Gearing Up for Population Health: Marketing for Change

Susan Dubuque | sdubuque@ndp-agency.com
CHANGE AHEAD
Changes in the Healthcare Industry

• Shift from inpatient to outpatient care
• Affordable Care Act (ACA) ???
• Consolidation of providers
• Melding of provider-insurer
• Volume to value
• Population health
Societal Changes/Trends

• Digital orientation
• Moving toward rehumanization
# Effect of Changes

## Holmes and Rahe Stress Scale

<table>
<thead>
<tr>
<th></th>
<th>Event</th>
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<tbody>
<tr>
<td>1</td>
<td>Death of spouse (100)</td>
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<tr>
<td>2</td>
<td>Divorce (73)</td>
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<td>3</td>
<td>Marital separation (65)</td>
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<td>4</td>
<td>Jail term (63)</td>
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<tr>
<td>5</td>
<td>Death of close family member (63)</td>
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<td>6</td>
<td>Personal injury or illness (53)</td>
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<td>7</td>
<td>Marriage (50)</td>
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<td>8</td>
<td>Fired at work (47)</td>
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<td>9</td>
<td>Marital reconciliation (45)</td>
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<td>10</td>
<td>Retirement (45)</td>
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<td>Change in health of family member (44)</td>
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<td>12</td>
<td>Pregnancy (40)</td>
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<tr>
<td>13</td>
<td>Sex difficulties (39)</td>
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<td>14</td>
<td>Gain of new family member (39)</td>
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Every successful marketing campaign is designed to motivate people to **CHANGE** how they *think*, *feel* or *behave*:

- Become aware
- Increase preference
- Change perception
- Feel loyal to a brand
- Engage with a product or brand
- Buy a product or service
- Act a different way
Underlying Premise #2

Healthcare marketing professionals can apply their existing skill sets to support population health.

**MARKETING OBJECTIVE:** Developing and marketing services

**POPULATION HEALTH OBJECTIVE:** Developing and marketing programs to change behavior
What is Population Health?

**DEFINITION:** The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

**FROM A PRACTICAL PERSPECTIVE, POPULATION HEALTH IS:** The process of facilitating changes in behavior and in the environment that will improve the health of individuals and the population as a whole.
Grounded in Theory
Behavior Change

Behavior change theory draws from ...

- Anthropology
- Social Marketing
- Social Psychology
- Public Health
- Behavior Change Theory
Levels of Prevention

Primary Prevention

- “Upstream” prevention
- Avoid a health problem altogether
- Typically aimed at a population as a whole
- May take place at a societal or policy level (e.g., banning smoking in public places)

- Immunizations
- Health education programs
- Community-wide exercise challenge
Levels of Prevention

- **Primary Prevention**
  - Identify and treat “at-risk” populations
  - Disease has been diagnosed but symptoms have not appeared yet
  - Goal is early intervention
  - Arrest or slow progress of disease
  - Prevent recurrence or disability

- **Secondary Prevention**
  - Promoting mammograms
  - Stroke awareness campaign targeting African Americans (2.5 times greater risk of stroke)
Levels of Prevention

- **Primary Prevention**
  - Seems like an oxymoron
  - Targets individuals with serious or chronic medical conditions
  - Goal is to prevent further physical decline or disability
  - Encourage diabetic patients to walk three times a week
  - Motivate CHF patients to weigh themselves every morning

- **Secondary Prevention**
  - Targets individuals with early indicators of a disease
  - Goal is to prevent the disease from progressing

- **Tertiary Prevention**
  - Targets individuals with advanced disease
  - Goal is to prevent complications and improve quality of life
Social Ecological Model

- Social Determinants of Health
- Multiple Levels of Influence
Social Ecological Model

- **Individual/Intrapersonal**: Personal attributes, characteristics, beliefs, attitudes and behaviors
- **Interpersonal**: Family, friends, physicians, co-workers, teachers, neighbors
- **Community/Organizational/Institutional**: Health systems, schools, media, employers, faith communities, community organizations
- **Governmental/Policy**: Local, state and federal policies that affect health and behavior
San Bernardino County statistics:

