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Social media influence on evolving health care marketing communication

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SOCIAL MEDIA INFLUENCE ON EVOLVING HEALTH CARE MARKETING COMMUNICATION

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Dedication

I would like to dedicate this manuscript to my family who supported me throughout this research. Thank you Mom, Dad and Jeff.

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I would like to express my appreciation to Dr. Suzanne FitzGerald for her guidance and help throughout this research.

Abstract

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The purposes of this investigation were to (a) determine how much of an impact social media has on health communication (b) understand the evolving impact of social media effectiveness and (c) consumer preferences for health care communication. The author conducted both qualitative and quantitative research. This research includes an in-depth interview, a survey and a website content analysis of two health care organizations in the Delaware Valley. This will provide health care organizations with communication techniques to use for current and future consumers. The research revealed that the majority of consumers prefer to hear messages from a trusted source. Both age groups (18-24) and (55+) prefer to hear health communication through traditional channels like word-of-mouth, rather than social media. Despite the evolution and effectiveness of social media, health communicators should continue to provide strong and effective traditional channels of communication.

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Chapter 1

Importance of the Problem

Marketing strategies have changed since 2002. In the past ten years, social media, online advertising and blogs have taken over traditional channels. Companies need to continue to research the best ways to advertise and send messages to the public, consumers and potential consumers.

This researcher will seek to discover if various marketing communication strategies differ by age groups using Christiana Care Health in Delaware as a case study. The significance of this study is the recommendations it will garner for public relations and marketing practitioners. Many companies only use one type of message for all ages and groups. If marketers send messages geared toward specific age cohorts, then sales and/or profits may increase.

A goal of health communication is to inform, influence and motivate individuals to pay attention to health issues and to choose specific health care providers. Public relations can help institutionalize how to effectively use social media in choosing a provider/hospital for health care.

With the immergence of the Internet and web sites, media has not only been able to cover health care, but now can cover the news much faster in a more detailed way. Millions now use the Internet as a source of health information (Broom, 2009). For that reason, health care organizations need to familiarize themselves with the most efficacious ways to reach people of all ages.

Although health-care organizations post information on the web, the mass media

still play an important role in health-care. Mass media, such as paid advertising, community relations, interpersonal communication, publications and videos, still play an important role in shaping the reputation of hospitals, explaining health care procedures and agendas (Broom, 2009).

According to Jennifer Johnston at Christiana Care Health Systems, marketing has changed so much even for employee communications. When designing marketing materials, the direct communication from the public relations manager to the graphic designer is much faster and more effective. Johnston also commented on how the website has to be continually updated. Although much of Christiana's reputation is derived from word of mouth, marketing materials still play an important role in health communication.

Social networking and marketing influence how consumers communicate with their physicians and others. Social media creates two-way communication between physicians and consumers. Social media is continually growing; therefore, marketers and public relation practitioners will continue to develop new channels to send messages.

Problem Statement

Research has looked at marketing towards demographics like gender, income level and ethnicity. Very little research has been done on marketing communication in the health communication field towards different age groups. Since social media may not be for everyone, the older generation of consumers may still want to receive marketing communication through traditional formats. If marketing does not change among different age groups, there will be a gap in receiving and understanding messages.

The main question is, how marketing communication to health consumers vary by age group; for example, 18-24 and 55 and older, and do these age groups prefer to receive health communication through traditional or social media? In order to answer these questions, this researcher will assess the process of marketing communication.

Delimitations

The author will not study a variety of hospitals throughout the United States.

The author will not receive proprietary information from Christiana Care Health system.

The author will not focus on social media other than Twitter, Facebook and hospital websites.

Purpose

To provide the knowledge of who does and does not prefer social media, the author will conduct both qualitative and quantitative research. The researcher aims to further the understanding of the social media marketing process and its effectiveness.

This will provide the public relations community the knowledge whether its messages are effectively communicated.

H1- It is expected that health care marketing communication differs in its effectiveness significantly from 2002 to today's marketing communication.

"In this article we suggest the importance of efficacy research in health communication and marketing. In the field as a whole, there has been increased dialogue recently about the problem of weak evaluation design in many health communication campaigns and resulting lack of evidence of effectiveness," (Noar, 2006).

"In particular, there is a dearth of evidence on how message and marketing strategies work, and efficacy methods can help to build the evidence base in these areas. With a rapidly evolving media environment, there are new and expanding opportunities to reach highly targeted audiences," (Lefebvre, 2007).

According to Jennifer Johnston from Christiana Care, marketing has changed since she started working in the field. Johnston stated that most communication employees already in the field continually go to webinars and conferences to stay current and up-to-date with social media and marketing.

There is limited research on the reliability and validity of health marketing measures and methods tested in a controlled environment, testing of health messages, and development of refined messages and materials in controlled settings—so-called forced exposure tests," (Lefebvre, 2007). According to Lefebvre, much of the research comes from product literature and is proprietary.

H2- It is expected that younger health care consumers (18-24) use social media (like it more) than older consumers (55+).

"Communication channels should be matched to a person's motivation level. Highly motivated consumers may seek out health information through interpersonal communication, specialized print media, or the Internet, while consumers who are less interested in health information may receive health information passively through mass media channels such as television and radio," (Dutta-Bergman 2004). Mobile devices hold significant potential for reaching even less motivated consumers (Fox 2010).

According to Johnston, marketing materials are consistent with what people sign up to receive. There is little marketing towards the younger population, because it is generally healthy. When marketing towards consumers age 55 and older, these consumers tend to like traditional marketing.

H3- Health care consumers prefer to hear messages from a trusted source rather than word of mouth.

Public trust, increased litigation and a critical media characterize health-care; hospitals are constantly a target of poor-quality care and failure to provide a service or procedure. Patients are easily able to take their complaints to the media. Having a public relations practitioner on call helps the organization to upkeep a positive reputation in a crisis situation (Broom, 2009).

According to Johnston, word-of-mouth is the number one way that people send and receive messages. This will always be true, and word-of-mouth can now be

expressed easier through social media rather than individual contact.

Procedure

To determine marketing differences between different age groups and their channel usage, the author will conduct an in-depth interview with Jennifer Johnston, senior marketing communications manager at Christiana Care Health Systems in New Castle, Delaware.

The author will conduct two types of quantitative research. In the first quantitative research method, the researcher will administer a survey for its target audiences, 18-24 and 55 and older. The snowball survey will be sent out via Facebook links, email and word of mouth.

The author will conduct a website content analysis of two types of hospitals- a large teaching hospital, Christiana and a small community hospital, AtlantiCare in Egg Harbor Township, New Jersey. The content analysis will analyze both websites' homepage for similarities and differences. The author will compare the differences in marketing and target audiences for both hospitals. The author will also compare the differences in how much marketing each hospital if they rely on social media, traditional media or both.

Since 2002, social media has allowed competitors to get messages to their target audiences more quickly and effectively. Christiana Care Health tends to rely more on word of mouth since it is the dominant and largest hospital in Delaware and has a good reputation.

To review the most recent body of knowledge on the subject of health communication, the author will conduct a literature review of peer-reviewed journal articles, similar thesis' and other content. Chapter two will highlight important information in regards to marketing and health communication in health care organizations

Definition of Terms

Communication- a way health care organizations send out messages to its target audiences through traditional print method, social media or word of mouth.

Content analysis- an analysis of two hospitals' web pages in New Jersey and Delaware for similarities and differences in common terms.

Marketing- creation of messages used by health care organizations to send out message through different channels.

Social media- A group of Internet-based applications used by health care organizations to send and market messages to consumers.

Snowball Survey- a survey sent out to target audiences between the ages of 18-24 and 55 or older intended to be passed along via email, word of mouth and social media through friends and family.

Literature Review

Health-Care Public Relations and Marketing:

Public Relations can influence consumer behavior through positive reinforcement and simple behavior models. For some, public relations tools are used to alter people's opinions and perceptions and reshape reality. To others, public relations yield a positive result such as attracting media attention or creating positive public opinion. However, with the lack of control over the target audiences, negative opinion can easily impact and affect perceptions (Broom, 2009).

According to Broom, "Public relations is the management function that establishes and maintains mutually beneficial relationships between an organization and the publics (2009).

Public relation practitioners are trained to conduct plans for management, establish relationships between an organization and its stakeholders, and monitor internal and external awareness and influence opinions and attitudes. Public relations practitioners also analyze the impact of policies and procedures, counsel management, establish and maintain two-way communication between the organization and the public (Broom, 2009).

Just like public relations, marketing works hand-in-hand with the public. Marketing, according to Broom, is the management function that identifies human needs and wants. It offers products and services to satisfy those demands…" (2009).

According to the American Marketing Association, "Marketing, including social

marketing, is a process designed to develop and deliver products that offer real value to the customer (www.ama.com).

Public relation practitioners and marketers need to work in tandem to help health-care organizations survive. Public relations and marketing professionals put their strengths of community relations and effective communication messaging to help increase hospital communication (Broom, 2009).

In addition to hospitals' concerns for preventative care, government involvement and insurance coverage; hospitals also have to remain financially stable. If hospitals do not make enough money to cover basic costs, hospital budgets can be reduced. Not only will costs be reduced, but also services and jobs for workers may disappear (Broom, 2009).

In order for hospitals to survive budget cuts and the affects of cost cutting, health care professionals turn to public relation practitioners and marketers.

Cost is the number one factor in fixing the health care crisis. Budget cuts and reducing of services and workers may ultimately affect the survival of hospitals and the health-care system (Broom, 2009). Although marketing representatives and public relations practitioners play a major role in the organization of the health-care system, there are a few issues that increase problems with health-care costs.

