Impacting population health through innovative marketing

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Abstract Programmes focused on value-based care can help reduce costs and improve care and outcomes for entire populations. These programmes become even more appealing in light of the unsustainable growth of health-care spending compared with overall outcomes. While programmes like these are effective, they can, however, be difficult to execute. Modern marketing tactics offer a possible solution. Healthcare systems can use the same innovative marketing tactics and strategies business to consumer marketers have used (with great success) for years. Traditional, digital and social marketing tactics are designed to influence behaviour to create loyalty. When applied to the practice of health care and focused on population health goals, they can effectively motivate behaviours, incentivise actions and deliver measurable results. Correctly implemented in partnership with multichannel initiatives, community health programmes can do more than improve population health. They can also engender respect for the healthcare system in the community and help weave the system into the fabric of the community itself. These programmes can benefit the community, participating community organisations, programme participants and the healthcare systems that sponsor them. This paper reviews the theory and programmes launched by Carolinas HealthCare System and Cleveland Clinic.

KEYWORDS: population health, community health programmes, marketing, value-based care

INTRODUCTION

In a shifting and uncertain healthcare marketplace, healthcare providers are under continued pressure to deliver growth, market strength and consumer choice.

While the fee-for-service model may extend longer than anticipated, a focus on value-based care will help reduce costs and improve care and outcomes for entire populations. This shift from volume- to value-based care may not arise from a mandate or legislation but rather from the unsustainable growth of health-care spending compared with overall outcomes.

According to a 2015 report from the Commonwealth Fund, 'The U.S. spent more per person on health care than 12 other high-income nations in 2013, while seeing the lowest life expectancy and some of the worst health outcomes among this group'.[1]

According to the World Health Organization, between 20 and 40 per cent of global health spending is wasted.[2] The challenge in determining what constitutes wasteful spending was addressed by *Medical Practice Insider*: 'More than 50 percent of the factors related to personal health can be traced to lifestyle choices, while only 10 percent are related to the medical care system . . . The U.S. healthcare system in its current incarnation, a system of facility-based, episodic care, is insufficient to the task of improving population health'.[3] So while 'population health' can provide value for both local economies and healthcare systems, programmes like these can be difficult to execute.

Most current care management platforms were designed to address disease management and complex patients by following clinical disease protocols. They were not designed to address full panels and populations in diverse ways.

Modern marketing tactics offer a possible solution. Since 2008, we have seen incredible changes in marketing tactics and strategies. The advent of digital, social and mobile technologies has changed the way marketers and companies interact with potential and existing customers. These marketing techniques, common in traditional business

to consumer (B2C) industries, can do more than drive sales and loyalty.

Correctly implemented in partnership with cross-functional areas of the healthcare delivery system and executed through multichannel initiatives, they can impact the health of entire communities. When applied to the practice of health care and focused on population health goals, they can effectively motivate behaviours, incentivise actions and deliver measurable results.

In a multilayered communication and delivery experience, community health programmes like the ones discussed here can also engender respect for the health system in the community, help weave the system into the fabric of the community and demonstrate a tangible commitment to corporate social responsibility.

They transform a typical community benefit programme, traditionally a large budget outlay, into a communication platform that both aligns to an organisation's strategic priorities and provides a measurable outcome.

MARKETING: AN EVOLVING DEFINITION AND OUTCOME

Ask most healthcare administrators and providers to define 'marketing', and their initial responses focus on materials created to acquire new patients and drive volume. Items such as branding, logos, print adverts and television commercials rise to the top. All traditional marketing tactics used to talk 'at' large groups of potential customers. The model has changed.

Modern marketing has shifted from a funnel model to a circular model, a loop that encourages multiple contacts. In Figure 1, showing the traditional funnel model, the consumer moves from pre-awareness to purchase. Each step drives the consumer deeper into the funnel. In situations with a positive purchase and usage experience, the customer may repeat the cycle. In Figures 2 and 3,