• Largest county in the United States
• High school dropout rate of 12%
• Adults with a bachelor’s degree about 19%
• Rate of poverty is higher than state and national averages
• 1 in 4 residents is enrolled in Inland Empire Health Plan (largest Medi-Cal health plan)
LLUH response to medical need:

• LLUH main campus located just outside the city of San Bernardino

• New clinic and teaching facility in the heart of downtown will help to stimulate the economy and encourage health and wellness

• Residents have closer access to care; bus stops are stationed right outside the facility
Getting at the root cause of poor health
Lack of Education and Job Skills

Lack of Job

Poverty

Poor Health
Loma Linda University Health San Bernardino Campus

Addressing the social ecological issues:

• Gateway College - certificate programs in the healthcare field (medical assistant, nursing assistant, community health workers and pharmacy technicians)

• First graduating class was June 2017, with certificates awarded to 12 medical assistants and 22 community health workers
Clinic designed to meet “whole” health needs of a community that had poor access to health care. Features include:

– Healthy cooking classes
– Free books for the community
– Weekly reading hours for families
– Art programs

Location of the clinic based on health index of the pediatric community and the incidence of pediatric medical conditions.
Primary Motivators

- Humor
- Sex
- Emotion
- Bandwagon
- Rational Thinking
- Fear
Fear is a negative emotion that is accompanied by a high level of arousal and is elicited by a threat.

A threat is a source of possible harm or danger that exists whether you are aware of it or not. If you are aware, then you perceive a threat.

Fear is emotional; a threat is cognitive.
**Perceived susceptibility** – How likely do I think it is that I will be affected by this threat?

**Perceived severity** – How badly do I believe I could be hurt if the threat does affect me?

**Self-efficacy** – Am I confident in my own ability to perform the response or action that I am being asked to take?

**Response efficacy** – How confident am I that a recommended response will be effective in preventing or overcoming the threat?
Extended Parallel Process Model

To be successful:

• The element of fear must be significant enough to elicit a threat.
• The response must be perceived as sufficient to overcome the threat.
I’M NOT 50. I’M 49 AND 13 MONTHS

NO MORE EXCUSES

THERE IS NO EXCUSE TO PUT OFF A COLONOSCOPY. IT CAN ACTUALLY PREVENT COLORECTAL CANCER.

WE’D LOVE TO HEAR SOME OF YOUR BEST EXCUSES.
Share them with us at www.shareyourexcuse.org.

I’M CAMERA SHY

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WARNING:
TOBACCO SMOKE CAN HARM YOUR CHILDREN.

1-800-QUIT-NOW

© U.S. HHS
IF A FALL BECOMES A FRACTURE.

So just in case a trip up the ladder sends you down to the U. R. our wide range of medical services is waiting for everything life has in store. We hope you don’t need us, but we’re here when you do.

WE GET YOU. HEALTHIER.

Baton Rouge General

IF A BACKYARD BASH BECOMES A BURN.

If dinner doesn’t turn out quite like you expected, our wide range of medical services is waiting for everything life has in store. We hope you don’t need us, but we’re here when you do.

WE GET YOU. HEALTHIER.

Baton Rouge General
Transtheoretical Model: Stages of Change

James Prochaska
Stages of Change

At-risk population – match stage of change with program for behavior change.
Stages of Change

Precontemplation  Preparatin  Maintenance

Contemplation  Action  Termination
Stage 1

Precontemplation

- No intent to change within six months
- Lack information
- Demoralized
- Avoidance
- 40% of market
Stage 1

Precontemplation - Message

- Not in-your-face
- Nonthreatening
- Build awareness
- Acceptance
- Break down barriers
Stage 1

Precontemplation – Media

• In-your-face
• Intrusive – you must go to your customers
  – Direct mail
  – Outbound phone calls
  – E-blast
Stage 2

Contemplation

- Intent to change in next six months
- Pros and cons
- Ambivalent
- Not ready for action-oriented program
- 40% of market
Stage 2