One of these problems is the ongoing issue of paying for health services. Generally an insurance company has little control over the purchase or cost of the service (Broom, 2009).

Secondly, usually the physician/provider chooses a recommended hospital or orders additional services for the patient (Broom, 2009).

If traditional media is slowly being taken over by social media, then public relation practitioners need to keep up to date with technology. Many hospitals create and update community websites to give access to health information, podcasts, videos, and photos (Broom, 2009). Now, all the hospital information that was once internal has now become external, as it exists on the Internet.

Since websites are updated frequently, bloggers can post positive or negative comments, feedback and experiences on the community blog page. Blog pages, a word of mouth technique, can affect readers' perception of hospitals and services. Therefore, public relation practitioners must counsel leaders, monitor media, plan strategic communication and help demonstrate value (Broom, 2009).

Millions now use the Internet as a source of health information. Since the emergence of the Internet and web sites, the media has not only been able to cover health care, but also can cover the news much faster and in more detail (Broom, 2009).

Not only are patients able to post on hospital websites, but also communicators can report on breaking news stories, look for story ideas or other information on websites (Broom, 2009). Health-care organizations are easily able to post news stories to a worldwide audience with a click of a button (Broom, 2009).

Although health-care organizations post information on the web, the mass media still play an important role in health-care. Mass media, whether it be paid advertising, community relations, publications and videos, play an important role in shaping the reputation of hospitals, explaining health care procedures and agendas (Broom, 2009).

Hospitals are often targets of increased litigation and a critical media. Due to the rise in both social media and online marketing, health-care organizations need a

communicator to be on-call 24 hours a day to give prompt responses (Broom, 2009).

Having a public relations practitioner on call helps an organization to maintain a positive

reputation in a crisis situation (Broom, 2009).

Health-care organizations are under the Health Insurance Portability and

Accountability Act of 1996 (HIPPA). According to Broom, "HIPPA rules may prevent

hospitals from responding to allegations made by disgruntled patients who take their

complaints to the media or post them on the Internet." HIPPA helps eliminate media

coverage because before a story can be sent out, the media must have a patient's first and

last name (Broom, 2009).

"Without question, social marketing has proven to be a highly useful framework

for health communicators to use in tackling critical problems in public health," (Huhman,

2010). Until recently, some health communicators were skeptical on the effectiveness

and benefits of integrated marketing for health communication.

"Now we have years of research and evaluation of initiatives that used marketing

communication to achieve behavior change among multiple and diverse behaviors and

audiences (Huhman, 2010).

Rise of Social Media

Social Media is slowly taking over traditional print methods as the primary

channel for marketing and advertising purposes. And, social media has a strong impact

on the strategic marketing practices of hospitals (Revere et, al, 2010). Today, consumers

use the Internet as the primary tool to find information about potential healthcare

providers and the quality of each facility (Revere, 2010).

According to the Pew Internet and American Life Project Tracking Survey, "80 percent of the U.S. Internet users look for health information online. The study also reported that 30 percent of healthcare professionals find that more than 80 percent of their patients are Web informed," (Podichetty et al., 2006).

Although people tend to use the Internet as a primary tool for information when choosing a health care facility, consumers allow a variety of tools to influence their decision. The Internet can also be used to help promote an organization's products and services to allow consumers to compare hospital facilities and services. According to Taylor, "Quality perceptions are believed to positively influence patient satisfaction, which in turn positively influences the patient's decision to choose a specific healthcare provider."

Not only do consumers use the Internet as a search engine, but the use of online marketing is an essential component of healthcare marketing strategies and tactics. It will allow information on customer satisfaction, services offered and goodwill created with the provider to be viewed (Revere, 2010).

When healthcare marketers increase consumer perception via the Internet, it is easy to provide quality strategy, performance and outcome information, from current consumers to potential consumers (Revere, 2010). Therefore, consumers using the Internet to find information on the health care provider will help determine the quality of the organization.

Since web searches are common in consumer-based decisions, it is important for online marketers to display crucial information for consumers. Hospital reputation and ranking in a search as well as its design is important when viewing search results

(Milano, 2010).

Since there are so many consumers relying on the Internet, website design has an important role in the satisfaction of current and potential consumers. If the website is difficult to grasp and simple tasks such as "find a doctor," "locations," and "services offered" are complicated to find, a consumer may feel dissatisfied and lost when choosing a facility (Robeznieks, 2011).

However, increasing health communication through social media, via the Internet, can provide future patients with testimonials of success stories (Scammon, 2011).

Patient portals are a new marketing strategy used for physicians and health care organizations to communicate with patients (Robeznieks, 2011). Marketers create online portals as an innovative way to give patients access to their test results, medical bills and doctor's schedules. Not only can patients choose facilities and access medical information, websites now allow physicians to introduce themselves online through video profiles, and provide educational materials such as brochures and newsletters (Robeznieks, 2011).

In addition to patient features, some hospital websites now have the tools to use 'heat maps.' Heat maps allow web designers to access commonly searched items and areas where consumers spend most of their time. This allows designers to change the web based on need (Robeznieks, 2011).

Patients who access information online and ask questions via e-mail have increased customer satisfaction. With the expansion of websites, hospitals are able to create blogs, allowing other patients to view experiences, success stories and the reputation of physicians.

Blogs have become fairly popular in patients' online portals discussing topics like success testimonials and other information. A few hospitals have taken advantage of the trend by reserving space for bloggers on their websites (Bush, 2008). Blogs have been used for years to create communities of consumers and potential consumers seeking information and connections on common interests (Bush, 2008).

In addition to online blogging, popular channels such as YouTube, Facebook pages, Twitter accounts, LinkedIn accounts, and FourSquare sites are also being incorporated into health care communication (PT in Motion, 2011). Several hospitals throughout the United States are active on different social media platforms. These platforms allow the hospitals to have "followers" "fans," or "friends" and can easily share information for free (PT in Motion, 2011).

A recent study by Capstrat-Public Policy Polling surveyed U.S. adults and found that 85 percent would not use social media or instant messaging channels for medical communication if their physicians offered it, (PT in Motion, 2011). The survey also found that only 11 percent of respondents said they would take advantage of social media such as Twitter or Facebook to communicate with their physician, (PT in Motion, 2011).

In addition to that finding, according to the National Research Corporation, only one in five Americans now use social media web sites as a source of health care information (PT in Motion, 2011). The survey, however, also found that one in two respondents said that they preferred health provider sites to any other source, while 14% preferred an integrated approach of health provider sites and social media combined. Only 3% preferred only social media (PT in Motion, 2011).

Compared to older adults, Americans using social media for health care tend to be young—41 years old on average, versus 48 years old for those not using social media for health care (PT in Motion, 2011).

A study conducted by Shirley S. Ho at University of Wisconsin-Madison explored Web-based surveys to examine the influence of face-to-face vs. online chat room discussion and social-psychological factors on people's willingness to express opinions.

According to Ho, "in this experiment, respondents were asked whether they would be willing to express an opinion if they were placed in a face-to-face discussion group in one condition and in an online chat room discussion group in the other condition."

The results show that the fear of speaking out and having a negative perception was significantly reduced in computer-mediated discussions (Ho, 2012). This study shows the effectiveness blogging has on social media. Bloggers feel comfortable to express positive or negative opinions because of their anonymity (Ho, 2012).

Health care communication and marketing are continually growing. It is evident that marketing campaigns are effective in changing health behavior (Evans, 2009).

Campaigns are commonly examined using qualitative, formative research methods, implemented in the campaign, and then evaluated after. This alters the rest of the study because the message was not previously rated on effectiveness (Evans, 2009). A good study should research effectiveness of marketing campaigns and health communication under controlled conditions prior to its release.

Therefore, without prior research in a controlled setting testing its efficiency, there is very limited published research on reliability and validity of health marketing

measures and methods (Evans, 2009).

With social media rapidly evolving, there are new ways to reach target audiences in health communication. Research and evaluation done properly will help practitioners understand message effectiveness (Evans, 2009).

Short-term research in marketing is the immediate reaction and response from advertising. These reactions could be likeability, credibility, and perceived message effectiveness (Evans, 2009).

According to the Patient Protection and Affordable Care Act signed into law March 2010, "it is the assumption that consumers will willingly participate in a variety of health care initiatives, from choosing health care providers on the basis of the quality of care they provide to participating in preventive care to stay healthy," (Scammon, 2011). This law is aimed at changing consumer's views about health and encouraging them to participate in healthy behaviors and the ability to choose (Scammon, 2011).

Current marketing strategies are formed from relationships in economic, social and cultural contexts (Mittelstaedt, 2009). The health care system has improved since the last century. Hospitals are now able to offer services without outsourcing budget (Mittelstaedt, 2009). In 1929, when Blue Cross and Blue Shield provided a foundation for expansion in health care as a marketing system, it allowed doctors to gain credibility (Mittelstaedt, 2009).

Christiana Care Health System:

Christiana Care Health, located in Wilmington, Delaware, is one of the country's largest health care providers. According to the Christiana Care Health website, Christiana is rated seventeenth in the nation for hospital admission and is a teaching

hospital with two campuses and more than 240 medical and dental residents and fellows.

Christiana has two primary campuses, one in Wilmington, Del., and Newark, Del. Christiana is the only Level I trauma center and the only Level 3 neonatal intensive-care unit in the state of Delaware.

According to the Christiana Care Health website, "Christiana Care Health System is dedicated to improving the health of all individuals in the communities we serve through health care services, education and research." Christiana is a not-for-profit hospital with two locations and more than 1,100 patient beds, home health care service, preventative medicine, rehab services, network of primary care physicians and extensive range of outpatient services.

