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PLANNING AND IMPLEMENTING A TREE HEALTH CARE PRACTICE¹

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Tree Health Care (THC) is no longer a new concept in arboriculture (Nielsen, 1981). Although technology transfer has only recently begun, some arborists in the United States of America use this phrase in their advertising; others are actively encouraging implementation by their colleagues (Collins and Pancoast, 1986).

The intent of this paper is to provide a framework that might be helpful to those of you who have become interested in the concept but require additional information and guidelines to plan and implement a major change in your operation. This article will briefly define my concept of tree health care, justify its adoption and practice, and provide a logical sequence of events that can be accomplished to establish and implement a THC practice.

Definition of THC. Tree Health Care can be defined as a process of scheduled preventive maintenance, based on monitoring and use of cultural and chemical tactics, to enhance tree vitality. The tree and its requirements become the central focus of our work, rather than responding to symptoms caused by pest presence, physical agents, or nutritional deficiencies. A tree health care practice addresses the basic causes of tree non-health and provides corrective measures to promote health.

Justification for THC. I believe that the art and science of arboriculture have reached a threshold of awareness, expertise, and incentive to upgrade its professionalism. Homeowners and others who are financially responsible for landscape

beautification and maintenance are demonstrating increased interest in quality plant materials. Liability insurance costs for pest control operators have become exorbitant. Some of our best arborists may choose to terminate the pesticide application portion of their business to avoid this cost. Perhaps liability insurance would be less for arborists who practice THC, rather than rely on pesticidal sprays to combat pest problems. Some arborists have suggested that in the next century, only those tree companies that aggressively market preventive tree health care programs will survive. I'm not sure this is entirely true, but there will be pressures to improve our ability to attract customers and to provide quality service with less dependence on conventional pesticides. Surely, the Federal government will restrict the use of at least some conventional insecticides in the urban forest and in other areas, including interiorscapes and parks, frequented by humans. Clearly, arborists who institute a THC practice now will be in a better position to compete in the tree maintenance market of the near future.

Sequence for Implementing a THC Practice

Although THC includes many of the procedures you are familiar with and may be providing now, planning and implementing a holistic tree health care practice requires a conceptual model, flow chart, or framework. Figure 1 provides a simplistic, sequential flow chart of things that must be done to begin a practice.

Phase 1. Choosing a THC professional. The

1. Presented at the annual conference of the International Society of Arboriculture in San Antonio in August 1986.

primary qualification for this position is genuine interest in trees and their vitality; someone who enjoys and appreciates trees and who would like to invest him/herself in a career devoted to planning and implementing a business that benefits trees. Technical training in diagnosis of tree problems, including landscape horticulture, plant pathology, and entomology, is also essential. But, if you have a person who appreciates trees and is willing to learn the need-to-know information about tree requirements and trouble-shooting, they can work with consultants to plan and implement your practice. The THC professional would have primary

responsibility for THC, and his/her priority would be the practice. But, the THC professional would still have time to help with other parts of your business, at least until the practice becomes large enough to require all of his/her time.

Once the THC professional has been chosen, planning begins.

Phase 2. Program definition. The professional and the president or other primary decision maker in the company define the size and scope of the practice. Decisions will be made regarding services you'll provide, the number of customers you plan to attract within a prescribed geographical

