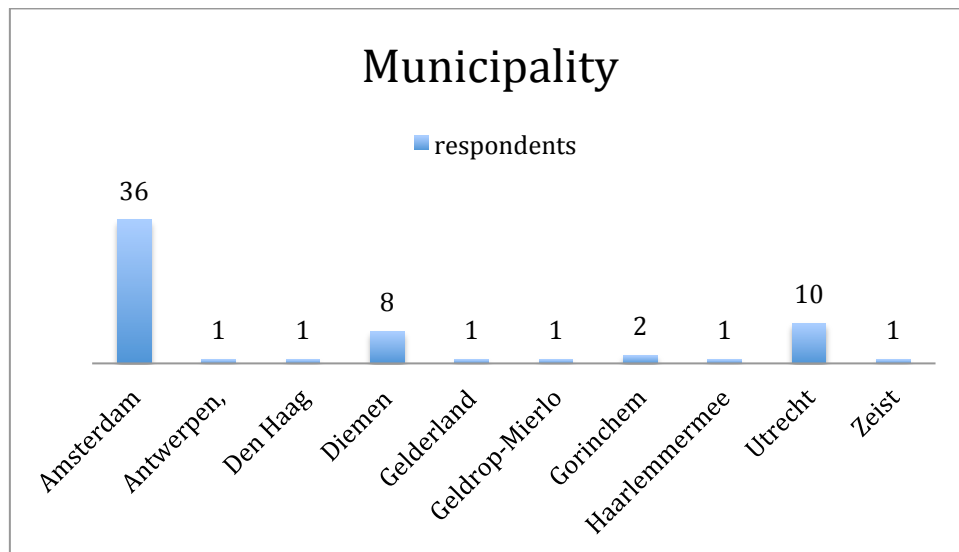


## 5.2 In which municipality do you live?

Results tangible version:

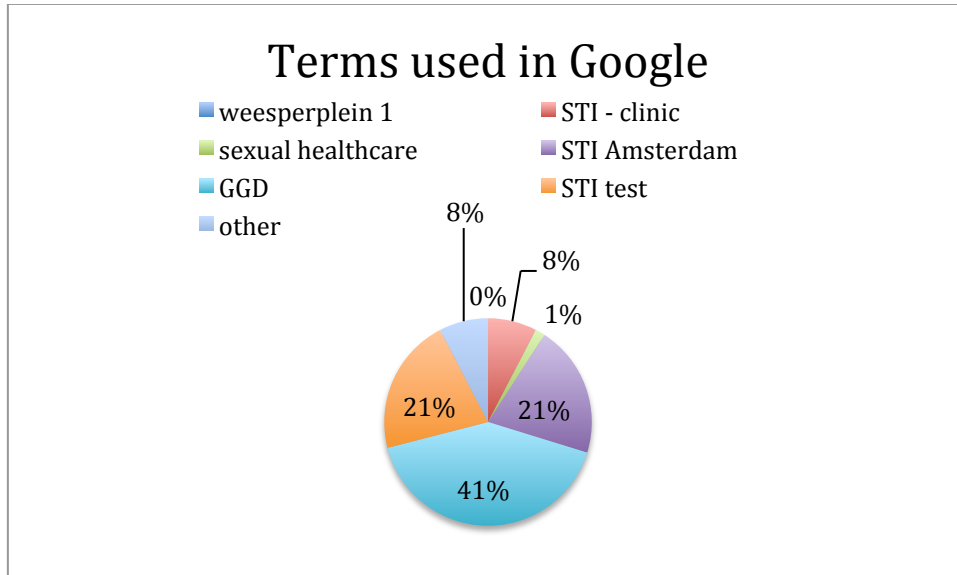


Results digital version:



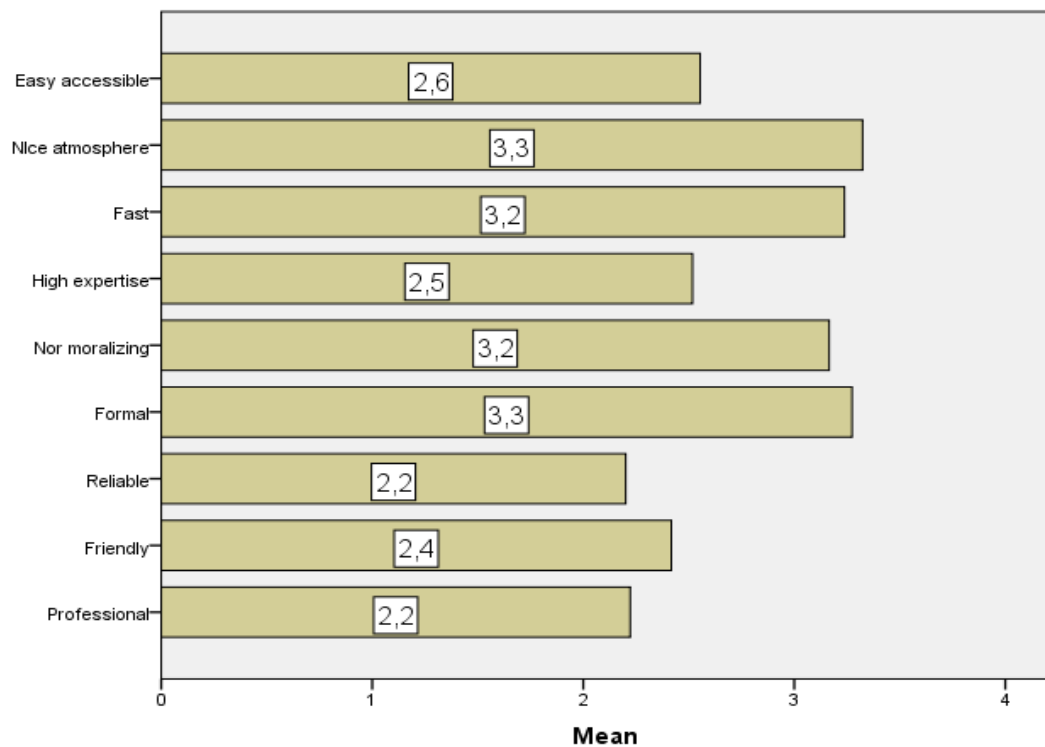
### 5.3 Familiarity

*If you found the STI -clinic of the GGD Amsterdam through Google, which terms did u use?*



### 5.4 Perception

Could you scale the following characteristics according to you, applicable for the STI - clinic of the GGD Amsterdam?



		Count	Column N %
Professional	1	44	30,1%
	2	60	41,1%
	3	17	11,6%
	4	20	13,7%
	5	3	2,1%
	6	1	0,7%
	7	1	0,7%
Friendly	1	40	27,2%
	2	49	33,3%
	3	25	17,0%
	4	27	18,4%
	5	3	2,0%
	6	2	1,4%
	7	1	0,7%
Reliable	1	46	31,7%
	2	57	39,3%
	3	18	12,4%
	4	19	13,1%
	5	4	2,8%
	7	1	0,7%
Formal	1	18	12,2%
	2	25	17,0%
	3	34	23,1%
	4	50	34,0%
	5	14	9,5%
	6	6	4,1%
Nor moralizing	1	21	14,9%
	2	28	19,9%
	3	24	17,0%
	4	52	36,9%
	5	11	7,8%
	6	5	3,5%

--	--	--

	Count	Column N %
High expertise	1	26
	2	59
	3	29
	4	26
	5	2
	6	3
Fast	1	23
	2	33
	3	21
	4	43
	5	15
	6	7
	7	4
Nice atmosphere	1	16
	2	26
	3	35
	4	47
	5	13
	6	6
	7	3
Easy accessible	1	34
	2	43
	3	36
	4	28
	5	3
	6	2
	7	1

It is noticeable that the majority scaled neutral for the feature of ‘not moralizing - moralizing’. This could suggest that the respondents did not understand the question, or had no opinion.

### 5.5 *Decide your own appropriate name for the STI - clinic of the GGD Amsterdam!*

Anti Druiper Instelling
Centrum seksuele gezondheid
Centrum seksuele gezondheid (zonder woordje \'soa\')
Centrum Seksuele Gezondheid en Voorlichting
Centrum seksuele gezondheid polikliniek
centrum seksuele veiligheid
Centrum voor Seksuele Gezondheid Amsterdam
Condoom centrum
de had ik maar een condoom gedragen kliniek
GGD Amsterdam
GGD SOA Poli Kliniek Amsterdam (SOAP)
GGD Soa Polikliniek Amsterdam (een lange naam spreek toch niemand uit)
GGD Soa-poli Centrum Seksuele gezondheid Amsterdam
kliniek centrum soa
Oops I did it again kliniek
Pechkliniek
Polikliniek Seksuele Gezondheid Amsterdam
Seksueel gezondheidscentrum
seksuele gezondheid kliniek
Seksuele gezondheid polikliniek GGD amsterdam
sex clinic
SOA polikliniek voor seksuele gezondheid
Soa testcentrum
Soa-poli GGD
Soa-polikliniek amsterdam, GGD seksuele gezondheid