Also according to the Christiana Care health website, Christiana has won several awards, and is continually recognized for excellence on a regional and national level. Christiana specializes in cardiology, cancer and women's health services. Some of Christiana's recent awards are: Society of Thoracic Surgeons, US News and World Report "best hospital," nursing magnet recognition, partners for change for environmental stewardship, quality respiratory care recognition, beacon award for critical care excellence, and top 100 in nursing satisfaction (Christiana Care Health).

Christiana is one of the largest employers in Delaware. With more than 10,400 employees, and more than 2.1 billion in total patient revenue and provided the company with $27.1 million in charity care, Christiana excels in the Philadelphia region (Christiana Care Health).

Christiana continues to excel in rankings nationally and regionally.
Here are a few examples of how Christiana ranks among hospitals in the United States:

	United States Ranking	Regional Ranking
Admissions	17th	10th
Births	26th	12th
Emergency visits	20th	10th
Total surgeries	23rd	11th

Christiana Care Health System strives to be a coordinated, patient-focused health care system of unsurpassed excellence. Christiana Care Health System was founded in one of the earliest colonial towns in America and opened in January 1985. According to the Christiana Care health website, in 1995, the hospital conducted two major expansion projects: a new emergency and trauma center, and new women's health wing.

Recently it opened the Center for Heart and Vascular Health and the Helen F. Graham Cancer Center. The Helen F. Graham Cancer Center is one of the first National Cancer Institute Community Cancer Centers Program awarded sites in the United States (Christiana care health).

The Helen F. Graham Cancer Center features some of most advanced medical technology, for example, an on-site laboratory that allows cancer researchers and oncologists to collaborate in developing new treatments for individual patients. It also features a comprehensive array of services and amenities to make cancer diagnosis and treatments more effective (Christiana Care Health).

However, the most significant change since the 1990s was the establishment of Christiana Care as a fully coordinated health system. Christiana provides a variety of services that include prevention, primary-care disease diagnosis and management, rehabilitation, home health care and more (Christiana Care Health).

The hospital has several other branches besides the main hospital. Some of the

other major facilities include are: Wilmington Hospital, Eugene du Point Preventive Medicine and Rehabilitation Institute, Middletown CareCenter, Smyrna Health and Wellness Center, HealthCare Center at Christiana, Wilmington Annex, Roxana Cannon Arsht Surgicenter and Christiana Surgicenter (Christiana Care Health).

The external affairs office has thirty employees working for all parts of the hospital. Each of the employees has several 'clients.' These clients are different health systems.

Marketing efforts only focus on ages 45 years and older. According to Jennifer Johnston, the senior marketing communications manager, Christiana does not need to worry about younger adults in their twenties, because they are generally healthy. However, marketing materials are sent out to not only Delaware residents, but also residents in Pennsylvania and Southern New Jersey.

According to Johnston, because Christiana is so large and the number one trauma center in Delaware, not many people rely on social media for information. Word-of-mouth communication helps Christiana maintain its positive reputation.

Christiana uses many social media channels such as Facebook, Twitter and Flicker. The web design team at Christiana runs all online social media. Johnston believes that because of consistent marketing efforts, residents have a high return rate when choosing Christiana over another hospital.

All of the marketing materials are consistent with each other and focus on their central theme of "Focus on excellence." Its focus on excellence model displays patient safety first as well as patient clinical excellence: An employee should think of himself/herself as a patient, at a great place to work (Christiana Care Health).

AtlantiCare Health Systems:

AtlantiCare is the region's largest healthcare organization and largest non-casino employer. AtlantiCare has more than 5,000 employees and 600 physicians in 70 locations; 50 locations in southeastern New Jersey.

Its institutional messages convey a focus to serve the community as a provider of health and wellness services as well as its dedication to building healthy communities through partnerships with organizations that share its interest in health (Atlanticare).

AtlantiCare offers its services to those who are healthy, at-risk or with acute or chronic illness. Services provided include the following: Family Medicine and Internal Medicine, Urgent Care Centers, Pavilion OB/GYN, Neurology Associates and Vascular and General Surgery program.

At these facilities, AtlantiCare offers several healthcare services, such as: Wound Healing Centers, Cancer Care Institute, Neurosciences Institute, Women's and Children's Services, Surgical Weight Loss and Wellness, Harrah's Regional Trauma Center, Heart Institute, Joint Institute, The Roger B. Hansen Center for Childbirth, and The Stanley M. Grossman Pediatric Center.

AtlantiCare also serves as AtlantiCare Regional Medical Center, AtlantiCare Health Engagement and AtlantiCare Foundation. AtlantiCare Regional Medical Center provides 567 teaching beds with two campuses in Atlantic City and Pomona, NJ (Atlanticare).

AtlantiCare has been awarded and recognized several times. The Regional Medical Center has earned the Joint Commission's Gold Seal of Approval and the

nursing profession's highest honor, the Magnet designation. AtlantiCare Regional

Medical center is also accredited by American College of Surgeons and College of

American Pathologists.

AtlantiCare has also received these accreditations and awards; The Baldrige

National Quality Award in 2009, Chest Pain Accreditation and Bariatric Surgery Center

of Excellence for Surgical Weight Loss and Wellness.

In early 2005, AtlantiCare became more than a hospital, but a LifeCenter. The

LifeCenter is dedicated to helping patients improve quality of life through a holistic

approach to health and fitness. At the LifeCenter, services like Personal Training, Group

Classes, Exercise pool, Massage and Spa treatments give members a sense of well being

(Atlanticare).

This facility is committed to enhancing the quality of patient care, a safe

environment and high level of satisfaction among patients, practitioners and employees.

The Performance Improvement process, a systematic approach to improving

performance, entails five processes that employees use to track progress of specific

programs. These processes are: planning, designing, measuring, assessing, and

implementing improvements (Atlanticare).

AtlantiCare takes pride in its top-priority, key programs which are patient safety,

medication safety, clinical practice guidelines, customer satisfaction, primary stroke

centers, 100,000 lives campaign, surgical care improvement project and organ donation.

In essences, these key programs are dedicated to preventative medicine, safe and

effective ways to treat conditions.

The Institute sponsors the One Hundred Thousand Lives campaign for Healthcare

Improvement. Its mission involves hospitals throughout the United States making changes in health care to enhance patient care and prevent avoidable deaths. There are six major areas in this campaign: providing rapid response to early warning signs; giving reliable care for heart attacks; preventing medication errors; preventing IV catheter infections; preventing surgical site infections; and preventing ventilator-associated pneumonia (Atlanticare).

AtlantiCare in Egg Harbor Township, the Cancer Care Institute, is the home to outpatient medical Oncology, Infusion and Radiation Oncology. This institute has state of the art patient comfort features, was designed and constructed under LEED standards (Leadership in Energy and Environmental Design), Healing Arts and an Oncology Community Advisory Committee (atlanticare).

Strategies in Health communications marketing:

Researchers continue to find new ways to conduct health communications. In the past, researchers based all marketing channels and messages on behavioral change and psychological theories. In the past few years, marketing for channel messaging and receiving has differed (Evans, 2009).

The ultimate goal of health communication and marketing campaigns is to help promote positive changes in health behavior. According to the Integrated Model of Behavior change, models are attempts to predict changes in behavior in individuals (Evans, 2009).

The purpose of researching these common areas in marketing will help determine how individuals are exposed to health marketing messages, gain new information,

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process the information, form attitudes and intentions and implement new behaviors because of the message (Evans, 2009).

In health care marketing, it is common to use short-term measures of responses to campaigns rather than long-term behavioral changes. Long-term behavioral changes are examined through time-tested behavior. Some of these research items include recall and recognition of messages, appraisals of ad appeal, ad processing, perceived efficacy, attitudinal correlates of campaign-targeted behaviors, behavioral intentions, and behavior change (Evans, 2009).

Consumer behavior research developed the concept of involvement as a way of predicting advertising effectiveness (Kim, 2003).

There are several types of communication and marketing techniques that are used to help with behavior change. One is through Tailored Health Communication (THC). According to Rimer, "THC is any combination of information and behavior change strategies intended to reach one specific person based on information unique to that person, related to the outcome of interest, and derived from an individual assessment," (2006).

Tailoring is a popular health communication strategy that helps make health communication more efficient. Tailoring is known to help provide a framework to design and construct health education (Suggs, 2009). Tailoring can also help health communications have more efficient promotion and are behavior change that can increase potential health benefits (Suggs, 2009).

Tailoring helps match content to an individual's information and needs, provide health information in a context that is more meaningful, use design elements to capture

the individuals attention, and provide information through preferred channels of delivery to reduce any barriers (Rimer, 2006).

This communication technique has helped marketers send specific messages to the public based on its needs (Rimer, 2006). An example of a tailoring is simply placing a recipient's name on the marketing material (Suggs, 2009).

Tailored marketing has developed since the early to mid-1980s. Tailored communication was originally in traditional print method, brochures, pamphlets, and booklets for one general audience. It became expensive to print all copies, so tailored marketing developed materials and programs that would meet specific needs of potential users (Rimer, 2006).

Unlike many other communication techniques, tailoring is intended to reach one specific person, based on characteristics that are unique to that person, related to the outcome of interest (Suggs, 2009). Tailored communication has been found to be the most effective way to deliver health messages (Suggs, 2009). With recent Internet improvements, tailored health communication can be delivered to large number of individuals at a smaller cost (Suggs, 2009).

Another effective technique is targeted communication. Targeted communication creates persuasive messages towards specific population subgroups based on demographic and behavioral variables (Rimer, 2006). This method was already used in other advertising and marketing, as well as social marketing, but not for health marketing materials (Rimer, 2006).

