



Beyond "Heads on Beds" for U.S. Hospital Marketers

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Setting the Scene

- U.S. hospitals (n = 5,686) compete for patients
- Healthcare marketers promote particular hospitals to patients
- 35 million hospitalizations per year, 1 in 7 preventable



The Emerging “New World Order”

Changes in healthcare reimbursement:

- Risk/Capitation
- Value-based pricing
- Accountability for health outcomes
- More universal health insurance

...reduce need for traditional marketing



Our Early Collaboration

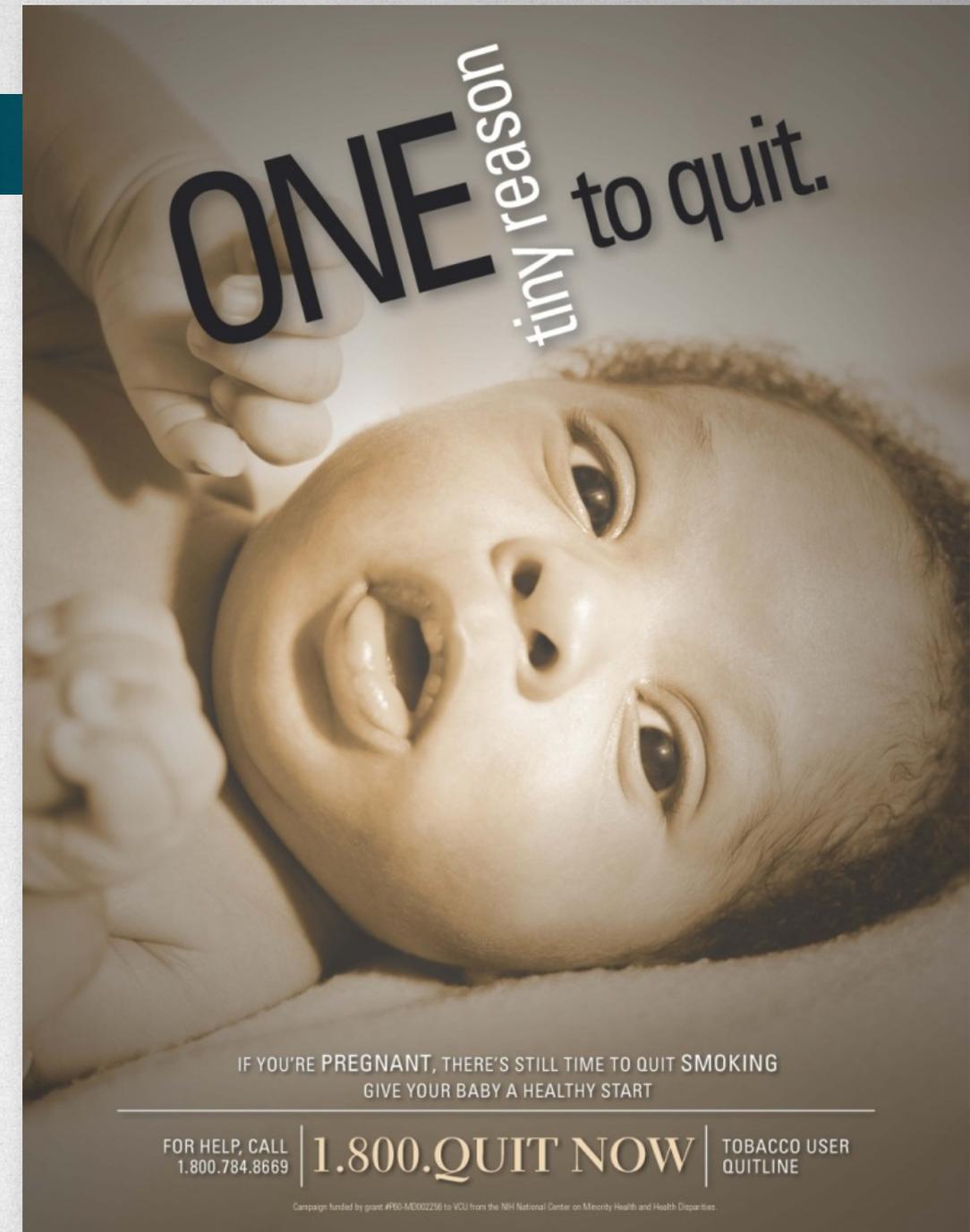
Who: a social & a hospital marketer

What: OTRTQ campaign

When: 2009 & 2011

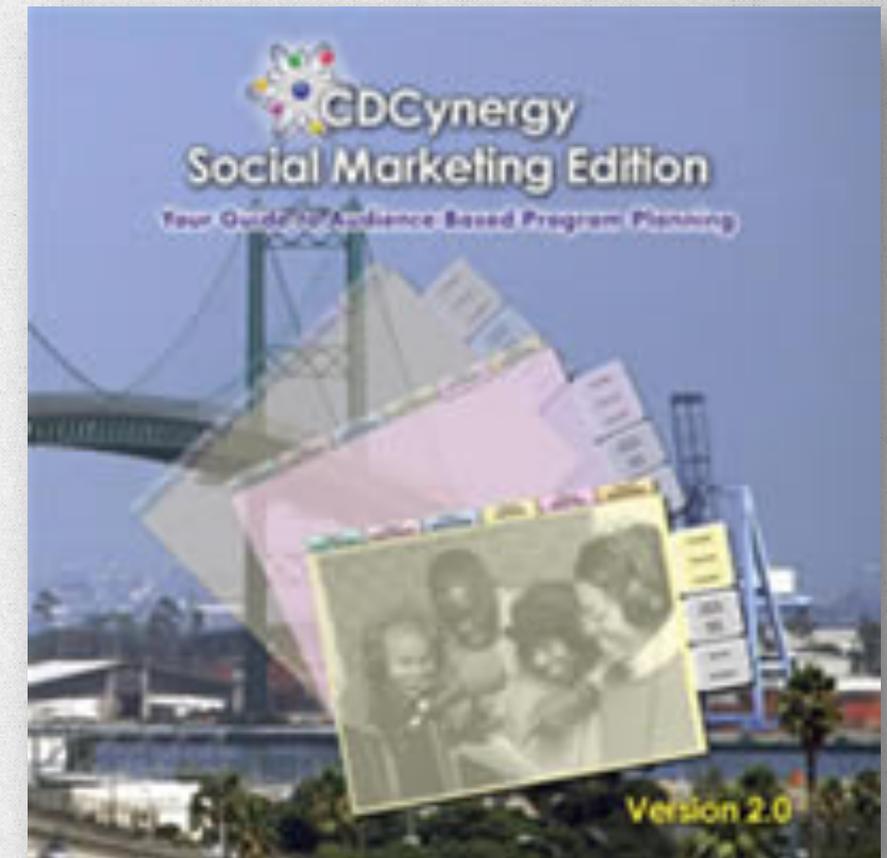
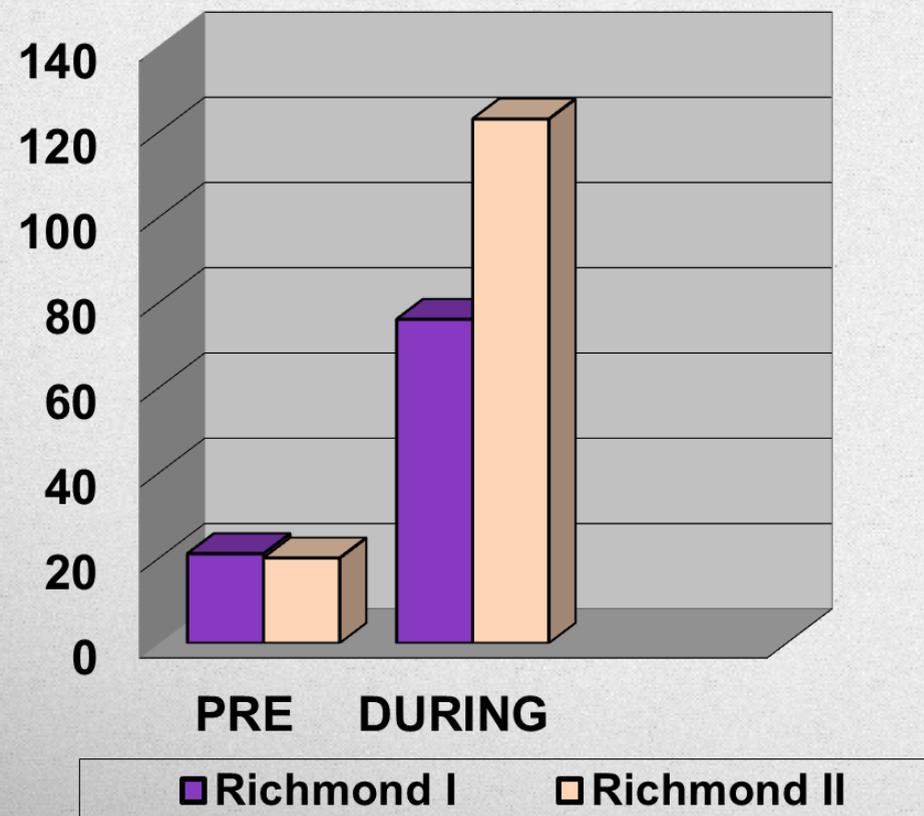
Where: Richmond, VA

Why: Very high infant mortality;
smoking the major risk factor under
a woman's control



One Tiny Reason to Quit

- Used CDCynergy, Social Marketing (SM) ed.
- Got significant spikes in calls



One Tiny Reason to Quit (cont.)