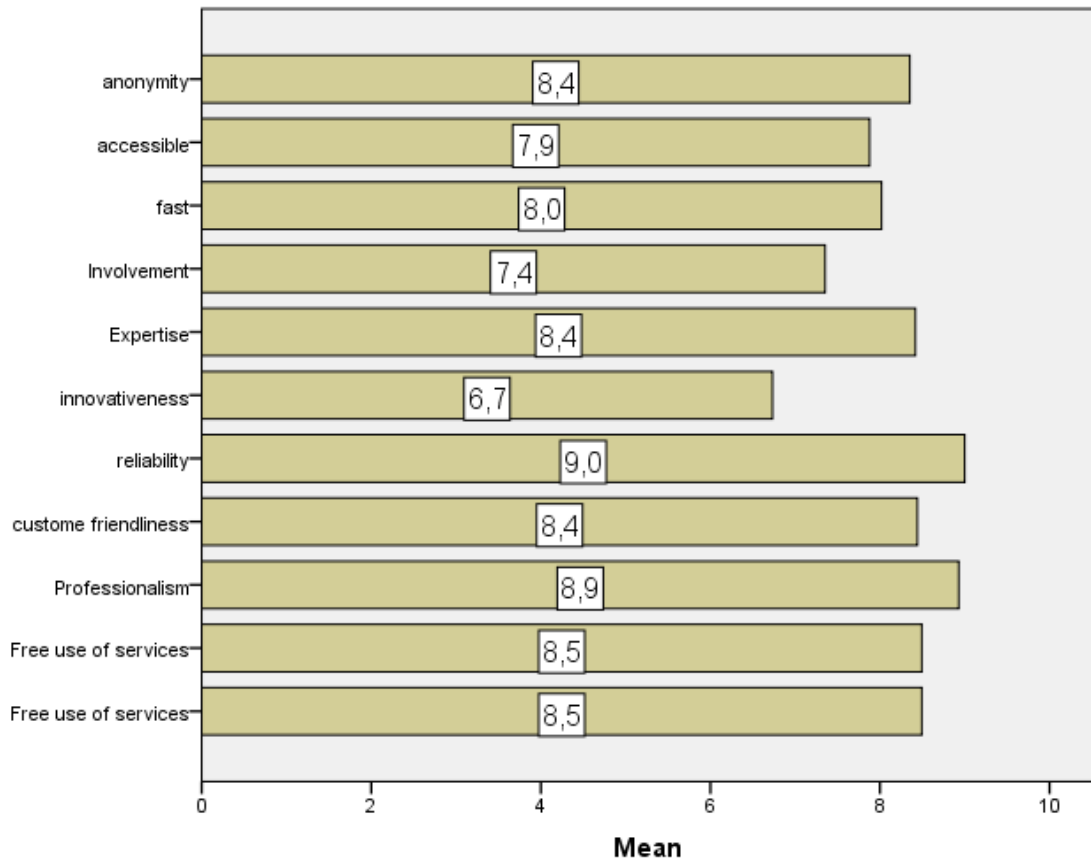


Sopo

Zorginstelling Seksuele Aandoeningen GGD Amsterdam

## 5.6 Preference

*Could you grade the following attributes to what you consider important?*

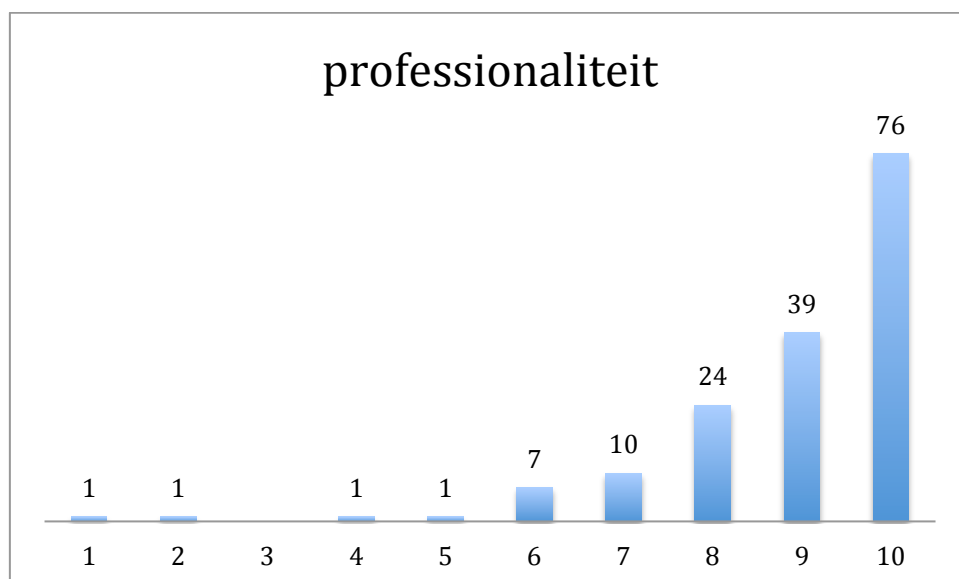
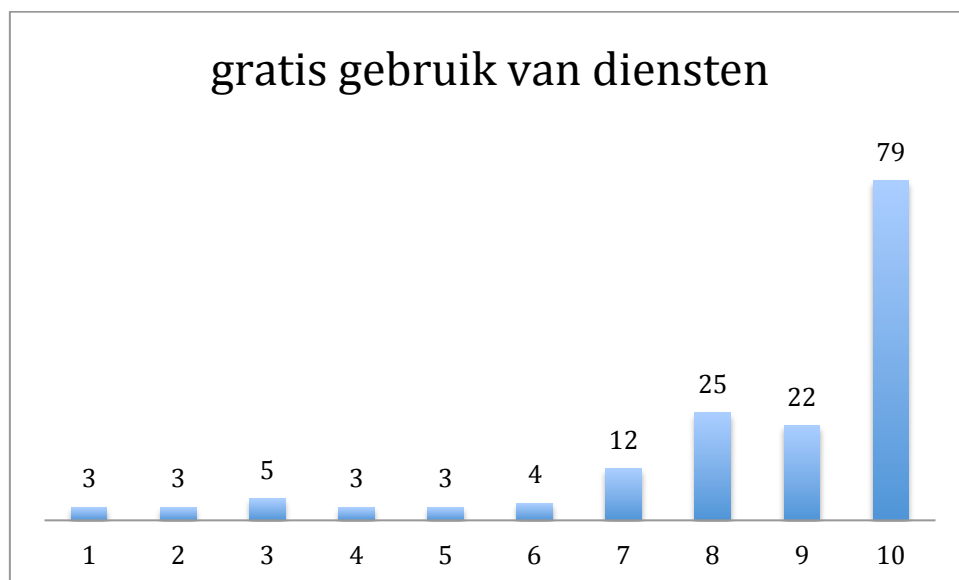