Targeted communication like tailored communication targets specific groups like blue-collar and minority smokers, African Americans, older smokers, pregnant women,

and women with young children (Rimer, 2006). The categories were based on social marketing because of the difference in marketing for different groups of people. Advertisements for each group were determined by audience research by theories commonly used in that specific time frame (Rimer, 2006).

Health communicators also use the Transtheoretical Model to create messages for the public. The Transtheoretical Model described stages of change in an individual's readiness to adopt or modify health behaviors. The stages of changes are identified as: pre-contemplation, contemplation, preparation, action, and maintenance (Rimer, 2006). Both the transtheoretical model and the tailored communication model were used in combination or alone to create advertisements for groups.

Using simple behavior change models will help promote better patient understanding and increase marketability. Martin Fisbein and Icek Ajzen developed the behavior change theory of reasoned action in 1980. Reasoned action theory is another process of persuasion or intended behavioral change (Rimer, 2006).

Rather than attempt to predict attitudes, it is concerned with behavior (Rimer, 2006). Therefore, changing the message to consumers to tailor their needs and behaviors may be particularly helpful increasing the number of patients in facilities (Scammon, 2011).

There are also types of behavior change models that researchers incorporate when developing their messages. For example, the social cognitive theory by Albert Bandura focuses on directly observing others by interactions, experiences and outside media influence to teach others what to do (Kim, 2003).

Social Media versus Traditional Print method

According to American Marketing Association Research Council, its goals are to develop programs that improve a consumers understanding and the health of marketing research industry (American Marketing Association). However, with the rise of social media, research in marketing techniques is being jeopardized in its ability to identify, react to trends, problems and opportunities (American Marketing Association).

Social media is turning web advertising into a multi-billion dollar industry. Society tends to wonder if this new medium works better than traditional media (Sundar, 1998). Sundar conducted a study testing whether people remember advertisements on the internet any differently then they do in newspapers and television, how much memory they have for online ads compared to print ads, and if any ad is unique to advertising (Sundar, 1998).

This controlled experiment focused on memory differences for social media versus traditional print method. The study measured recall and recognition of advertising as a news story content on a newspaper front page and the same content that was presented on a website (Sundar, 1998).

Results from the study show that individuals exposed to news stories and ads in the print medium tend to remember more of the ad content than individuals exposed to the online medium. However, there was no significant difference on memory for story content (Sundar, 1998).

Subjects pay equal attention to print and online media Due to little difference between the memory differences with little difference in memory. However, the researcher suggests future studies investigate the differences due to the delivery

mechanism (Sundar, 1998). For example, a news story can take up the entire front page, whereas on a computer screen, there are several borders with advertisements that may limit readers' attention to the actual story or advertisement (Sundar, 1998).

Internet advertisements may seem like free-floating information sharing rather than carefully pre-designed advertisements that do not provide false information. This idea that the Internet has free information may provide a false predisposition of all its content (Sundar, 1998).

Conclusions of this study show that in order for web advertising to work, advertisers must do more to attract readers than they would have to do in a print medium (Sundar, 1998).

The use of the Internet for health education has grown. A study by the National Cancer Institute Health Information National Trends Survey says that among women who have breast cancer, many have sought the Internet to obtain cancer information (Yeob, 2009).

Not only do these women obtain information about breast cancer online, but also they turn to the Internet for health education and support. The Interactive Health Communications Systems (IHCSs) and the Comprehensive Health Enhancement Support System (CHESS) contribute to improvements in quality of life, participation in health care decisions, and effective use of healthcare services (Yeob, 2009). These two online groups help women deal with information, provide comfort in their health care and greater confidence in their doctor.

Up to 73% of American adults are now online and 79% of them have searched for health information on the Internet (Suggs, 2009). According to A Pew Internet and

American Life Project, nearly half of all Americans use the Internet when choosing health care (Suggs, 2009).

Although the Internet is a great source of information for health care, online communication does not take into account cognitive, behavioral and attitudinal factors that may lead to negative health outcomes (Suggs, 2009). Understanding online health communication is an important area for promotion and communication for practitioners and researchers (Suggs, 2009).

Traditional marketers often use advertising to bring attention to their goods and services. Then after generating interest, advertising will ultimately change the consumers' opinion (Berry, 2008). One of the largest challenges health communication faces is the competing messages from various health organizations (Berry, 2008).

Health communication campaigns use more than one channel to deliver messages and thus are more effective in changing behavior than those that rely on a single modality (Schooler, 1998).

Ultimately, the goal of the majority of health campaigns is behavior modification. Communicators should send messages that educate and inform people about the behaviors and conditions that place them at risk (Schooler, 1998).

There are several types of channels used throughout health communication campaigns. Typical channels of communication include newspapers, direct mail, booklets, and television. Channels are typically chosen that are affordable, feasible and sustainable over time (Schooler, 1998).

Channel research finds differences between print and broadcast media. There are different approaches to selection of media channels, (Schooler, 1998). There are two

types of approaches for media channels for public information campaigns, reach-specificity and arousing-involving (Schooler, 1998).

The first category, reaching specificity, targets audiences based on the channel used. Researchers assume that most all American homes have television sets, that are on most of the time. Because of this, all types of people watch television; therefore, channel marketing is easier.

Magazines have a lower reach, but health-specific or senior citizens' magazines reach a specific targeted audience (Schooler, 1998).

Secondly, arousing-involving is the other channel framework that stimulates emotions or excitement and a medium's tendency to encourage audience members to think about and retain messages. Researchers know that people retain information differently due to their involvement with it (Schooler, 1998).

Research has clarified the relationship between motivation and preventative health. Therefore, a lot of health campaigns not only use psychological and behavioral variables in health campaigns, but also look into motivational levels of individuals or the targeted audience (Kim, 2003).

Not many health campaigners have paid attention to the difference in the relevance of health messages to individuals (Kim, 2003). Because of this, messages can be changed drastically regarding the different levels of involvement (Kim, 2003). There are three ways receivers are involved in messages; personal characteristics, object characteristics and situational characteristics. Personal characteristics is a basic interest on the general issue. Object characteristics focuses on personal relevance to materials in the campaign and environment. Situational characteristics depend on different situations

of relevance.

Involvement is one of the most important factors in persuasion (Kim, 2003). Intrinsic personal characteristics for example, a person who has a family history of a particular disease, most likely will pay more attention to that disease than one that is not hereditary.

A situational characteristic for persuasion may be a person who has no experience with a disease affected by non-message cues such as the attractiveness and expertise of a health message source rather than content (Kim, 2003).

There are several pieces that go into the ELM model. ELM explains both issue-relevant and non-issue relevant attitude change, central route predicts behavior change and peripheral route explain issue-irrelevant cues and un-predictive of behavior change (Kim, 2003).

Some health campaign models consider the level of involvement among respondents as one independent variable despite motivation and perceived benefits. Marketing approaches are too dependent on demographic segmentation and marketing mix-variables. Without taking involvement into consideration the strategy would not be very effective (Kim, 2003).

Problems may arise if most publics are not equally involved with health issues. If this is the case, creating more awareness of the health campaign will create a more effective strategy (Kim, 2003).

Since the ELM model has been created, there have been several revisions. The newest health campaign model has two dimensions of involvement: enduring and situational involvement.

The model also takes those two categories and puts them into four different strategies based on four involvement situations. These categories are: low-enduring involvement and low-situational involvement; high-enduring involvement and low-situational involvement; low-enduring involvement and high-situational involvement; high-enduring involvement and high-situational involvement (Kim, 2003). These levels of involvement concern preventative-health behavior.

Health Care System Today/Crisis

The health care system today proposes to guarantee health insurance for all Americans, make prescription drugs affordable, address obesity, restrict tobacco use, encourage medical records and more (Broom, 2009).

In the 1990s, President Bill Clinton created a proposal to expand access to health coverage for uninsured and to control costs for those insured. However, the medical industry was resistant to this proposal and it was never formally voted on (Broom, 2009).

Since then, there have been smaller proposals to reform health care by expanding health insurance coverage, encouraging use of generic drugs, adjusting tax credits and information on use of technology and health care. However, all of these issues still have not been resolved and medical costs continue to rise, (Broom, 2009).

The health care system continues to struggle with cost interference. Although the main focus of health care is quality and access to care, cost continues to be the most preventative factor. Advancements in medical technology, new treatments, medical malpractice rates, increasing government regulation and the continuing struggle with prescription drug costs increase costs overall (Broom, 2009).

According to Broom, "an ongoing problem related to the costs of health care is the number of uninsured Americans, which increased in 2006 to 47 million—including 9 million children (447).

Furthermore, when patients do not receive care immediately because of no or poor insurance, lack of treatment increases the patient's disease to something more serious, therefore increasing the cost of medical treatment.

When patients cannot afford medical treatment, hospitals seek government reimbursement. Government reimbursement may or may not be successful (Broom, 2009). When the government does not support patient bills, hospitals absorb the cost or shift the cost to those who are insured (Broom, 2009).

When funding is low for health care, including the uninsured, hospitals tend to have additional issues with Medicare. Medicare helps the treatment of patients with special needs, those with AIDS, Alzheimer's and Parkinson's. It also affects the preventative medicine for chronic conditions like diabetes, obesity and asthma (Broom, 2009).

Summary

While there has been much research in the development of marketing materials in health communication, there has been little information on the process of how marketing materials are created. Little research exists on social media and if it is geared towards the older population.

Chapter three outlines the research design in which the author will discuss techniques used to answer the research questions and hypotheses.

Chapter 3

Methodology

How can health care facilities continue to provide patients information through their preferred source? Do they prefer Internet sources and online blogs or more traditional communications such as paper bound brochures, mailers and billboards?