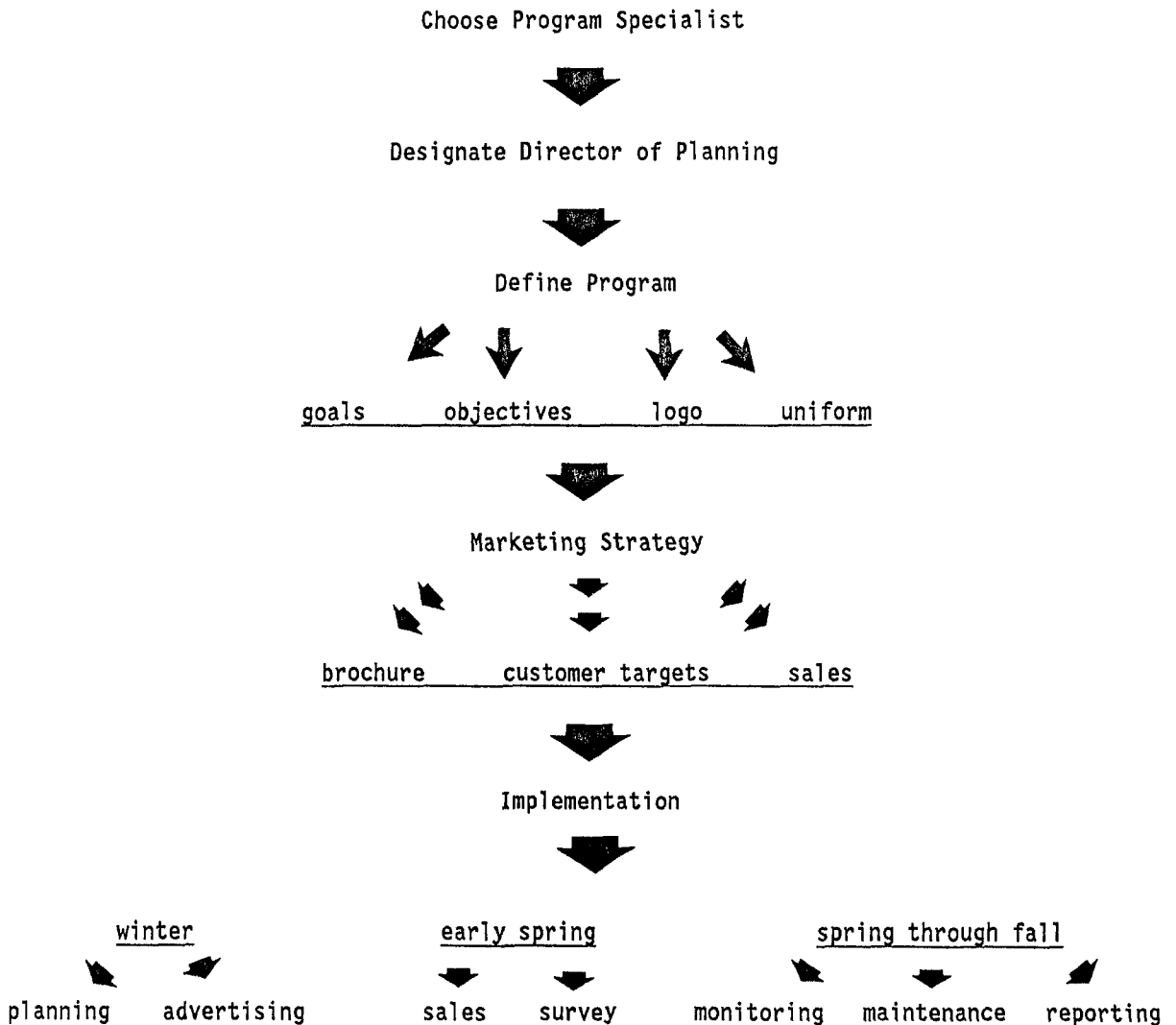


Figure 1. Basic flow chart for planning and implementing a tree health care practice.

area, fee structure, logo for the practice, uniform design, and other variables.

Services will include monitoring (=scouting), cultural practices, and pest control. Or, you could simply provide a scouting and evaluation service, leaving implementation of direct preventive maintenance procedures to others. Most arborists will probably develop practices that provide a complete tree health care service.

Sudden and complete shift of your business from the status quo to THC is probably not advisable. Instead, you need to assess realistically the potential acceptance of the concept within your current customer base, determine what percentage might be interested in your new service, and how many customers you can accommodate during the first year. If you don't feel your current customer base can provide the critical mass needed for implementation, then consider expanding your practice to a larger geographical area.

Phase 3. Marketing strategy. Marketing will be the key business factor in the success of your fledgling THC practice. You must create a local awareness of the importance of and need for tree health care in the beauty, longevity, and safety of the amenity forest. Potential customers must be reached with educational information that describes the THC concept, explains its component parts, provides a cost/benefit analysis versus traditional cover spray programs, and projects your informed and professional approach to arboriculture.

This public relations/marketing program can be accomplished efficiently with a series of brochures. Individual brochures could include: tree health care in concept; tree inventory and mapping; pest/problems survey; cultural tactics, including aerification, fertilization, pruning, mulching and watering; rational use of pesticides; follow-up; the client's role.