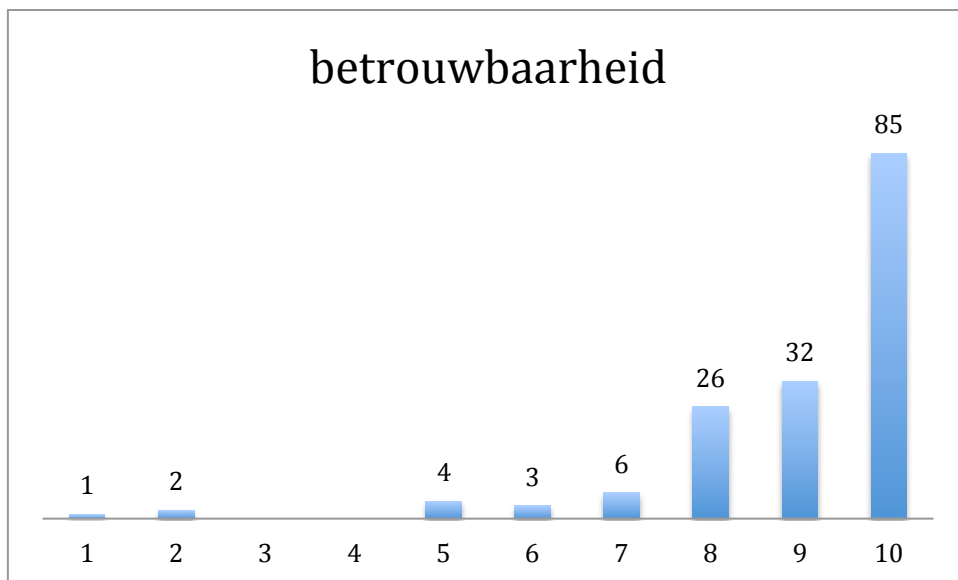
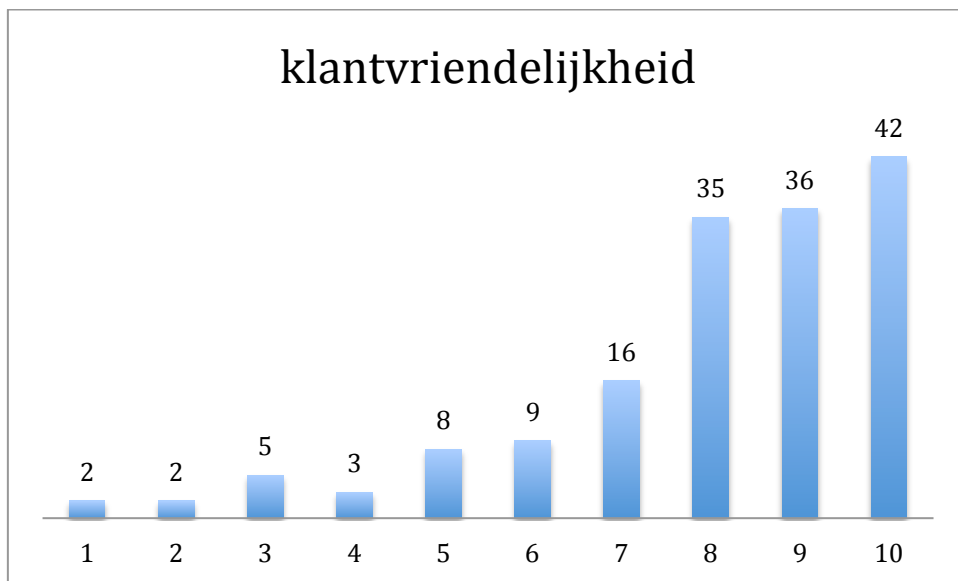
## Statistics