Research Design

This study will determine the importance of marketing health communication towards different age groups. It should provide techniques concerning how to market towards the younger age group (18-24) for preventative health and older age group (55+) by marketing specific services.

Does most of the intended audience prefer to hear health communication through traditional or social media formats? In addition, how much does word-of-mouth play in determining which health-care facility to choose.

This researcher will conduct an in-depth interview with Jennifer Johnston, Senior Communications Manager from Christiana Care Health Systems in Wilmington, Delaware.

Survey respondents will include 100 residents of New Jersey ranging from ages 18-24 and 55 and older to determine how they hear about health care facilities and if they prefer traditional or social media marketing.

This study will find out how much health communication has changed and how patients want to receive their information. This study will also determine if creating

marketing messages towards different age groups will increase the popularity of a facility.

Qualitative Research

An in-depth interview will be conducted a health care systems in the Delaware Valley. The interviews will be completed before the survey to provide the researcher a background and knowledge of how health communication is strategized, planned and administered. Also it will allow the researcher to develop knowledge of some gaps in health communication depending on the hospital.

The interview will be conducted in-person. The preliminary interview will help the researcher create appropriate survey questions. The in-depth interview will be conducted in December 2011.

The in-depth interview questions will ask direct hypothesis questions, how they strategize, and the impact of traditional versus social media. The researcher will ask who the target audience is and which marketing techniques are used.

These questions will address the interviewee's perception of how valuable traditional and social media are. This researcher will directly ask hypothesis questions and questions regarding how marketing techniques have advanced since 2002.

Quantitative Research

A nonprobable sampling method, snowball sampling, will be used to randomly contact candidates to fill out the survey. The researcher will target 100 New Jersey residents between the ages of 18-24 and 55 and over to complete surveys.

Survey questions will focus on how consumers prefer to hear health communication and how health care systems are selected. The survey will also give the researcher knowledge of how hospitals need to strategize tactics, if any, to different age groups or continue to market their services in a time tested way.

The survey will be administered through Survey monkey and will provide anonymous results. The researcher will send out the survey on Survey monkey through Twitter and Facebook accounts and via email to qualified candidates.

The researcher will also conduct a content analysis of Christiana Care Health Systems and AtlantiCare's direct homepage on their organization's website. This will determine similar characteristics and differences in marketing methods.

Method of Analyzing Data

The researcher will use information from the in-depth interview to develop questions for the surveys to carry out specific themes.

Codification and analysis will provide insight into how much age groups are factored into health communication, how people prefer to hear messages and if they base their decision on a trusted source or information from health care facility.

The researcher will codify the survey, then use quantitative date to identify opinions and views of patients in New Jersey.

Summary

Research shows that traditional media have slowly been decreasing in health care systems. Social media and word of mouth tend to be the most visible channels and the most influential in making decisions and receiving information on health care.

Chapter four provides information from the in-depth interview and survey responses. The chapter will contain charts and graphs to show research results in which consumer preferences will be analyzed by age groups and traditional versus social media preferences.

General Findings:

Survey

Survey data provides opinions from participants about the importance of social media, traditional media or word of mouth marketing.

When analyzing survey responses, the researcher finds that majority of respondents believe that word of mouth is the most reliable source of information when choosing a health care provider. In addition, respondents choose traditional print as their second source of health care communication.

The following information details the results from 100 respondents via Survey monkey.
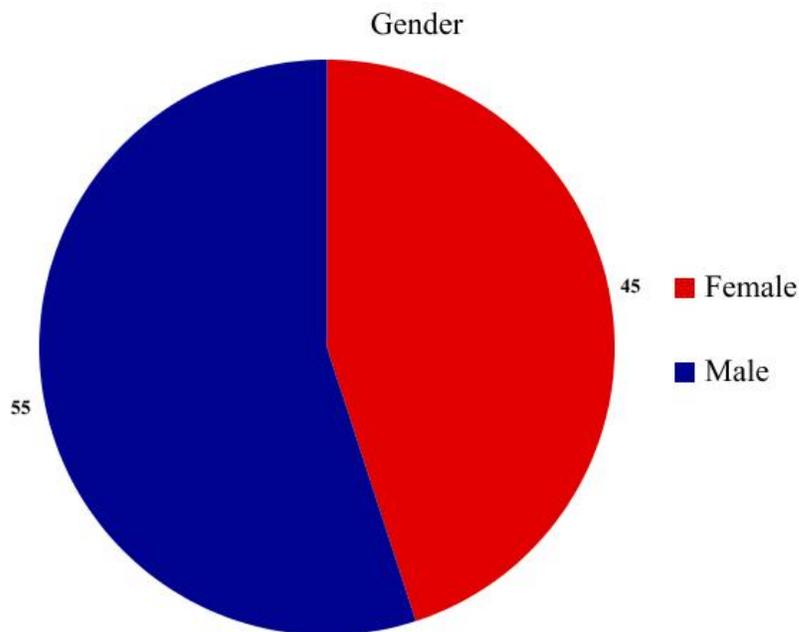
Figure 1

Demographically, gender was almost equal with 55% male and 45% female.

Age Groups

45

55

■ 18-24

■ 55 or older
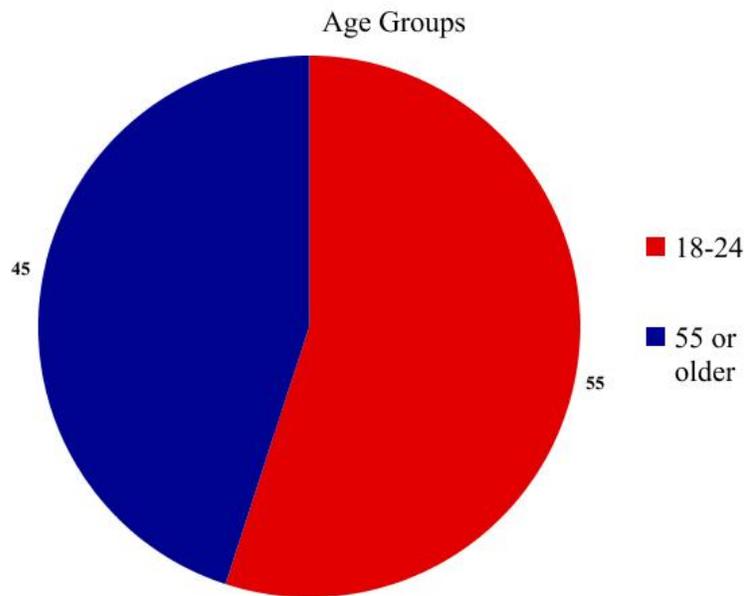
Figure 2

Figure 2 shows participants from each age group. Participants had to fall between the

ages of 18-24 or 55 and older. Fifty-five percent of the age group 18-24 participated in

the survey
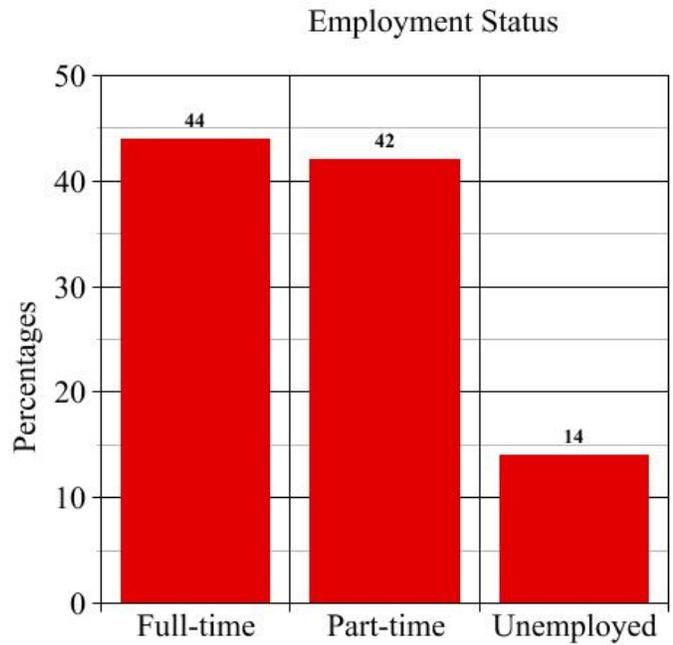
Figure 3

Figure 3 features employment status and whether participants hold full-time, part-time

jobs or are currently unemployed. Majority of the survey respondents (44%) are full-time

employees.
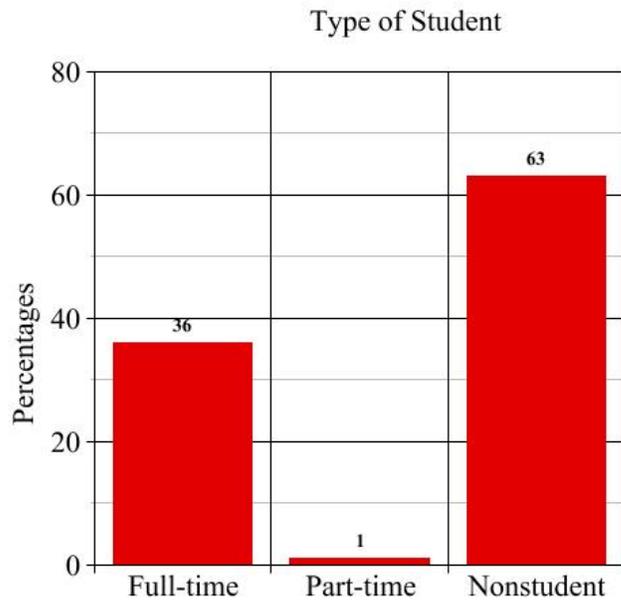
Type of Student

Figure 4:

Figure 4 delineates the type of student. The majority of the respondents (63%) are not

students.

