

Low-Cost Marketing Can Reap Big Results

BY RHODA WEISS

Product, price, place, and promotion. Every business-school academic will tell you those four "Ps" represent the essence of marketing. But after 28 years as a healthcare strategy, marketing, and public relations professional, and after countless frequent flyer miles earned consulting across the country on the topic, I'd like to add a few more "Ps." These are people, passion, persuasion, performance, and perseverance.

Marketing and public relations are not about facing the challenges of PPOs, HMOs, and IPOs. They are not about the size of an organization's budget. In fact, every time I conduct an evaluation of a marketing or public relations department, I am asked, "Are we spending enough?" My answer is, "You're spending much too much." Although an important part of the marketing mix, most advertising and sales activities have proven to be wasteful expenditures. Few people refer or choose a healthcare provider because of ads or savvy sales techniques.

The way to persuade people to utilize your services is through performance—the practical, proven, progressive, and powerful low- to no-cost activities that increase your organization's visibility, awareness, understanding, market share, and profitability.

While my fellow faculty members at the University of California—Los Angeles (UCLA) describe marketing as a business function addressing unfulfilled needs and wants based on an exchange notion, I say that marketing is the sum total of impressions, experiences, and relationships that people have with your organization. It's finding out what people want (through simple, targeted research), giving it to them, and telling them about it. This means it's also about finding out what people don't want and giving them less or none of it. It's meeting and exceeding human needs, wants, demands, and satisfaction, and providing value and quality-laden products, services, and activities.

Our mission in healthcare is not about



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enrollees with a broken hip, damaged heart, or diseased liver, but about taking on the sacred task of caring for human lives—one person at a time, a person who is attached to life through family, community, work, attitudes, and emotions. That fragile human thread of life is connected to us not only through medical and physical needs, but through psychological, social, spiritual, practical, and financial needs as well.

Consequently, marketing is about relationships—understanding, developing, and maintaining those relationships—and our position in the community as the leader in healthcare. Effective marketing does not mean an ad that tells how caring and compassionate and great we are, but activities and deeds that demonstrate that we are truly the stewards of community health and wellness.

You Don't Need Big Budgets

But don't we need big budgets? After all, other organizations spend what seems like billions of dollars on advertising, flashy brochures, and an army of sales people.

When people ask me what accomplishments I am proudest of, they are surprised to learn that they are not great research, great strategic plans, heart-stopping printed materials that attracted national attention and awards, events drawing standing-room-only crowds, or the media pitches that made the news. Instead, I am proudest of those projects of which I was privileged to be a part that, against all odds, changed people's lives and were accomplished at little or no cost. Here are just a few.

Public Relations Tactics Spur Legislation In the late 1970s, a young man came into my office at Saint Joseph Medical Center in Burbank, CA. A dialysis patient, his dream was to become a dialysis technician. But his dream could not be fulfilled because if he went to work, he would lose his Medicare benefits, which provided more than \$50,000 annually for his dialysis sessions. On investigating his situation, we learned that every

dialysis patient and disabled person in our state faced this dilemma: Go to work, lose your health benefits, and face poverty and health hazards.

Our response was not to run ads in the newspaper or print pretty brochures. We used our public affairs skills, approaching elected officials *to seek a remedy through state legislation*. We convinced liberal legislators that it was right for the social good, and more conservative ones that it would put people to work. We drew support from the hospital family—employees, physicians, volunteers, and board members, who spoke to community groups at places of worship and other venues and wrote letters to legislators.

We convinced the media to do stories detailing the young man's personal struggle and the medical center's commitment to making a difference for people in our state. Editorials explained the need to pass the legislation, which was introduced by a local state senator. Thanks to these basic public relations tactics, the legislation passed right before July 4, and we threw a big celebration to commemorate "Independence Day" for those with disabilities who were now able to work and not lose their benefits.

A Pioneering Spirit Wins Out A decade later, I received a call from a public hospital administrator in the High Sierras of California who had heard one of my talks on low- to no-cost marketing. He was from Tuolumne General Hospital in Sonora. Opened in 1849 as a canvas tent warmed by heat from a bonfire, it was soon replaced by a wooden structure with a canvas roof and walls lined with cloth to keep out the drafts.

A pioneering spirit remained at Tuolumne, which was interested in aligning with the community's only home health agency and hospice. The agency preferred the town's other hospital, which is part of a large, national system, and Tuolumne's chances for an alliance were less than 1 percent, they were told. After all, Tuolumne was a county facility caring for the indigent and struggling to turn a positive bottom line.