Consultants are available to help you design and prepare copy for these brochures. They can also help you decide how and where brochures will be distributed. You may wish to send the "concept" brochure to current customers who have demonstrated keen interest in their landscape, withholding other brochures until customer interest is expressed. The "concept" brochure

might also be sent to residences in the more affluent or well-established neighborhoods in your service area. Radio and local television advertising might also be considered. The Pancoast Concern, Ltd. offers packets that help arborists educate potential clients about the need for and availability of THC.

Phase 4. Sales. Part of your marketing strategy that deserves careful thought is your sales approach. If you are a small company and you or one of your employees is comfortable with sales and familiar with the principles of THC, perhaps you will handle sales with available personnel. An alternative approach would be to hire someone with demonstrated expertise in sales. This person can be familiarized with the THC concept and be offered a commission on sales. Professional sales personnel know how to sell and might be a worthwhile investment to begin your practice.

Your fee structure must project professionalism, including a charge for the initial tree inventory and pest/problem survey. The best approach is to have a minimum fee for the most basic program, with additional fees for each tactic implemented. There is no need to reveal individual charges, but the potential customer needs to know there will be a charge for initiating the first phase of the program.

After conducting the tree inventory and problems survey, an estimate for providing all services you consider important and necessary is prepared. At this time, itemization may or may not be required, depending upon the client. Listing each procedure and its justification, along with an overall estimate is my preference. But, some customers will want itemization, especially if they wish to choose only part of the program. A basic, minimum level of maintenance must be sold to each THC customer to be successful, both in terms of quality trees and profit margin. In other words, tree health care can only be practiced if enough procedures are done to enhance or maintain tree vitality. Your sales personnel must convey this thought successfully.

Phase 5. Projecting a professional image. Any mobile professional practice with high visibility should have a simple, recognizable, and memorable logo that customers and potential customers will recognize and identify with quality

and professionalism. This may seem to be a minor point, but the minimal cost associated with logo design and usage will be an inexpensive investment with short- and long-term payoffs. Of course, the logo must be visible and applied only to equipment and clothing that is attractive and well-maintained. After all, a THC practice is patterned after the physician model. And we all know how scrubbed and clean doctors and nurses and their equipment are at all times. Arborists practicing THC need to project a similarly professional image.

In planning your THC practice, keep in mind the payoffs for your business, your customers, the resource (woody plants), environmental quality, and society. Your business needs to change and grow to maintain its competitive position. Customers are becoming more sophisticated and discriminating (Ball, 1986); many of them will be introduced to THC in the near future and will buy the service, from you or from one of your competitors. Our urban forest is a valuable and precious resource that has largely not been managed effectively. Environmental quality con-

tinues to occupy a central focus from neighborhoods to national institutions. There will be increasing pressure to reduce reliance on eradicated pesticide use to treat symptoms associated with tree decline. Our fast-paced, pressurized society needs the serenity and stability that trees add to our living, working, and playing spaces. As individual arborists embrace THC as a concept and develop practices to implement its precepts, the urban forest, its inhabitants, and the practitioner will all be richer.

Literature Cited

1. Ball, J. 1986. *Public perception of an integrated pest management program*. J. Arboric. 12(5):135-140.
2. Collins, T., and D. Pancoast. 1986. *Marketing: A vital key to success*. Arbor Age 6(3):30-31.
3. Nielsen, D. G. 1981. *Alternate strategy for arborists: treat the tree, not the customer*. Weeds, Trees and Turf 20(7):40-42.

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Abstract

HERMS, D.A. 1986. **Pest-free honeylocust is a thing of the past**. Am. Nurseryman 163(10):73-78.

Once considered pest-free, honeylocust has been touted as a replacement for the diseased-ridden American elm. Now it is one of the most common components of the urban forest. But, with popularity, honeylocust has also acquired problems with pests. It gained wide acceptance during the past 35 years, following the development of thornless and fruitless cultivars. Claims that honeylocust transplants easily and is tolerant of a wide range of environmental conditions, including salt contamination and drought have undoubtedly contributed to its popularity. Despite its reputation of being pest-free, honeylocust developed problems with several serious native and introduced pests as it became common in the landscape. They include honeylocust plant bug (*Diaphnocoris chlorinonis*), mimosa webworm (*Homadula anisocentra*), honeylocust spider mite (*Eotetranychus multidigituli*), honeylocust pod gall midge (*Dasineura gleditschiae*), and honeylocust borer (*Agrilus diffcilis*).