Insurance Policy
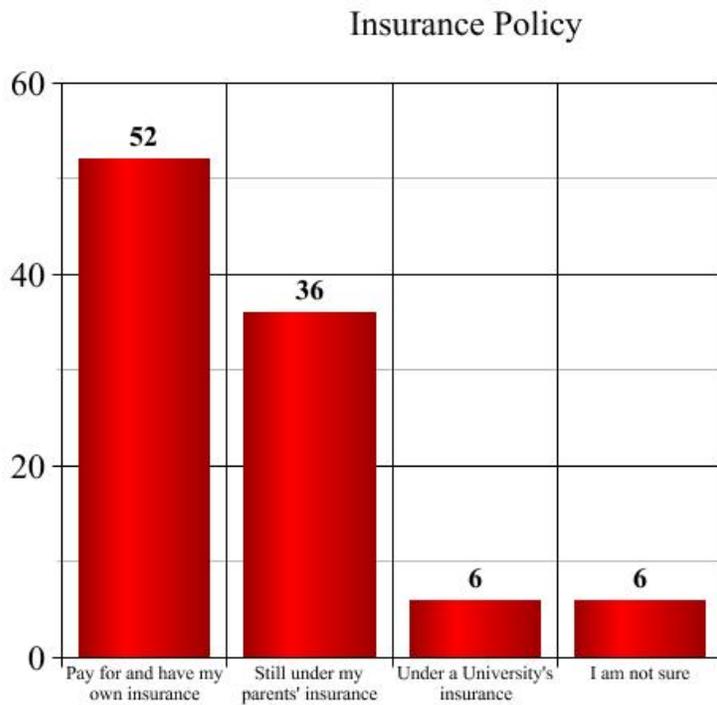
Figure 5:

Figure 5 provides the researcher with how many respondents currently have their own insurance, use parents' insurance, are under a university's insurance or do not know. It is likely that those who currently pay for their own insurance have the opportunity to choose health care providers. The majority of the respondents (52%) currently pay for and have their own insurance.

In-depth interviews General Findings:

Interview questions consisted of the effectiveness of social media, how Christiana Care Health System creates consistent materials and Johnston's opinion of younger patients compared to older patients of health care.

Christiana Care Health System has been able to keep up with today's marketing through individual efforts of its employees. "For all of us who have been out working for a while, social media is brand new to us. We have to play catch up and learn how to use these tools," said interviewee Jennifer Johnston. Johnston adds that she tends to go to a lot of conferences and seeks out webinars. Johnston also stated that she kept up to date with a lot of the trade publications as well.

Johnston touches upon blogs prior to a physician visit. Although Christiana does not have a specific blog, consumers tend to engage in conversation on its Facebook page. In Johnston's department, an employee monitors the Facebook page and flicker page. Christiana posts pictures of special events on flicker and makes it public. This allows

traditional media channels to use pictures approved by Christiana in their articles and/or posts.

"But also, it is kind of neat, flicker is a photo archive where you also can put a resource for media. We post employee events or conferences. A lot of employees, media and people in public can see it. It is a great way to get a quick photo," said Johnston.

Christiana does not tend to send out brochures. However, Christiana creates a database of those who sign up for specific information.

"We don't send out brochures. We don't tend to mail those out. Print is still around but we tend to print brochures when we give them to departments when they need to give them to patients," said Johnston.

Christiana tends to give out brochures during health fairs or given to referral sources. "We do direct mail pieces like a post card for our heart center and it talks about why you would choose us for your heart care. We also tend to do all elaborate mailers," said Johnston.

Johnston also comments that Christiana picks its mailing list by demographics. The physician will give Christiana's name out to specific patients. Christiana gives its specific audience demographics to a primary database. Then, the marketing department will send out materials based on referrals and target audiences.

Christiana conducts a variety of research methods prior to creating marketing materials. Focus groups, telephone surveys and online research are used to determine which direction to go in with their marketing efforts.

"We use software and a database, people have to opt in to get information from us. We send out emails about events or screenings that we are doing. There are a lot of

people that want specific information. We've built up the database enough where we can choose which audience we want at the event depending on the goal," said Johnston.

Johnston continues, "We can also then take the information from the database and measure how people responded to what we've out there so we can track action and behavior through that database. It's called CRM—customer relationship management."

The database CRM has effectively changed marketing since 20 years ago. "We would mail out an invitation to a community lecture and now we are able to email it and able to track behavior and response change through the database and see how people are interested in what service lines they are using," Johnson conluded.

"We are very strategic in when we send messages and how we send them. We schedule out when we send the emails. There were paper surveys when I started and now it's all electronic," said Johnston. "People would barely fill out the data when it was paper and pencil, it would also take forever to figure out what the data means."

Underlying messages in your materials

When Johnston discussed Christiana's marketing materials she notes that everything is green, Christiana's corporate color. All of its marketing materials and branding are consistent across the board.

"We are very serious about enforcing our brand and our graphic identity across the board. That helps with consistency. That is our company's underlying message, that we are one unified health system," said Johnston.

Johnston concluded that marketing materials are different for various audiences. It depends on what service, program or event Christiana markets.

"Young adults are not using our resources unless it's out patient imaging or children's hospitals that target up to 18. The 20-year-old-age group is not one that you would see as a prime audience unless it's something specific," Johnston concluded.

Content Analysis General Findings:

The researcher examined Christiana Care Health Systems and AtlantiCare websites' homepage, based on accessibility to patients finding information and their social media links.

As listed in the Table 1 and Table 2, Christiana and AtlantiCare have similar tabs to click on.   Christiana makes it easier for potential consumers to access information quickly. Tabs such as "Find a Job," "Find a Doctor," are listed on top of the webpage for users for both AtlantiCare and Christiana's website.

On Christiana's page, users have the option to click on "volunteer," "newsroom," "Make a gift," and "En Espanol." Christiana's website also allows the user to use a drop down menu with options for "contact us" and the basic search tool bar. However, AtlantiCare only offers a "site map," but allows the user to "share" and "search" on the top tool bar. AtlantiCare offers the other options, but on the bottom of the homepage.

Table 1: *Keyword Analysis for Christiana Care Health Systems*

	Accessible	Neutral	Inaccessible
Find a Job	1	0	0
Find a Doctor	1	0	0
Volunteer	1	0	0
Newsroom	1	0	0
Site Map	0	0	0

Christiana Care Health System makes it easy for users to clearly see (on the top

tool bar) some of the basic functions of the website.

Table 2: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Find a Job	1	0	0
Find a Doctor	1	0	0
Volunteer	0	1	0
Newsroom	0	1	0
Site Map	1	0	0

AtlantiCare offers information, but it is separated on the top of the homepage and

the bottom.

Christiana and AtlantiCare both highlight their programs, services, news and

events on the top of the homepage. On Christiana's page, keywords like "Cancer Care,"

"Heart and Vascular," "Bone & Joint," and "Women's Health" are distinguished.

However, on AtlantiCare, under "Centers of Excellence," the different services are listed.

These services are listed as, "Cancer Care Institute," "Center for Surgical Weight Loss

and Wellness," "The Heart Institute at ARMC," "The Joint Institute at ARMC,"

"Nuerosciences Institute," "Harrah's Regional Trauma Center," and "Women's Health

and Wellness."

News and Events are similar as well. On Christiana's website, events are listed

right under top stories. Atlantic Care lists "News & Events" together, but has several

events listed to the right.

Table 3: *Keyword Analysis for Christiana Care Health Systems*

	Accessible	Neutral	Inaccessible
Services Offered	5	0	0
News	2	0	0
Events	2	0	0

Both websites provide users with accessible links to popular items a consumer

may look for.

Table 4: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Services Offered	8	0	0
News	3	1	0
Events	2	0	0

Both health care organizations use social media and make it accessible to all users from

the homepage. Christiana's links are listed as "Visit us on" and AtlantiCare are listed as

"Connect."

Christiana's social media links are larger and are easily recognized. AtlantiCare

has its logos listed on the bottom corner and are much smaller. Christiana also takes

advantage of popular social media sites like "Flickr," "Google +," and "Tumblr," where

as AtlantiCare does not. AtlantiCare offers accessibility to "LinkedIn" where Christiana

does not.

Table 5: *Keyword Analysis for Christiana Care Health Systems*

	Accessible	Neutral	Inaccessible
Facebook	1	0	0
Flickr	1	0	0
Google +	1	0	0
Tumblr	1	0	0
Twitter	1	0	0
YouTube	1	0	0
LinkedIn	0	0	0

AtlantiCare offers the user three different links to their Facebook page; however, links on the bottom of the page are much smaller and harder to find. Its Facebook information may confuse users thinking that is the only type of social media to use.

Table 6: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Facebook	3	0	0
Flickr	0	0	0
Google +	0	0	0
Tumblr	0	0	0
Twitter	1	0	0
YouTube	1	0	0
LinkedIn	1	0	0

In general, AtlantiCare has similar information accessible on its webpage to the same location. There are a few different ways to "click on" essentially the same information, just in a different way. Christiana is less repetitive and offers various programs, highlights its logos, accreditations and mission statement on the homepage. Although Christiana does not have its Facebook highlighted three times throughout the

page, Christiana offers various links, patients stories, free online assessments, and its construction update.

Overall, Christiana is a much larger hospital; therefore, a budget for website design may be much higher than AtlantiCare. Both websites offer information about locations, an employee section and a section for patients and visitors.