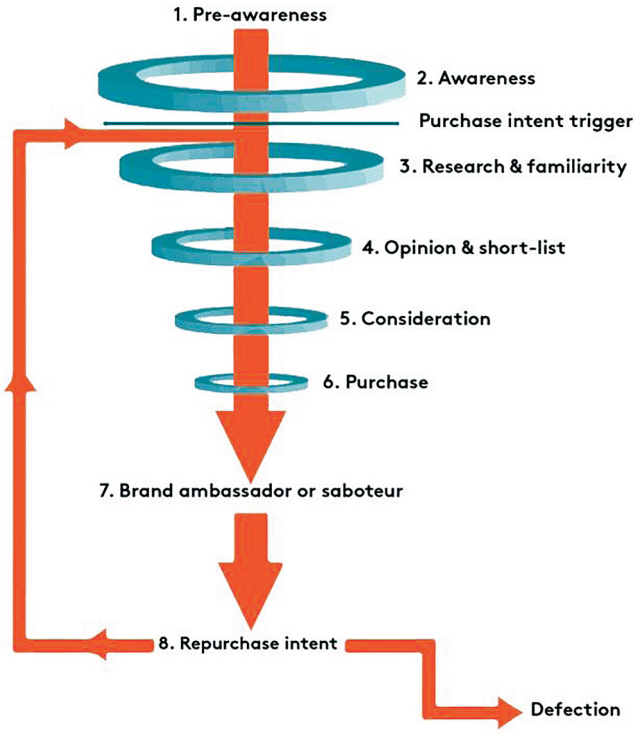

Figure 1: Traditional funnel model

which represent the modern loop model, multiple touchpoints solicit feedback from the customer and reinforce desired brand perceptions while maintaining contact to drive continued engagement.

Unfortunately, healthcare has not adopted the same interpretation. For many, healthcare marketing remains focused on traditional marketing tactics, not the seamless integration throughout the organisation that will deliver the consumer-oriented, personalised care experience that today's consumers demand.

Creating a loyalty loop around a consumer not only meets consumer expectations but adds value to health delivery and cost management. Continual touchpoints let the provider or system maintain a continued presence in the consumer's life, shifting the relationship from an episodic model to one that becomes a relationship focused on health. This approach encourages loyalty by offering a consistent brand identity and stream of communication across all parts of the delivery system.

COMMUNITY HEALTH: WHAT IT IS AND WHY IT MATTERS

Today's medical model is still heavily based on the doctor-patient relationship. The doctor focuses on the single patient, the issue or illness at hand, and offers treatment. A population-focused philosophy is different. When the goal shifts to improve the health of a community, it allows a healthcare system to adopt a population health philosophy to identify ways to improve the health of entire groups of people.

Why would a system want to approach healthcare delivery in this way? Many of the challenges facing healthcare today revolve around costs and making the system work financially. The natural reaction is to put pricing, costs and financials under a microscope. Issues such as transparency in pricing and reducing costs, while important, only serve as stopgaps to prop up a fee-for-service model.

Focusing on community health allows a system to truly impact healthcare in two meaningful ways that can go a long way towards improving the overall health of a community and decreasing treatment costs.

1. **Early identification:** Identifying a condition or illness early leads to treatment that is less expensive and more effective. Outcomes improve for less. When healthcare systems facilitate the screenings that create these early identifications, the overall health of the communities they serve will improve as a result.

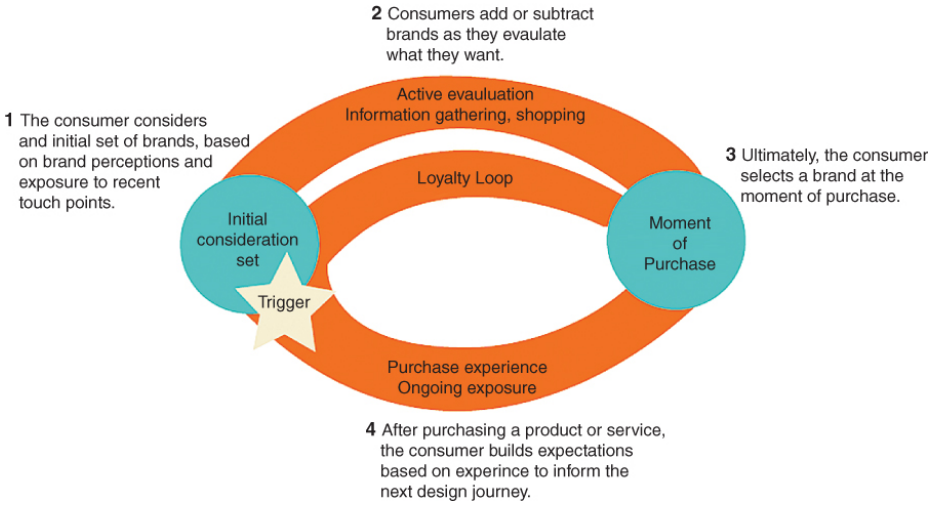

Figure 2: Modern marketing loop model – with multiple touchpoints along the consumer journey

Figure 3: Modern loop model, with additional touchpoints to drive continued engagement

2. **Prevention:** Population health is slowly moving away from targeting only the sickest of the sick and focusing more on executing broad, consistent communication and engagement strategies across an entire segment or panel. This moves health management into the proactive realm, where it can help people avoid getting sick and experiencing chronic disease. This approach prevents illness, reduces utilisation and puts the right care in the right place for the right need.