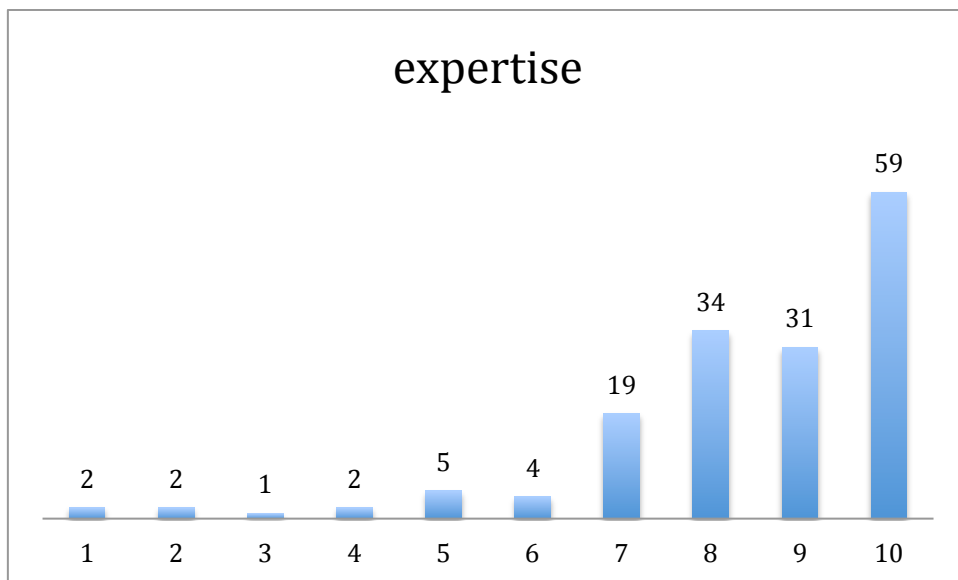
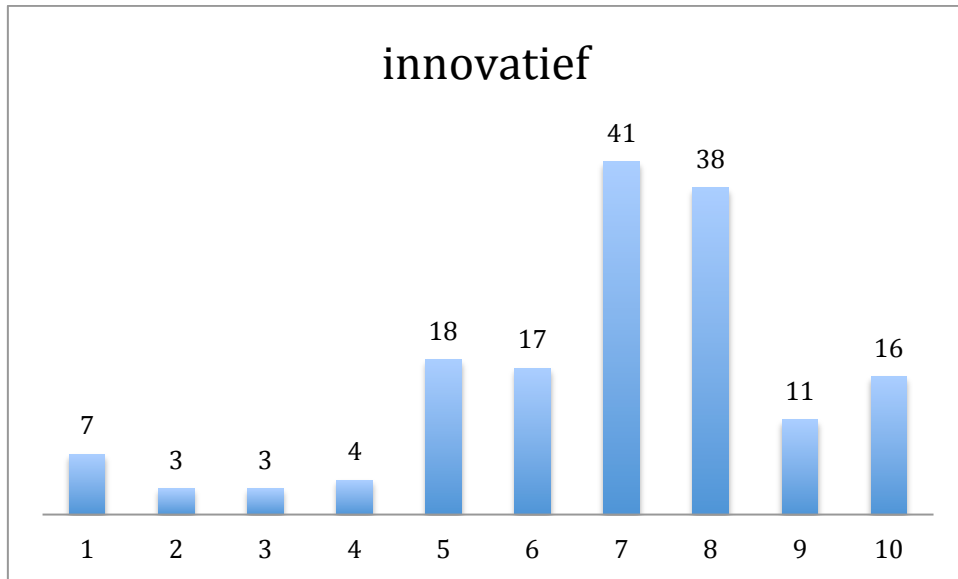
	N		Mean
	Valid	Missing	
Free use of services	160	13	8,48
Professionalism	161	12	8,93
custome friendliness	160	13	8,43
reliability	160	13	9,01
innovativeness	156	17	6,73
Expertise	160	13	8,44

Involvement	158	15	7,37
fast	161	12	8,03
accessible	160	13	7,88
anonymity	159	14	8,36

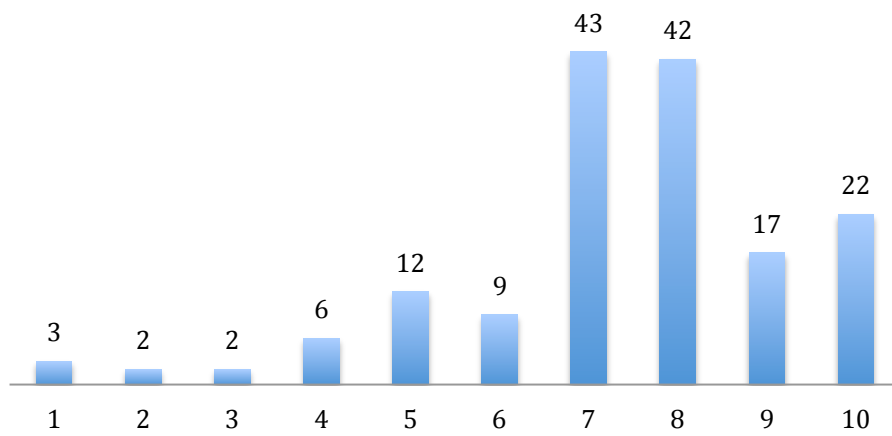
The numbers on top of each bar displayed in the graphs below, are the amount of respondents. The numbers given on the line x, are the grades from 1 (unimportant) – 10 (important)