Hypothesis Results:

Hypothesis 1:

It is expected that health care marketing communication differs in its effectiveness significantly from 2002 to today's marketing communication.

Interview Data:

According to interviewee Jennifer Johnston, marketing communication has changed drastically from 2002. With today's Internet marketing, communication has become much more effective.

Johnston, like other public relation professionals in the field had to take it upon herself to learn the newest trends with social media. "I took it upon myself to learn all of the new trends," said Johnston. "It was an expectation, but we have all tried to absorb it as we could. Everyone does what works for them."

Johnston begins to discuss the differences of when she started working in Public Relations to today. "If you go from mailing a news release to now pressing a button, that's pretty amazing. For me, I have really had to learn about this. It's a tactic that it falls into a plan. So we use it as a tool, just like we would as any other tool like a print ad.

If we send out a news release, it goes out by email, but the content should also go out to our web team to post on Facebook, or Twitter."

Johnston adds, "It's a great change for us and what we do, that everything is electronic. I have been doing this for about 20 years ago and when I worked with out graphic designer today, I can email or call her and talk through ideas. She will send me a draft and we will revise it and work by email primarily."

"About 20 years ago a designer would have to send a marked-up hard copy of something. It took forever to even just print a piece because everything was a hard copy, so they would have to make a mock up, mail or bring it to me and we would have to make changes that way. Things are much quicker now and much easier."

In addition, Johnston also talks about Internet speed. When Johnston started, the Internet was connected by a modem, a dial up connection. This connection took forever to send a graphic file. "Now I get things in a second or two, and everything is instant and quicker like sending out news releases and not mailing them anymore. We email them."

Johnston brings up another channel that has changed drastically. Through the use of social media, health care organizations are able to track and monitor conversations,

"Another thing that has been really nice for us is social media can actually monitor conversations about your organization. Before and we still do this, we would use clip service to manually cut out articles about our organization. Now all of that is online; I don't think I have seen a hard copy clip in a very long time. But I can remember that when I first started, we would get piles of clippings about our organization in the paper."

Johnston explains the process, "One of our team members would assemble them into a book and we would photo copy, bind and send them out to management. Now we

just email it. It has speeded up everything we do, but it also made it easier in a lot of respects. You can track what people are saying about you in seconds. I don't have to wait a month for a clipping bureau to send me hard copy clips that are now a month old. *It's in real time."*

According to the attitudes and opinions expressed by Jennifer Johnston at Christiana Care Health System, Hypothesis 1 is supported. The Internet and social media as a marketing tool have evolved significantly in effectiveness. Items are processed, edited and submitted in real time. Real time allows consumers to read about health care communication as it happens. It also allows health care organizations to actively communicate with their consumers.

Hypothesis 2 Results:

It is expected that younger health care consumers (18-24) use social media (like it more) than older consumers (55+).

Age group cross-tabulations with social media, traditional print, word of mouth and health care professionals.

Cross tabs are used to determine which age group responded to select questions to support or not support this hypothesis.

According to the cross tabulations, even age group 18-24 do not rely on social media for health care communication, but like ages 55 and older, respondents rely on word of mouth and trusted health care professionals.

Table 7: *Choosing a Health Care Provider*

Table 7 indicates ranked responses of how participants would choose a health care provider. The ranking scale is based on "1" being "most important" and "5" being the "least important."

The table provides answers in percentages and splits up the percentages in different categories. While both age groups believe "insurance books" to the be the best way to choose a health care provider, more of the 18-24 age group selected that choice.

I decide by looking in our insurance book

Read across. All numbers are in percentages.

	1	**2**	**3**	**4**	**5**
18-24	**60**	17.8	6.7	7.1	8.9
55 or older	**46.4**	17.9	10.7	7.1	17.9

I look on an organization's website

Read across. All numbers are in percentages.

	1	**2**	**3**	**4**	**5**
18-24	13.5	**40.5**	35.1	10.8	0
55 or older	**35.5**	25.8	12.9	16.1	9.7

I review blogs about a specific organization

Read across. All numbers are in percentages.

	1	2	3	4	5
18-24	4.9	7.3	19.5	**46**	22
55 or older	4.8	19.0	19.0	23.8	**33.3**

I review ratings from other patients

Read across. All numbers are in percentages.

	1	2	3	4	5
18-24	21.7	**37.0**	26	8.7	6.5
55 or older	**25.0**	**25.0**	22	19.4	8.3

Social media

Read across. All numbers are in percentages.

	1	2	3	4	5
18-24	5.9	7.8	17.6	15.7	**52.9**
55 or older	5.7	5.7	11.4	25.7	**51.4**

This cross tab determines the age group and the best way the respondent wants to hear about health care communication. Between ages 18-24, 56.4% respondents prefer to hear about health care communication through a trusted source (health care professional). Of those ages 55 or older, 44.4% prefer to hear about health-care communication through a trusted source.

Table 8: *Respondents' Preference to Hear about Health Care Communication*

Read down. All responses are in percentages.

	18-24	**55 or older**
Traditional print method	9.1	35.6
Social media	0	2.2
Word of mouth	34.5	17.8
Trusted source	**56.4**	**44.4**

Interview Data:

"Although patients in their 20s and even 60s may follow us, we don't tend to see young people as patients," says interviewee Jennifer Johnston. "Younger adults are generally healthy and we do not tend to market towards them. It depends on the audience. People are interested in our messages. Patients may get a direct mail piece that leads them to our website."

According to survey research, audiences tend to not rely on social media to determine health care professionals or an organization. "To make a generalization, I don't think that young people always tend to rely on social media and the older generation rely on traditional, it depends on the audience, person and the subject area," says Johnston.

"You'll find a lot of health care consumers looking up diseases and procedures online. Consumers are savvy in terms of getting health care information and so I think

we see generally adults, young and old online. Once you get up to 70+ then we see that they tend to like print material."

"Anyone younger than that is probably consuming both. We see people across the board using both. We see the age break at 70," said Johnston.

Hypothesis 2 is not supported. Both age groups from 18-24 and 55 or older prefer a trusted source and word of mouth rather than social media. Social media has the highest numbers for "least likely" to use. Although both consumer groups tend to use social media, these respondents do not use it to make health care decisions.

Hypothesis 3 Results:

Health care consumers prefer to hear messages from a trusted source rather than word of mouth.

Table 9: *Common Social Media Sites Used*

According to the chart, 87% of respondents use Facebook. It also shows that 63% of the respondents use YouTube.

Social Media Site	Percentage (%)
Facebook	87
YouTube	63
Twitter	42
LinkedIn	36
Blogging	13
FourSquare	12
Yelp!	9
Shutterfly	7
None	7
Tumblr	6
Flickr	5
Myspace	5
Other	4

Table 9:
The "other" responses included: Instagram, LinkedIn, Xanga, 8Tracks, Pinterest.

Table 10 shows how respondents want to hear about health care communication.

Fifty-one percent of respondents choose to hear about health care communication through

a "trusted source." A trusted source can be a primary care doctor or referral. Of these

respondents, 27% prefer to hear about health care communication through "word-of-

mouth." Word of mouth tends to be family or friends. This question also had "other" as

an option. The researcher provided the other responses below.

Table 10: *Preferred Channels of Health Care Communication*

Channel	Percentages
Trusted source	51%
Word-of-mouth	27%
Traditional print method	21%
Social media websites	1%

"Other" responses included: My own research when I want the information, not when

the industry wants to communicate with me; personal trusted friend, insurance

professional; their rating.
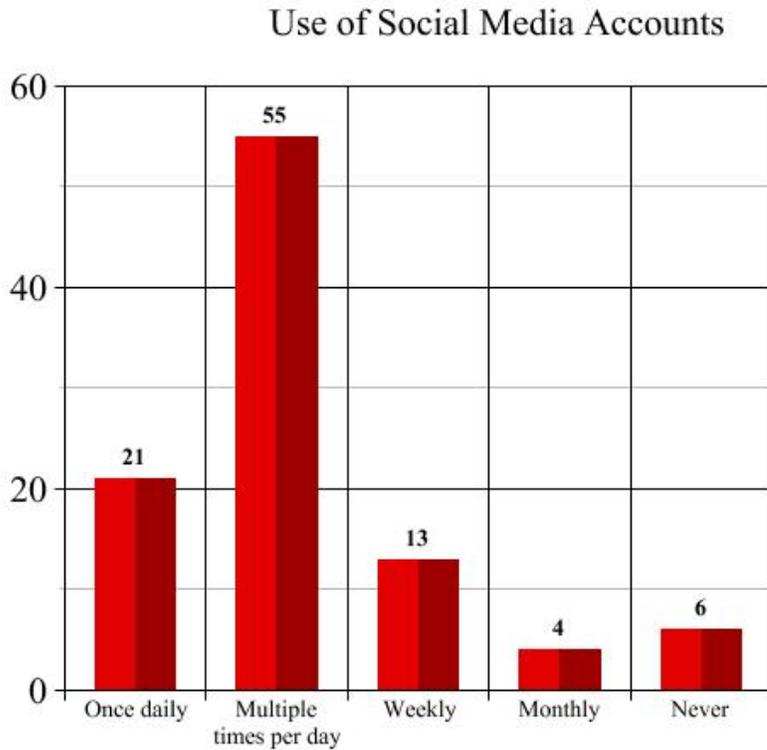
Use of Social Media Accounts

Figure 6:

Figure 6 displays the respondents that use social media accounts; 56% of them log into their account multiple times per day. The other highest response (21%), log into their social media accounts once daily.