Contemplation – Message

- Relevance
- Benefits of your service/program
- Encourage involvement
- Offer nonthreatening steps
  - Visit the website
  - Watch a video
  - Take a health-risk assessment
Stage 2

Contemplation – Media

• Intrusive and passive
• Break through the clutter
• Informational campaigns
  – Targeted ads
  – Digital strategies
  – Social media engagement
Stage 3

Preparation

- Intent to take action within next month
- Has a plan of action
- Usually has taken some steps
- 20% of market
Stage 3

Preparation - Message

- Relevance to this customer
- Benefits of your service/program
- Encourage trial usage
- Recruit for action-oriented program
Stage 3

Preparation – Media

- Intrusive and passive
  - Direct response
  - Website
- Provide easy access
- Online registration/appointments
- Call center
Stage 4

Action

- Has modified behavior during past six months
- Must attain behavior change sufficient to reduce health risk
Stage 4

Action – Message & Media

• Enhance the experience
  – Customer service
  – Patient satisfaction
  – Quality outcomes
Stage 5

Maintenance

- Working to prevent relapse
- Less temptation
- May last from six months to five years
- Relapse means regression to an earlier stage
Stage 5

Maintenance - Message

- Encouragement
- Caring
- Support
Stage 5

Maintenance – Media

- Follow-up calls
- Post-discharge contacts
Stage 6

Termination

- Zero temptation
- 100% self-efficacy
- As if the individual never acquired the behavior in the first place
Stage 6

Termination - Message

- Maintaining relationships
- Cross-selling services
Stage 6

Termination – Media

- E-mail
- Outbound calls
- Engagement
- Newsletters
- Cultivate word of mouth
- Recommendations/referrals
Stages of change compared to the marketing/sales funnel: CRM can help move people through the stages
Applying Stages of Change

**Problem:** Lung cancer is not diagnosed until advanced stage, when a positive outcome is less likely

**Solution:** Motivate high-risk individuals to have a lung cancer screening (low-dose CT scan)
Applying Stages of Change

Consumers most likely to respond to an informational campaign about lung cancer screening (low-hanging fruit):

• 76% Hispanic, males and females
• 96% have children; 93% are head of households; 85% own a home – VERY family focused
• Only see a doctor when extremely ill
• Do not like to be “spoken down to” about smoking – already know the risks
Applying Stages of Change

Best media channels to reach audience:

- Radio
- Television
- Magazine
- Not Billboards or Outdoor
Applying Stages of Change

Precontemplation

Contemplation
Applying Stages of Change

Multimedia campaign to move consumers from Precontemplation to Contemplation

Build **awareness** of risk factors and offer a **solution** in a non-threatening way

English:  
[https://youtu.be/qwdsvmQrksQ](https://youtu.be/qwdsvmQrksQ)

Spanish:  
[https://youtu.be/vUVVmMpaaJk](https://youtu.be/vUVVmMpaaJk)
Applying Stages of Change

Precontemplation  Preparation  Contemplation
Move consumers from Contemplation to Preparation Direct to a landing page.

Help resolve ambivalence with benefits of acting and by offering a soft call to action such as request more information.
Applying Stages of Change

- Precontemplation
- Preparation
- Contemplation
- Action
Move consumers from **Preparation** to **Action**

Consumer has already taken a baby step and is now ready to commit. Offer a hard call to action such as **schedule a screening**.
Applying Stages of Change

Precontemplation  Preparation  Maintenance

Contemplation    Action
Applying Stages of Change

Move consumers from **Action** to **Maintenance**

Assist patients in maintaining positive behavior change and preventing relapse with ongoing contacts and support
Applying Stages of Change

- Precontemplation
- Preparation
- Maintenance
- Contemplation
- Action
- Termination
Move consumers from **Maintenance** to **Termination** and beyond

Maintain **contact** with patient and encourage **recommendations** and **referral** of others who may need services
A Model for Population Health Planning
Planning for Change - Inputs

- Community Needs Assessment
- Strategic & Market Plans
- Secondary Data

Population Health Initiatives
Planning for Change - Filters

Population Health Initiatives

- Community Needs Assessment
- Gaps & Opportunities
- Secondary Data
- Behavioral Influence
- Strategic & Market Plans
- Capabilities & Capacity
Planning for Change - Filters