Community health outreach offers a more effective and cost-efficient pathway to accomplish both these goals. In addition, many early identification and prevention initiatives are most likely to occur outside a provider's office. They are both time intensive and relationship based. A hospital is a high-cost area, and pursuing these goals in a treatment environment is not cost-effective.

HOW APPLYING MARKETING TACTICS BENEFITS COMMUNITY HEALTH

For the most part, healthcare is a local choice. Yet many current healthcare systems do not apply marketing and communications resources when connecting with local community resources and partners. When connection and partnerships are the basis of community health programmes, the health system can benefit from using the system's marketing resources to amplify the message through trusted voices in the community. Marketing and technology provide better tools, opening channels of communication and options to engage, educate and encourage proactive self-management by patients.

Typically, healthcare marketing operates at a tactical level. During flu season, a direct mail piece goes out about the flu shot. A new cardiovascular centre warrants a newspaper advert. A new doctor gets a sign outside the physician's office.

Moving beyond this model and communicating with an entire population to improve the health of a community is not easy. This is why the best community health efforts bring marketing experts and public health professionals together in partnership. These partnerships combine the deep knowledge of public health and the needs of the community, best practices or programmes and how they work with the expertise of communications professionals who can ensure information is shared across a targeted population and engagement is managed and tracked effectively. When strategic marketing thinking meets in-depth public health knowledge, success can follow.

Leveraging the skills and expertise of communications to build tools for a community health programme helps develop a relationship with residents earlier, ideally before they become ill. Earning their loyalty and trust while engaging them to take control of their health can impact healthcare in new and exciting ways.

Beyond amplifying a message, community resources and partners can add to the efforts to improve community health. And rather than focusing your marketing spend on awareness in the community by contributing to sponsorship with those community partners, consider the effect that those dollars

could have when aligned with the partners' and the system's strategic priorities for improving the health of the community.

Repurposing those funds to deliver value for the system and to act as a community and public health service represents a more robust approach to community engagement — putting people on the ground doing grassroots organising, teaching people about health and the health system — and generates goodwill that can be incredibly powerful and provide more value to the health system than the more traditional marketing activities within a community.

PRIORITISING FOCUS

While these programmes are cost-effective, they are not inexpensive, and effective deployment requires prioritising focus.

Every healthcare organisation will make different decisions about where and how to concentrate their efforts. A multifaceted approach identifies important factors that will guide administrators to the right efforts for their community.

A system may start with specific data from their community needs assessment or with an overall goal based on utilisation of resources. The specific needs of a community should also drive a particular effort. Important sources of input may include the following:

- **Community health needs assessment:** In collaboration with the local counties or independently, this offers a data-driven approach to identifying the greatest areas of need in a specific community. The needs assessment can guide decisions on the best approach or pathways to impact those needs and encourage community partners to get involved.
- **Internal healthcare system data:** Statistics such as stratification of high-risk populations, readmissions, diagnoses data, costs and case mix can help identify specific areas of need for system stakeholders.
- **Strategic goals of the healthcare system:** A system should align any community health programme to its specific strategic goals and strengths. As an example, if mental illness is an issue in the community and the system has the services and expertise to treat or affect that problem, it could align its community engagement within those community needs and activities, and scale already existing resources for a greater impact.

Often, these data sources are not entwined, yet the most effective community health programmes will analyse all available data, decide what makes sense for the system and what the community will find important, and then execute by utilising the available resources.

Other important factors in a successful execution include potential community partners, government alignment, stakeholder buy-in and the ability to collect data and analyse the results of the initiative.

SUCCESSFUL PROGRAMME EXAMPLES

Collectively, the following programmes were developed, with the ability to impact community health as the primary goal: smoking cessation efforts, a programme designed to increase physical activity and encourage weight loss, and an initiative targeted at identifying individuals with prediabetes.