- Published in journals
- Included in a programs-that-work database
- Won advertising awards



Current Collaboration Impetus

- Members (N = 4,000) of Society for Healthcare Strategy and Market Development (SHSMD)
- Skilled hospitals marketers or marketing consultants who want to use what they already know to stay relevant and employed
- Positioned to bring the substantial resources of hospitals to bear on population health, but usually don't



SOCIETY FOR
Healthcare Strategy & Market Development™
of the American Hospital Association

Current Collaboration Aims

- Increase awareness of SM among healthcare marketers
- Help them persuade hospital administrators to promote population health via SM
- Show them how to adapt and apply existing skills to SM



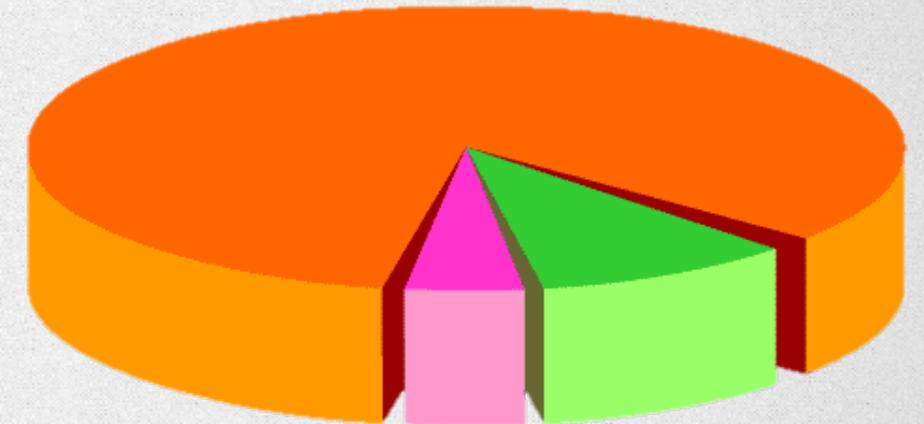
Co-Created Content

- SHSMD member survey found population health to be of interest
- Pre-webinar registrant suggestions for SHSMD webinar content
- Post-webinar evaluations and suggestions for next steps

SHSMD Audience Segments

Those who:

- See SM as novel
- Know a little about SM or represented hospital clients on a health promotion coalition
- Have already used SM to promote health behaviour



Barriers/Competition

- Equating SM & social media
- Pressure to show R.O.I.
- History with ineffective wellness promotions
- Unaware of SM technical assistance
- CBO health content territoriality
- Lure of personalized medicine and other high-tech innovations



The Exchange: SHSMD Members...

GIVE: Time and effort to consume technical assistance offering

GET: Help in using existing knowledge and skills to:

- reframe avoidance of financial loss as financial gain
- keep your job by staying relevant
- make a difference in population health



Benefits (by SHSMD Segment)

- | | |
|----------------------------|-----------------------------------|
| Less Experienced: | Easy access to SM success stories |
| More Experienced: | Opportunity to sharpen skills |
| Highly Experienced: | Leadership opportunity |



The Marketing Mix

- Product:** SHSMD-sponsored TA materials, translated for various experience levels; articles in healthcare marketing publications
- Price:** Low webinar fee for SHSMD members, no homework, no embarrassing questions
- Place:** SHSMD newsletter, annual meeting, webinar tapes up for 30 days
- Promotion:** Be on board when the healthcare outcome boat leaves the dock; Use what you already know to make a difference