But Tuolumne's persistent staff forged ahead, and, with no marketing dollars, embarked on "no-cost" relationship marketing. They invited the home care agency to visit and learn about their facility and staff. They told all employees about the upcoming visit through discussions, notices, and question-and-answer sheets. With copies of the agency's history, mission, and other information, they created a presentation for the visitors that demonstrated the similarities between the two groups: local governance, and long histories of community service and provid-

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ing care for patients regardless of their ability to pay. They outlined Tuolumne's unique programs and plans and described how the agency, its board, and volunteers would be aligned as equals with Tuolumne if they joined forces.

Each agency board member was assigned a "buddy"—a Tuolumne executive or board member who either knew the person or was otherwise connected in some way—as an escort through the visit. A marching band, large welcoming sign, and an information desk volunteer (who also happened to be a volunteer at the agency) gave the agency visitors a warm welcome. All Tuolumne employees wore handmade stickers welcoming the visitors, making apparent the enthusiasm for the proposed partnership. During the tour, an ultrasound examination given to an agency member showcased Tuolumne General's equipment and expertise. The presentation followed, and a question-and-answer period. The agency visitors received hospital-made medallions—rendered from silver from x-rays—depicting the county seal, which bears the same name as the hospital.

"We really ruined their day," recalls one Tuolumne hospital board member. "They came for a 'ceremonial' visit with their minds already made up to go with the other hospital, and they left with a new choice." Five weeks later, the impossible happened—the agency agreed to partner with Tuolumne. The hospital hosted a "welcome home" party for the agency and hospital staff, and the agency remains today an integral part of Tuolumne General.

Statewide Effort Beats the Odds Skip ahead to Good Friday a couple of years ago. This was the day the family of 23-month-old Alana Dung of Honolulu, diagnosed with a rare form of leukemia, learned that she needed a bone marrow transplant to save her life. The chances of finding a suitable donor were complicated by Alana's multiethnic background (because of this, over 70 percent of Hawaiians who need transplants fail to get them because no donor can be found). But this didn't stop the people of Hawaii or St. Francis Medical Center, home of the Hawaii Bone Marrow Donor Registry and Transplant Center of the Pacific. Since its founding in 1988, the registry, part of an international bone marrow registry that helps match donors with recipients around the world, has received about 2,000 blood samples annually from Hawaiian residents. At the time of Alana's illness, Hawaii's registry had about 15,000 potential donors who had volunteered over the past eight years. In the four-week com-

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terms and policy implications. They properly set the tone for the chapters that follow.

All chapters are generally well written and focused. Two chapters of particular note are Chapter 7, "Designing an Information System to Monitor Population Access to Care, Health and Health Care Use," and Chapter 12, "Guidelines and Mechanisms for Protecting Privacy in Medical Data Used in Research." Both are logical presentations of important aspects of human rights issues.

In general, this timely volume reflects the concerns of individuals and desires of administrators. It provides an important framework for designing and evaluating computerized efforts to develop medical database systems that adhere to human rights concerns. For the medical ethics community, it is a must read.

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Manning, Paulist Press, Mahwah, NJ, 1998

First Aid and CPR, Third Edition, Web Enhanced, National Safety Council, Jones and Bartlett Publishers, Toronto, ON, 1999

Making Change Work for You in Health Care, Richard S. Deems and K.C. Warner, American Media, West Des Moines, IA, 1998

MD/MBA: Physicians on the New Frontier of Medical Management, Arthur Lazarus, American College of Physician Executives, Tampa, FL, 1998

Women's Health Care: Activist Traditions and Institutional Change, Carol S. Weisman, Johns Hopkins University Press, Baltimore, 1998

munity outreach campaign for Alana, more than 35,000 Hawaiians volunteered blood samples.

The strategy was pure grass roots. The media were enlisted to tell stories about Alana's plight, and what began as a family/hospital/registry effort grew into a campaign involving more than 500 volunteers. St. Francis organized a team to coordinate donor recruitment and blood sample collection and testing, placed its tissue-typing lab on a 24-hour schedule, and got help from UCLA for the extra work. More than 30 donor recruitment sites were set up in churches, schools, parks, hotels, and shopping malls on all the islands. Volunteer technicians and nurses took blood samples from potential donors and sent them to the lab. A local firm donated offices and computers for the campaign. Hundreds of volunteers worked around the clock to process data.

Meanwhile, public relations staff turned out daily news releases and fliers. Entertainers put on concerts to draw donors. Volunteers created orange bows to show support. Every one in the state seemed to know about Alana and wanted to help in some way.

The campaign worked. A donor was found through the international registry, Alana received her transplant, and today she is a healthy preschooler. In addition, the campaign resulted in more than 200 potential matches; and a number of perfect matches have helped save lives worldwide.

These are just a few examples of the true meaning of marketing and public relations. Forget the big bucks. It's all about common sense, creativity, innovation, and big ideas. Pretend you have just a few dollars to spend in communicating with the community. You'd be surprised at how successful your efforts can be. □

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