Each of these community health programmes started from different goals and problems. They each took unique approaches to these significant health issues and measured success using a variety of metrics. When correctly executed, such programmes can deliver results that benefit multiple stakeholders.

SmokeFree Greater Cleveland

Cleveland Clinic chief executive officer (CEO) Dr. Delos Cosgrove took bold steps to reduce the overall incidence of smoking

in the Greater Cleveland community. Smoking remains the most preventable cause of premature death in the United States, killing more people every year than the entire population of Cleveland. And despite most smokers being completely aware of the harm smoking causes their bodies, many are unable to stop. In addition to the US$75bn in medical costs attributable to smoking, the Cleveland Development Corporation (CDC) estimates that businesses lose approximately US$3,400 each year for every employee who uses tobacco.

With this in mind, Cleveland Clinic's public health and marketing departments teamed up to launch SmokeFree Greater Cleveland, a programme that provided free stop-smoking services to the residents of Cuyahoga County from 1st January to 30th June, 2007.

The programme was offered as a follow-up to the clinic's involvement in efforts to successfully pass SmokeFree Ohio, the state-wide ballot initiative that requires all workplaces in Ohio to prohibit smoking indoors. The programme and campaign included the following:

- free nicotine replacement therapy (NRT) to any resident of Cuyahoga County who called the state's Quitline 1-800-QUIT-NOW;
- free NRT to Cleveland residents who participated in counselling services provided through five community agencies and clinics;
- free access to the website Breathe Advantage, which created personally tailored guides to help people stop smoking, and also included programming in stress management and weight control (smokers often use tobacco as a coping device and frequently worry about gaining weight when they stop smoking);
- computers donated to 22 community recreation centres to give residents convenient access to the web-based programmes;
- extensive promotion of the services through television and radio coverage as well as donated and paid advertising.

Participants

Interest and participation in this programme was robust, at some points even overwhelming the Quitline's ability to answer calls. Calls to the Quitline from Cuyahoga increased four-fold for the first three months of the programme. They remained elevated till June, while calls in non-programme counties decreased during the same period. Some of the statistics relating to the scheme are as follows:

- The number of Quitline calls from Cuyahoga increased from 510 in December, before the programme was launched, to a high of 1,923 the following March.
- The number of calls averaged 1,038 for January to June, an increase of 103 per cent over the December number.
- In contrast, the number of calls outside Cuyahoga County dropped by 19 per cent during the same period.
- 6,739 people received counselling during this time.
- 8,607 people received four-week supplies of NRT.
- 1,868 people received eight-week supplies of NRT.

Supplemental programming

Meanwhile, 115 people received counselling and NRT in community clinics, while 384 enrolled in the online Quit Smoking programme, 28 in the weight control and 20 in the stress management programme.

Impact

The programme delivered marked success by helping participants stop and by saving lives in an incredibly cost-efficient manner.

By the end of the programme, 3,291 of the 7,238 participants had stopped smoking. Cleveland Clinic estimated that 1,697 of them would remain non-smokers on a long-term basis, an overall quit rate of 23.45 per cent. That number matches the results of programmes that include a combination of behavioural and pharmacological treatment.

Based on prior research[4] and assuming an average age of 45 among smokers who stop, an average of nine years will be added to the lives of each successful quitter, making a total of 15,277 life-years saved.

Budget and cost-effectiveness

- The six-month campaign cost US$1.5m and was shared by all parties, including
  - Cleveland Clinic
  - Ohio Tobacco Prevention Foundation
  - advertisers donating free coverage
- The clinic's costs included
  - NRT
  - web programmes
  - donated computers
  - paid advertising
- The cost per life-year saved was US$97.45, assuming the cost and the 23.45 per cent quit rate.
- If the quit rate dropped to 15 per cent, the cost per life-year saved would be US$152.35.

By comparison, using aspirin following a heart attack has a cost per life-year saved of US$19,485. Lives saved from colorectal cancer screening and cervical cancer screening cost US$700 to US$1,500 per life-year saved.

Other benefits

Beyond the positive impact on participants' lives, this programme also strengthened relationship between the community and Cleveland Clinic. Among local public health groups, the clinic had a mixed reputation. While many admired its medical expertise and appreciated its contribution to the region as the largest employer, the clinic had not historically focused efforts on local public health. Groups were sometimes wary of working with the clinic owing to its tendency to dominate those efforts.