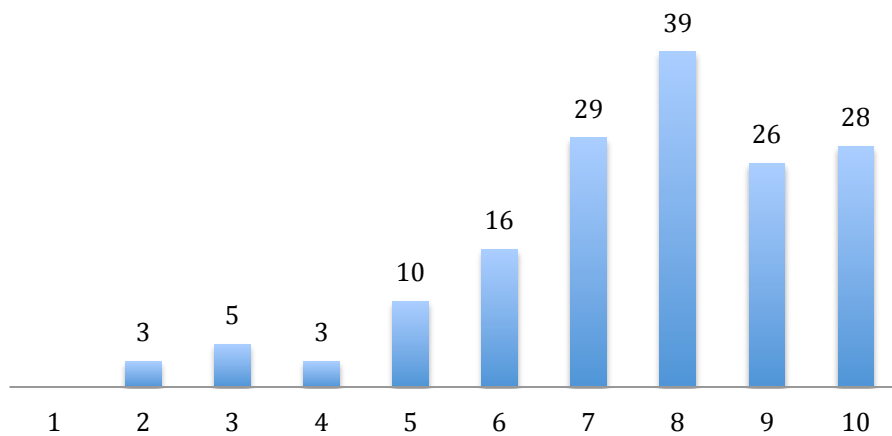




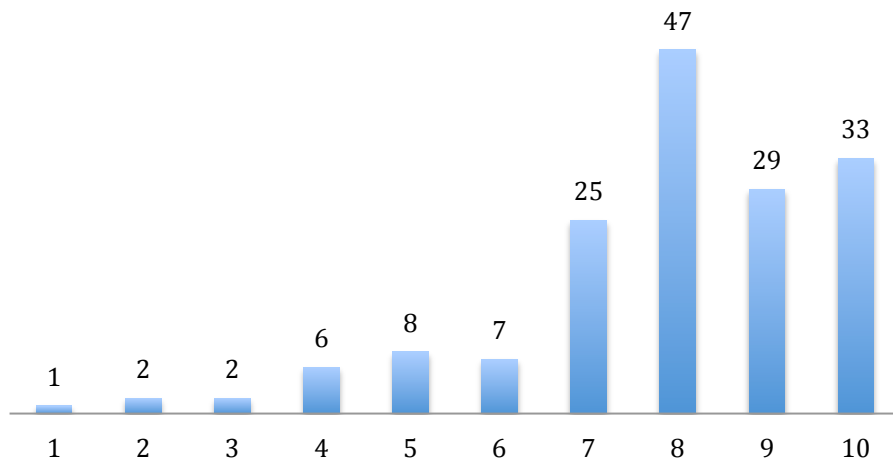
### betrokkenheid met klanten



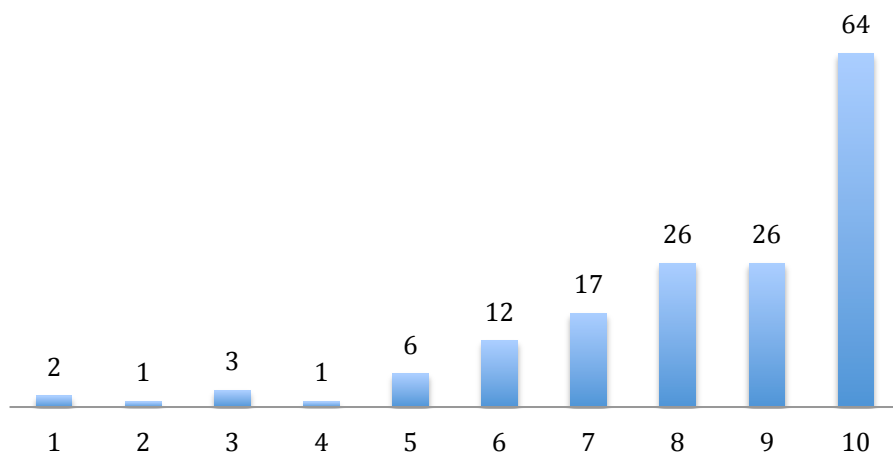
### snelheid



### toegankelijkheid



### anonimiteit



## 5.7 Position

*Can you mention which other clinics are similar to the STI - clinic of the GGD Amsterdam?*