- Population Health Initiatives
  - Community Needs Assessment
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  - Secondary Data
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  - Behavioral Influence
  - Capabilities & Capacity
Planning for Change - Model

Objectives

**S.M.A.R.T.**
- Specific
- Measurable
- Attainable
- Results focused
- Time limited

- Organizational Objectives
- Short-term Metrics
- Long-term Behavioral Changes
Planning for Change - Model

Objectives

Target Audiences

• Behavior change target
• Influencers
Planning for Change - Model

Objectives

Target Audiences

Marketing Mix

Product

Price

Place

Promotion

• Align with marketing activities
• Benefits to consumer

• What are you asking the consumer to give up
• Funding for initiative

• How can you enhance access to offering

• How can you reach your target audience
Planning for Change - Model

Objectives
Target Audiences
Marketing Mix
  Product
  Price
  Place
  Promotion
Measurement/Evaluation

- Align with objectives
- Interim and long-term outcomes
Planning for Change

Step 1: Community Needs Assessment

- Obesity and diabetes
- Lack of transportation
- High rate of heart disease
- Lack of mental health services
- Infant mortality/low birth
Planning for Change

Step 1: Community Needs Assessment

Obesity and diabetes
Lack of transportation
High rates of heart disease
Lack of mental health services
Infant mortality/low birth

[Blank space]
Planning for Change

Step 2: Strategic and Marketing Plans

- Reduce readmissions – CHF, COPD and diabetes
- Strengthen primary care to accept risk contacts
- Focus on growing neurosciences
- Focus on growing cancer
- Focus on growing cardiac services
Planning for Change

Step 3: Secondary Data

- Significant financial loss in NICU
- High margins in orthopedic and cardiac surgery
Planning for Change

Step 4: Look for Intersections

- **Obesity and diabetes**
  - Lack of transportation
  - High rates of heart disease
  - Lack of mental health services
  - Infant mortality/low birth
  - Focus on growing neurosciences
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  - Focus on growing cardiac services

- Reduce readmissions – CHF, COPD and diabetes
  - Strengthen primary care to accept risk contacts

- Significant financial loss in NICU
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Focus on growing cardiac services
Planning for Change

Step 4: Look for Intersections

- Obesity and diabetes
- Lack of transportation
- Infant mortality/low birth

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Significant financial loss in NICU

High margins in orthopedic and cardiac surgery
## Planning for Change

### Step 4: Look for Intersections

<table>
<thead>
<tr>
<th>Issue</th>
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# Planning for Change

## Step 5: Capabilities & Capacity

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Planning for Change

Step 5: Capabilities & Capacity

- Obesity and diabetes
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- Infant mortality/low birth

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- Need to recruit cardiac providers

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- High rates of heart disease
- Well-developed health education program

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- Need to recruit cardiac providers

Planning for Change

Step 5: Capabilities & Capacity

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Capabilities & Capacity

High rates of heart disease

Need to recruit cardiac providers
## Planning for Change

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Planning for Change

Step 6: Gaps and Opportunities

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Lack of transportation
High rates of heart disease
Lack of mental health services
Infant mortality/low birth

Reduce readmissions – CHF, COPD and diabetes
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Significant financial loss in NICU
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Well-developed health education program
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### Planning for Change

#### Step 7: Behavioral Influence

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* Indicates high prioritization.
### Planning for Change

#### Step 8: Level of Impact

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<th>Action Areas</th>
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Planning for Change

Step 9: Select and Prioritize

1. **Diabetes:** Initiate a diabetes prevention and disease management programs

2. **Prenatal Health:** Work in partnership with March of Dimes to identify specific behavior to target to improve infant mortality and low birth weights.
You are the...
Three Key Take-Aways

1. Behavioral change is grounded in evidence-based theory
2. Health improvement doesn’t happen in a vacuum – you have to consider the entire environment
3. Efforts to improve health through behavior change and achieving your marketing objectives are not mutually exclusive. (Think win-win.)
Questions?

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