Cleveland Clinic's involvement in the SmokeFree Ohio campaign and its sponsorship of the SmokeFree Greater Cleveland campaign helped prioritise these efforts. It also laid the foundation for the collaborative planning process that the clinic used to plan its ten-year commitment to tobacco prevention and reduction in Cleveland.

In addition, a sample of the first 5,000 callers to the Quitline showed that 89 became new patients at the clinic after calling.

Long-term efforts

The CEO of Cleveland Clinic, Dr Delos Cosgrove, committed the clinic to support and lead an effort to significantly lower tobacco use in Cleveland over the decade following the programme, joining the leaders of 16 local tobacco prevention and control organisations. Using a collaborative process including a review of literature and consultation with national experts, the group identified the most effective community-level strategies.

After reviews of 11 strategies, the group conducted in-depth reviews of the top five. These included:

1. programmes for schools;
2. programmes for employers;
3. restricting youth access;
4. integrating treatment into medical care;
5. providing access to treatment to all segments of the community.

Overall, the smoking rate in Cuyahoga County dropped from 20.7 per cent in 2005 to 15 per cent in 2009, an outstanding result and a reflection of the good that can

happen when community resources and priorities align to tackle critical public health issues such as smoking. The smoking rate had risen back to 18.7 per cent by 2015, demonstrating what can occur if programmes like these are not consistently communicated over time.

goFIT! Greater Cleveland

To improve the overall fitness of participants, encourage healthy eating and activity, and demonstrate that, when combined, these efforts can lead to weight loss, Cleveland Clinic partnered with several other organisations in 2009 to launch goFIT! Greater Cleveland in January 2010.

The partners included Cleveland Clinic, American Heart Association (AHA), Curves, Greater Cleveland YMCA, City of Cleveland, Dave's Market and Cuyahoga County. Participants were given free access to fitness and nutrition programmes, including fitness facilities, weight management programmes and educational events. Additional health events were made available to goFIT! participants throughout the scheme. Prizes were awarded on the basis of participation and commitment.

Each participant received a free three-month membership to a Curves or YMCA facility in Cuyahoga County. This included free access to the Curves weight management and nutrition programme, with discount coupons on healthy foods from a local supermarket, Dave's Markets, plus free access to a variety of health classes throughout the campaign and to the Start! Daily Walking Guide, an interactive online tool courtesy of the AHA.

The programme was launched alongside a public relations campaign that included a press conference with the CEOs of Cleveland Clinic, Curves and the YMCA, together with the mayor of the City of Cleveland and several city council leaders. The press conference generated front-page coverage the following day, resulting in thousands of calls from interested participants. Media partners included the three local television stations, which also supported the campaign by publicising some of the success stories. Extending this storytelling was the local National Public Radio station, which followed selected participants on their journeys. The campaign also included a Facebook page that evolved into an active, self-sustaining community, and an outbound e-mail campaign that was launched to 22,000 people.

In contrast to previous programmes, Cleveland Clinic made a deliberate choice not to overtly brand the overall campaign. This allowed for the inclusion of multiple partners and increased the reach of the effort.

The results showed that participants could make a small incremental change in a short time with the support of friends, family and the community around them together with robust access to resources provided by a strong programme. The scheme's partners could also point to these specific efforts to demonstrate improvement in the overall health of the population.

Results

- There were 23,000 programme registrations.
- The average age was 43.6.
- There were 14,303 enrolled participants.
- Some 5,931 participants completed the programme requirements (41.5 per cent of those enrolled).
- Those participants who completed lost a total of 22,307 lb.
- The average weight loss for the completing participants was 3.75 lb.
- Some 37.3 per cent of participants averaged two or more visits per week; these averaged 4.22 lb.

Pre-D Challenge

Based on well-known clinical data combined with its own extensive research and analytics,

Carolinas HealthCare System (CHS) knew that diabetes and prediabetes posed massive problems for the local populations. In 2013, it created the Pre-D Challenge to address these issues and maximise an existing partnership with YMCA Greater Charlotte.

CHS had health clinic locations in 15 local YMCAs. Unfortunately, they were underused, rarely staffed and had no consistent communication track. The Pre-D Challenge activated these centres by using them to provide prediabetes risk assessments.

The programme had the following goals:

- to provide 50,000 prediabetes risk assessments;
- to identify 10,000 people with prediabetes who were at risk of developing diabetes; those scoring as at risk were offered free A1C tests;
- to enrol 500 at-risk participants in the National Diabetes Prevention Program.