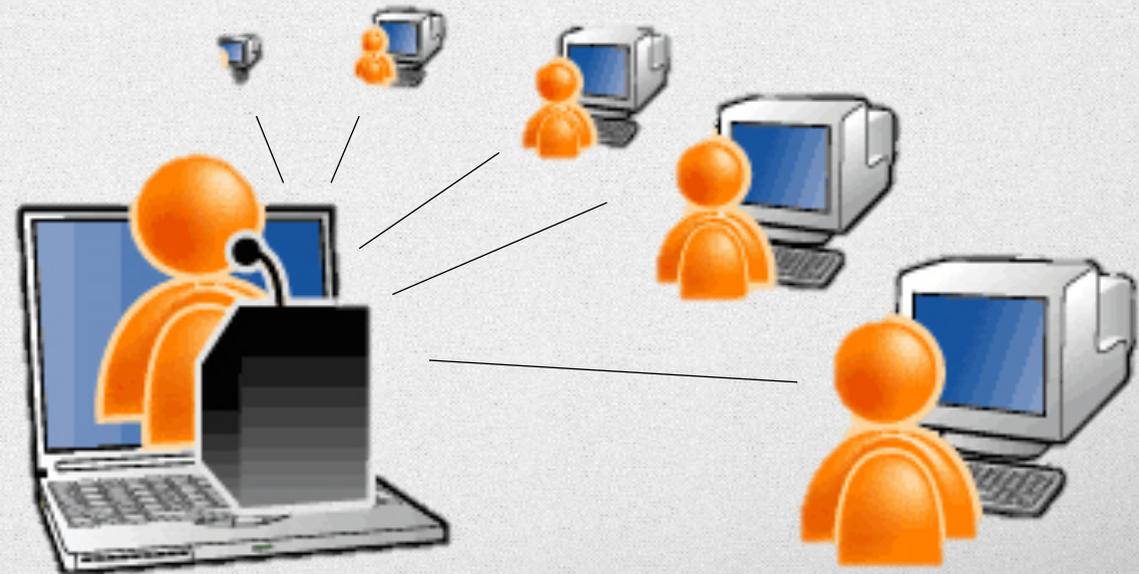
Theory-based components

- Role-models to boost norms & self-efficacy (Social Cognitive Theory, Bandura, 1986)
- Peer discussion, on-line resources to enhance innovation observability (Diffusion of innovation, Rogers, 2003)
- Interactive, multi-media instruction (Adult Learning Theory, Cranton, 1994)



Webinar Structure

- 2 live 90-minute, distance-based presentations
- A 3rd session of live online discussion
- A week-long moderated online chatroom
- Posted reference materials



Webinar Content

- New World Order
- Social Marketing 101, CDCynergy version
- *One Tiny Reason to Quit* case (theory, systematic planning audience /outcome research)
- Links to resources for further study & networking

Preliminary Project Results

- Webinar fully subscribed (n = 52), tying record
- Overall webinar satisfaction - 4.26 points on a 5-point scale
- 2 weeks post-webinar, 80% of attendees said it would have a positive impact on their practice
- SHSMD called social marketing a “hot topic”

(6-month follow-up survey of attempts to advocate SM planned)

Next Steps

- Stimulate demand for SM expertise within the hospital industry
 - Tweet and Blog at this conference
 - Continue to publish and speak
 - Create educational structures, e.g., SM track at SHSMD conference
- Facilitate collaborations between social and hospital marketers
- Provide technical assistance in addressing specific health issues



What Collaborators Bring to the Table

Social Marketers: expertise in behaviour change theory, public health and evaluation

Healthcare Marketers: knowledge of and access to hospital patients, hospital resources, state-of-the-art marketing and management techniques and systems

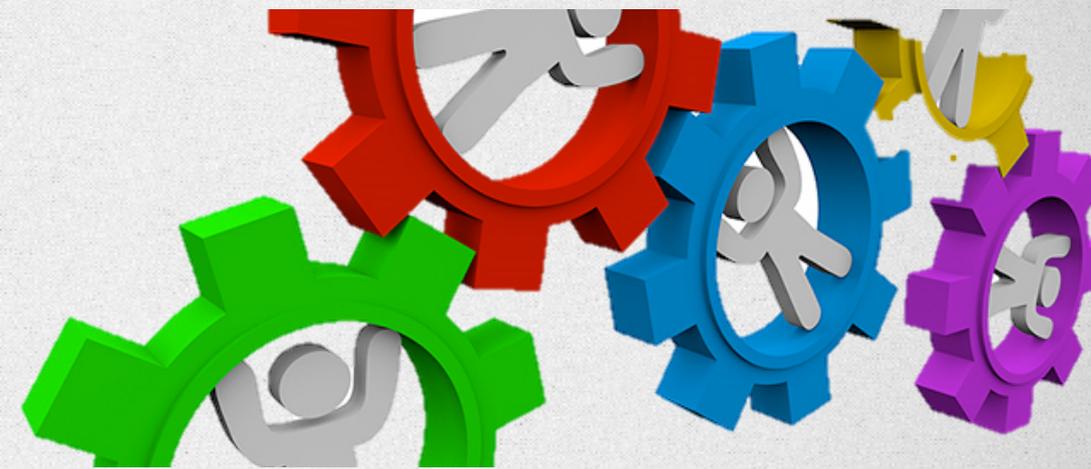
Both: Strategic planning expertise, consultation skills



Workforce Issues

Adoption of SM by SHSMD members could:

- Mount SM at near-problem scale
- Create jobs for social marketers
- Have implications for SM certification
- Press for evidence of SM accountability
- Shift control of prevention from traditional public health partners (e.g., CBOs) to hospitals



Questions or Comments

