

Five Common Marketing Mistakes

BY RHODA WEISS

Since marketing entered the healthcare arena, about 20 years ago, millions of dollars have been spent in the race for market share, brand awareness, and profitability. Has it been worth it? And what lessons can we learn from those past 20 years?

While many marketing tactics achieve strategic goals, others merely are "feel-good" window dressing. Following are some examples of common marketing actions that usually yield little in the way of results.

COPYCAT TACTICS

How many times has your marketing department rushed out an advertisement, brochure, or newsletter simply because a competitor has just issued one? Marketing is about strategic action, not copycat tactics. While marketing communications are an important part of a focused, targeted strategy, unfortunately most are produced on the whim of a senior administrator or a board member. Marketing and public relations departments are filled with boxes of slick publications that languish unread because they had no strategic purpose and there was no plan for their distribution.

OBSESSION WITH LOGOS

Healthcare organizations tend to be fanatic about the look and placement of logo icons. Anyone in an organization who uses its logo incorrectly gets a call from the "logo police," who flourish an expensive manual and point out how the offender broke the law.

Fortunately, the trend now is to use an organization's name as its logo and eliminate the icon. Few icons translate well or fit into all materials. And what's important is not where the logo goes on the page, but what is said and the strategy behind it. Too much time is spent on logos (although it is important to have one design, and not allow individual departments and services to have their own).

Logos can be the source of much anxiety during a merger, causing unnecessary angst when



Ms. Weiss is a Santa Monica, CA-based healthcare consultant and speaker.

other issues should be taking precedence. A few years ago, I was a consultant for a system that was converting a hospital into an ambulatory center. Most of the communicators' meetings focused on the center's stationery and logo. No one remembered that we needed to inform the community about the transition—they were too busy worrying about a graphic element and the weight of the paper to be used.

SHOPPING MALL MENTALITY

The average marketing and public relations person receives many calls weekly from vendors selling the latest magic bullet. From canned newsletters, brochures, and videos to the latest in kiosks, signage, and new advertising venues, we worry that if we don't buy it, another hospital will, and thus gain an edge. This shopping mall mentality has become an addiction in many organizations.

The lesson is, Don't buy anything unless it is part of a targeted marketing plan, it is time-tested, and it fits into your local market. Buying impulsively out of fear that a competitor will get there first rarely results in market share gain.

"BEAUTIFUL" ADVERTISEMENTS

Advertisements serve a specific marketing goal, but, like other communications, they must be focused and part of an overall plan. Too many ads serve form at the expense of function; they look nice on the page, but there is no call to action or reason for the reader (or listener) to contact the organization and become a customer. Many ads do not even list a telephone number.

The goal of marketing is to link you with your target markets through persuasion, human contact, and behavioral change. To motivate your audience to take action, consider including a telephone number and an offer for free educational materials or health guides. You want people to connect with your organization, not just say how pretty the ad looks.

Continued on page 60

COMMUNICATION STRATEGIES

Continued from page 59

"BIGGER BUDGETS MEAN BETTER MARKETING"

As I wrote in my previous column, marketing is never about big budgets (see "Low-Cost Marketing Can Reap Big Results," *Health Progress*, March-April 1999, p. 63). Many organizations annually spend millions of dollars on marketing with no positive results, while others spend less and see impressive market share improvements. In fact, in many cases excessive spending on marketing has a negative impact on market share. I know of a hospital that lost a major employer contract because the employer's perception was that the hospital, which ran full-page newspaper advertisements but which would not lower its contract price, was spending patient-care dollars on its advertising.

WORD-OF-MOUTH IS BEST

Marketing is not the only solution to your corporate strategic goals, and marketing and public relations functions are not solely the responsibility of those who bear those titles. Marketing is part of what everybody does while at work, because it is the sum total of impressions, experiences, and relationships that people have with your organization. It is also about pride and word-of-mouth marketing, which means you must never discount the marketing power of your employees, your physicians and their staffs, your volunteers and board members, and everyone who can share positive information about your organization with the community.

Marketing communications is critical to an organization, and should be a major activity. But the knowledge, enthusiasm, and passion with which your staff and volunteers tell others about your mission and what your organization has to offer are, in the final analysis, your most effective marketing tools. □

Putting Patients First RESPONSE

Focusing on Cultural Diversity

In the January-February issue of *Health Progress*, we asked you how your organization addresses cultural diversity. Here's what you told us. Answer this issue's question on p. 61, and we'll publish your answers.

LANGUAGE OF LOVE

Our cultural diversity is reflected in our mission: Love made visible. We have a Portuguese prayer group weekly. We have confessions available in French, Portuguese, and English. When a resident requests another language, we honor that request.

*Sr. Elaine Heffernan, RSM
Director of Pastoral Care
Catholic Memorial Home
Fall River, MA*

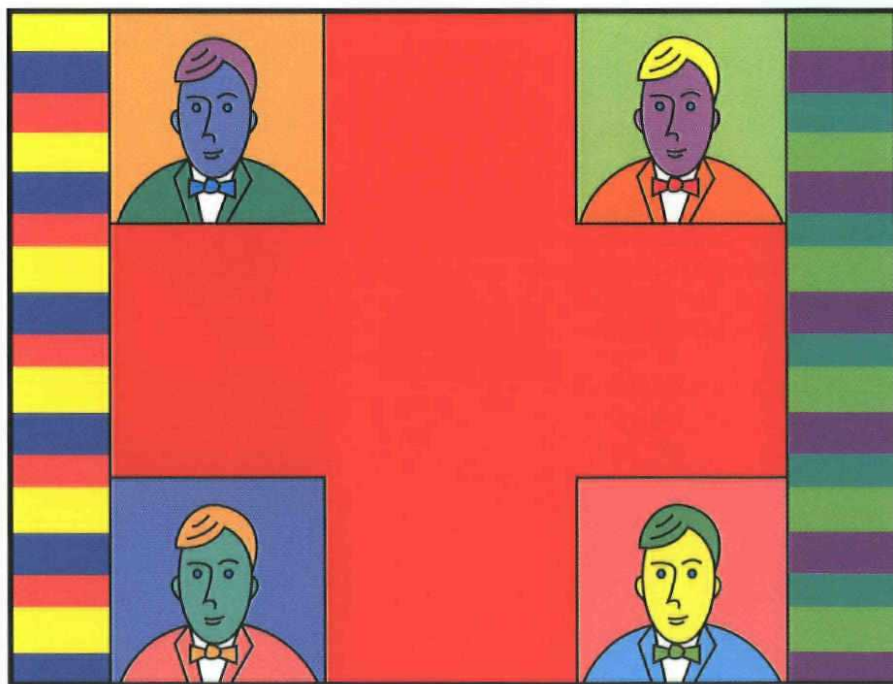
behavior expectations. The generic competencies outlined in job descriptions form the basis of the content for orientations. A recently designed two-step orientation for new hires invites participants to reflect on attitudes toward cultural differences.

The process is the beginning of a systemic approach for integrating values in the organization. Subsequent orientations for specialties, sites, and departments will probe the issue further by providing more specific information and facilitating skill building in managing diversity.

*Sr. Nannette Gentile, DC
Network Education Coordinator
Seton Healthcare Network
Austin, TX*

THE PROPER ORIENTATION

Seton Healthcare Network in Austin, TX, addresses cultural diversity by incorporating cultural sensitivity into staff



Illustrations by Lin Wilson