<b>Can you mention which other clinics are similar to the STI - clinic of the GGD Amsterdam?</b>
Soa polikliniek GGD Utrecht
Soa-polikliniek UMC, GGD Utrecht
Radboud ziekenhuis nijmegen
huisarts, studentenarts, ziekenhuis
Soa-centrum Den Haag
Meditel Amsterdam
Sense
amc
GGD Nijmegen
andere GGD's
Buitenland zelfde idee seksuel health center
ggd harderwijk
GGD Arnhem
Ggd gooi en vecht
GGD Almere, VMC Utrecht
ziekenhuis/huisarts
ATAL
ggd leiden/soa kliniek
HIV test by waterlooplein, gynaecologist
bloedprikcentrum vondelstraat/willemsparkweg
Huisarts

*Q. 28 Why would you choose to go to the STI - clinic of the GGD Amsterdam, compared to another institution?*

Good experience from others
Practical location
Don't know where else to go

Good experience
Trust the GGD
Free
Better than other instances
Familiar
Anonymous
Reliable
Good reputation
Professional

## 5.8 Primary Impression

### 5.8.1

*Q10 Which first 5 words that to mind when you think of STI-clinic of the GGD Amsterdam?*

Ranking	Word	Number of times mentioned
1	STI	61
2	Test	42
3	Hiv/aids	19
4	Anonymity	18
5	Prevention	14
6	Research	13
7	Free	13
8	Diseases	12
9	Chlamydia	10
10	Condoms	10

The amount of entries stated next to the category displays the amount of associations that were assigned to that category (note, this does not include the amount of respondents).



The number stated next to the association does display the amount of respondents that mentioned that specific association.

<b>Characteristic (23 entries)</b>	<b>Location (20 entries)</b>	<b>Service (43 entries)</b>	<b>Feeling (47 entries)</b>	<b>Other (10 entries)</b>	<b>Sex (8 entries)</b>	<b>Sti (11 entries)</b>
Friendly (9)	students (7)	test (42)	Positive feelings: 38 Negative feelings: 35	Cotton swab (2)	sex (18)	sti (61)
accessible (8)	Waitingroom (4)	Anonymity (18)	good (10)	Women (2)	unsafe sex (7)	hiv/aids (19)
reliable (7)	Weesperplein (4)	prevention (14)	safe (10)	Man (1)	penis (2)	diseases (12)
professional (7)	Amsterdam (4)	research (13)	exciting (6)	Number (1)	Safe sex (2)	chlamydia (10)
waiting (7)	youth (4)	free (13)	necessity (5)	STI is an unknown definition (1)	Gay sexuality (1)	‘eendenbek’ (4)
fast (6)	Junks (2)	condoms (10)	tedious (4)	Last two months (1)	Vagina (1)	Symptoms (3)
clean (6)	Reach (2)	treatment (9)	Hospital (4)	Dispute (1)	Cheat (1)	gonorrhea (3)
Helpful (3)	busy (2)	Dokter (9)	Dirty (3)	Row (1)		
	Boring (2)	check up (8)	familiar (3)	Speculum (1)		
		information (8)		Exclude (1)		
		Health (8)		Thursday morning (1)		
		help (7)				
		blood sample (6)				

		advise (6)				
		education (6)				
		Blood sample (6)				
		Advise (6)				
		Swab (4)				
		Cure (4)				

### 5.8.2 Which 3 associations do you hold with 'Weesperplein' ?

*Top 10 most mentioned associations regarding Weesperplein.*

Ranking	word	Number of times mentioned
1	metro	91
2	school	45
3	GGD	30
4	Busy	19
5	centre	12
6	STI-clinic	9
7	tram	9
8	Wibaut	8
9	traffic	7
10	Amstel/STI/crossing	5

(Concerning the 10<sup>th</sup> rank , all three words were mentioned five times, therefore it is a shared rank).

Characteristic (2 entries)	Company (18 entries)	Location (39 entries)	Service (8 entries)	Feeling (14 entries)	Sti (2 entries)	Traffic (12 entries)
Waiting (2)	School	Center (12)	Sti – test	Not	Sti (5)	Metro

	(45)		(4)	positive (15)		(91)
Friendly (1)	GGD (30)	Wibaut (8)	Ambulance (1)	Positive (7)	Hiv (2)	Busy (19)
Expertise (1)	STI-clinic (9)	Amstel (5)	Treatment (1)	Grauw (2)		Tram(9)
	Kriterion (4)	Amsterdam (4)	Check up 1)	Gezellig (2)		Traffic (7)
	America today (3)	Oost (4)	Medication (1)	Familiair (2)		Crossing (5)
	Municipal (3)	Junkies (3)	Information (1)	Ongezellig (2)		Accessible (5)
	Artis (2)	Sarphatistraat (3)	Psychology (1)			Cars (3)
		Vrienden (3)				

### 5.8.3

*Q.22 Which 5 words come to mind when you think of the name 'Kliniek Seksuele Gezondheid)?*

Ranking	word	Number of times mentioned
1	STI	72
2	Education	37
3	Sex	29
4	Test/ health	21/21
5	AIDS/HIV	19
6	Doctor	18
7	Treatment	17
8	Prevention/condoms	9
9	Information/research/safe	8

	sex	
10	Better/ safe/help	7

The same characteristics were used as with the comparable question ‘Which first 5 words come to mind when you think of STI-clinic of the GGD Amsterdam?’ however added the category ‘company’.