The programme ran for 11 months and was launched with a press conference featuring the CEOs of CHS and the YMCA, as well as several other community leaders at a local YMCA. The primary communications were executed within the ecosystem of the YMCA, the local grocery chains and targeted CHS employees and patients. Collateral material included brochures, digital and print adverts, earned media and a robust interactive landing page used to market the programme. Significant resources were also deployed to the YMCAs and other select community partner locations such as churches and schools in order to perform initial screenings. The results were astounding:

- 53,000 took the diabetes risk assessment.
- More than 27,000 were identified as being at risk of developing diabetes.
- 18,500 took the A1C blood test.
- 6,700 participants had prediabetes and 1,000 participants had diabetes.
- All at-risk candidates were offered a chance to participate in the National Diabetes Prevention Program, a CDC lifestyle change programme.
- The clinics attracted more than 200 new patients.

The programme identified thousands of at-risk participants, and in many cases, very unwell people. Some of those identified with diabetes were sick enough to justify immediate hospitalisation.

A review of Mecklenburg County health data shows how proactive programmes can reduce the incidence of disease. Data from Mecklenburg County Health Department and North Carolina Division of Public Health[5–7] show an encouraging trend (Table 1).

Reducing the percentage of adults with diabetes continues to be a pressing priority for the Healthy NC 2020 state improvement plan. Despite the progress, health systems still have a responsibility to maintain programmes such as the Pre-D Challenge to keep lifestyle diabetes prevention programmes local and directly connected to healthcare providers, to facilitate referrals and to prepare for programme sustainability.

CONCLUSION

The shift in the healthcare industry from volume to value will challenge health systems to provide services differently. A focus on improving community health is one way healthcare providers can do just that, delivering value to large segments of the population. It also offers the opportunity to align marketing resources with an

Table 1: Percentage of adults with diabetes in Mecklenburg County

Year	Percentage
2011	10
2012	10
2013	8
2014	9

organisation's strategic priorities and the needs of the community.

Dr Steven Cavalieri, chief medical officer at Envera Health, saw first-hand the challenges placed on physicians in an accountable care organisation:

> *These marketing and communication concepts offer a grand opportunity to engage patients directly. Rather than place the burden of encouraging physicians to complete multiple proactive engagement strategies that may be unrelated to the patient's current complaint, these kinds of programs help the population proactively seek out improved health behaviours on their own.*

B2C marketers have effectively used modern marketing tools to encourage certain behaviours and increase loyalty for years. With the right approach, the right partners and the appropriate internal structure, healthcare leaders can use these same tools to influence behaviours to both improve health and benefit the communities where they provide care.

This can not only improve outcomes and community health but also benefit the healthcare system, because it increases brand recognition, patient experience and patient loyalty.

Healthcare systems ready to pursue and launch this kind of programme should start with the following:

- **Align and state organisational and programme priorities and goals:** This integration and endorsement will often determine the fate of a programme. Different stakeholders will rate success by different measures and metrics. While internal stakeholders may focus on costs, brand perceptions and patient acquisition, community partners may focus on the overall improvement in the health of a community. The benefit of programmes like these is that when executed correctly, they will improve both measures of success at the same time.
- **Allocate the resources to measure success:** Access to good data and analytics before, during and after a programme is crucial to operating from an evidence-based standpoint and measuring success. Each of the schemes described here had a foundation in evidence-based programmes with demonstrated successes. Shared resources across the health system as well as partnerships aligned to delivering the activities are also critical to success.
- **Recruit effective community partners:** The best community partners will complement each other's strengths and compensate for existing weaknesses. This allows each to use their expertise to maximum effect.
- **Maximise existing community partnerships and sponsorships:** An existing relationship or sponsorship may serve as a better delivery vehicle for messaging or programme support than starting from scratch.
- **Create and use marketing tools and tactics effectively:** Integrating marketing expertise and community health strategies enhances the ways in which a programme engages and communicates with its participants. Most healthcare systems focus marketing efforts on patient acquisition. By using these resources as part of programme implementation, communications expertise and resources can greatly improve the results of a community health initiative.
- **Long-term planning:** Programmes like these are most effective when they feed into a long-term strategy. While shorter-term schemes have proved to be effective, the true benefit to a community and health system comes further down the road. The first year or 18 months of a programme may generate excitement, big public goals and successes. When these taper off, an organisation, however, must have a plan for what comes next. Questions such as how this fits into the

system's long-term strategy and how the programme will become a part of the infrastructure of the community and the system should be considered early in the process.

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