<b>Characteristic (22 entries)</b>	<b>Service (36 entries)</b>	<b>Feeling (46 entries)</b>	<b>Other (18 entries)</b>	<b>Sex (9 entries)</b>	<b>Sti (9 entries)</b>	<b>Company (10 entries)</b>
Professional (5)	Education (37)	Total positive feelings: 33	Youth (5)	Sex (29)	Sti (72)	Hospital (14)
Accessible (4)	Health (21)	Total negative feelings: 27	Partners (3)	Safe sex (8)	Hiv (19)	GGD (9)
White (4)	Test (21)	Neutral: 7	Cotton swab (2)	Unsafe sex (3)	Disease (14)	Clinic (4)
Clear (4)	Doctors (18)	Better (7)	Urine (2)	Genital area (3)	Symptoms (6)	Instance (2)
Expertise (3)	Treatment (17)	Safe (7)		Fertility (1)	Hepatitis (4)	clinic for health(2)
Friendly (3)	Condoms (13)	Unsafe (3)		Woman (1)	Chlamydia (3)	General practitioner (2)
	Prevention (9)			Cheat (1)		Medical (2)
	Informative (8)			Sex problems (1)		STI-clinic (2)
	Research (8)			Libido (1)		Waitingroom (2)

	Help (7)					
	Contraceptive (6)					
	Medication (6)					
	Anonymity (6)					
	Advise (5)					

## 6. Comparison STI-clinic and ‘Kliniek Seksuele Gezondheid’.

### 6.1 Comparison most frequently mentioned words

Ranking	Words associated with ‘Soa – polikliniek’	Number of times mentioned	Words associated with ‘Kliniek Seksuele Gezondheid’	Number of times mentioned
1	STI	61	STI	72
2	Test	42	Education	37
3	Hiv/aids	19	sex	29
4	Anonymity	18	Test	21
5	Prevention	14	Health	21
6	Research	13	Aids/hiv	19
7	Free	13	Doctor	18
8	Diseases	12	Treatment	17
9	Chlamydia	10	Prevention	9
10	Condoms	10	Condoms	9

## 6.2 Comparison categories

STI-clinic						
Characteristic (23 entries)	Location (20 entries)	Service (43 entries)	Feeling (47 entries)	Other (10 entries)	Sex (8 entries)	Sti (11 entries)
Friendly (9)	students (7)	test (42)	Pos. feelings: 38,	Cotton swab (2)	sex (18)	sti (61)
accessible (8)	Waitingroom (4)	Anonymity (18)	Neg. feelings 35	Women (2)	unsafe sex (7)	hiv/aids (19)
reliable (7)	Weesperplein (4)	prevention (14)	good (10)	Man (1)	penis (2)	diseases (12)
professional (7)	Amsterdam (4)	research (13)	safe (10)	Number (1)	Safe sex (2)	chlamydia (10)
waiting (7)	youth (4)	free (13)	exciting (6)	STI is an unknown definition (1)	Gay sexuality (1)	‘eendenbek’ (4)
fast (6)	Junks (2)	condoms (10)	tedious (4)	Last two months (1)	Vagina (1)	Symptoms (3)
clean (6)	Reach (2)	treatment (9)	Hospital (4)	Dispute (1)	Cheat (1)	gonorrhea (3)
Helpful (3)	busy (2)	Dokter (9)	Dirty (3)	Row (1)		
Kliniek Seksuele Gezondheid						
Characteristic (22 entries)	Company (10 entries)	Service (36 entries)	Feeling (46 entries)	Other (18 entries)	Sex (9 entries)	Sti (9 entries)
Professional (5)	Hospital (14)	Education (37)	Total positive feelings: 33	Youth (5)	Sex (29)	Sti (72)
Accessible (4)	GGD (9)	Health (21)	Total negative feelings: 27	Partners (3)	Safe sex (8)	Hiv (19)

White (4)	Clinic (4)	Test (21)	Neutral: 7	Cotton swab (2)	Unsafe sex (3)	Disease (14)
Clear (4)	Instance (2)	Doctors (18)	Better (7)	Urine (2)	Genital area (3)	Symptoms (6)
Expertise (3)	clinic for health(2)	Treatment (17)	Safe (7)		Fertility (1)	Hepatitis (4)
Friendly (3)	Condoms (13)	Unsafe (3)		Woman (1)	Chlamydia (3)	General practitioner (2)
	Prevention (9)			Cheat (1)		Medical (2)
	Informative (8)			Sex problems (1)		STI-clinic (2)