Table 11 displays the results of how respondents will choose a health care provider with "1" being "most important" and "5" being "least important." According to the results in Table 3, most people, 55%, tend to look in an insurance book to choose health care providers. Respondents are likely (33.8%) to look on an organization's website to determine health care providers. In addition, respondents are also likely (31.7%) to review patients ratings before choosing health care providers. Patients are unlikely (38.7%) to review blogs to determine health care providers. Respondents are the least likely (52.3%) to use social media sites as a determinant for health care providers.

The researcher provided an "other" category to see respondent's choices that were not listed. The responses are listed below the table.

Table 11: *Ranked Responses Regarding How to Choose Health Care Providers*

	1	**2**	**3**	**4**	**5**
Looking in our Insurance book	**54.8**	17.8	8.2	6.8	12.3
I look on an organization's website	23.5	**33.8**	25.0	13.2	4.4
Review blogs	4.8	11.3	19.4	**38.7**	25.8
Review patient ratings	23.2	**31.7**	24.4	13.4	7.3
Social Media sites	5.8	7.0	15.1	19.8	**52.3**

Other:

- Discuss with my primary care doctor
- Trade Associations, review insurance of company employed by, personal friends contacts
- Referral from a friend or family member
- Retired Military Officer- TRICARE for Life
- Belong to group from employer I am now retired from
- Referrals from friends
- Non Government Organization Magazines & Journals
- I call to see if the DR is covered by my insurance
- Friend/Family referral
- Automatic. Provided by spouse employer-no charges
- I work in health insurance
- I use the insurance my employee offers
- References from friends
- Union provides one

Table 12 provides the researcher with information on how important the following channels are when choosing a health care organization. Respondents ranked their responses with "1" being the "most important" and "4" being the "least important." The majority of respondents (58%) prefer to choose a health care organization through their health care professional. Second, respondents (52.4%) prefer to choose health care

organizations through word of mouth. According to these results, social media is not

used when deciding on a health organization.

Table 12: *Channels for Choosing a Health Care Organization*

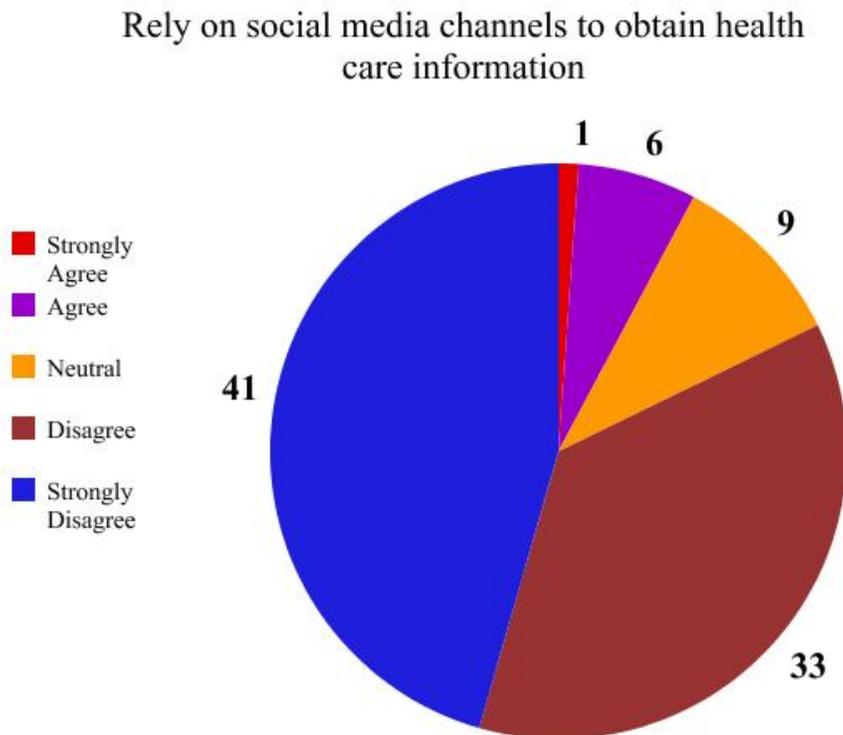|	1	2	3	4
Social media	4.7	2.4	17.6	**75.3**
Traditional media	17.9	23.8	**44**	14.3
Word of mouth	**34.1**	**52.4**	9.8	3.7
Health care professional	**57.5**	**26.4**	10.3	5.7

Figure 7:

According to Figure 7 respondents tend **not** to rely on social media channels to

obtain health care information.

Rely more on traditional media than social media channels to obtain health care information
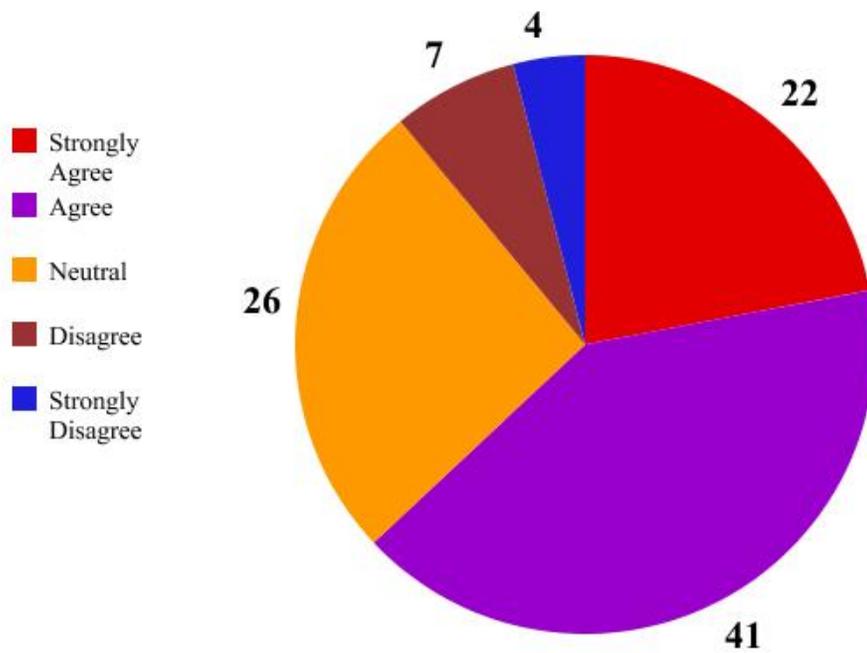

Figure 8

     According to Figure 8, most people agree that they rely more on traditional media rather than social media to obtain health care information with 22% of respondents "strongly agree" and 41% of the respondents "agree." Health care organizations should limit on sharing health care communication through social media, but should continue to use traditional methods.

Rely more on word of mouth to make health care
decisions rather than a trusted source
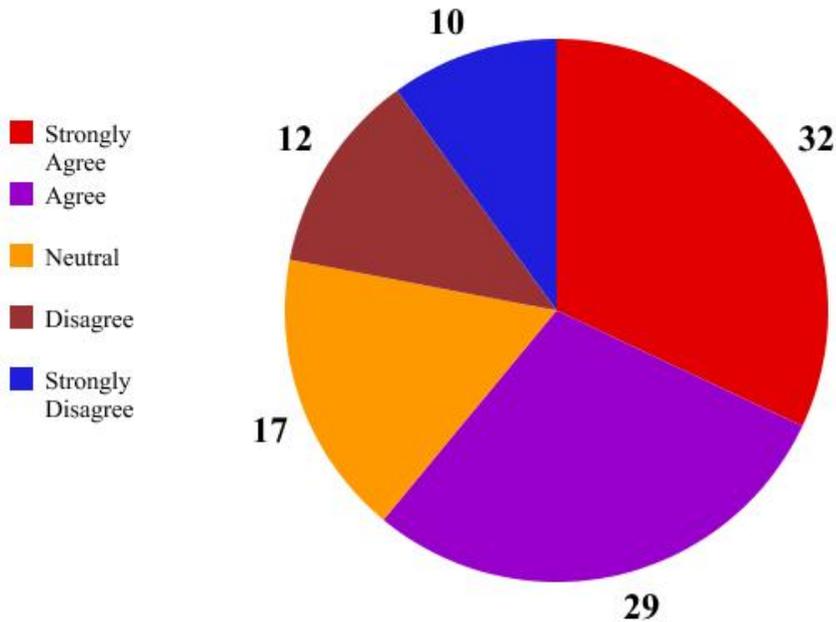
Figure 9:

        According to Figure 9, the majority of people tend to rely more on "word of mouth" to make health care decisions than a "trusted source." Thirty-two percent of respondents chose "strongly agree" and 29% of respondents "agree." Although 17% of respondents remained neutral, health care organizations should continue to spread positive word-of-mouth to continue to bring in patients to their organization.

Interview Data:

        According to the survey data, obtaining information from a trusted source and word of mouth tend to have the highest response rates. These results are further explained by interviewee Jennifer Johnston.

"Word of mouth is the hugest factor there is. Twenty-year-olds are online, but time and time again research shows that word of mouth is one of the strongest determinants in decision making," said Johnston.

Johnston further explains that simply surfing the web is a form of word of mouth. "I think people use it and our research shows that they're using it across the board. They are consuming everything we send them whether it's electronic or print," said Johnston.

Johnston believes, "People prefer to hear information from a trusted source. Word of mouth whether in person or online is still going to be the strongest determinant."

Health care consumers prefer to hear messages from a trusted source rather than word of mouth.

Hypothesis 3 is supported. According to this research, respondents prefer to hear messages from a trusted source (health care professional) rather than word of mouth (friends and family).

Although word of mouth also has a high percentage, ultimately when consumers choose a health care organization, health care professionals opinions' and referrals are preferred.

Chapter 5
Evaluation

Overall Interpretation of data

Research has shown a significant number of results when consumers select a health care organization. Christiana Care Health System is a much larger organization located in the Delaware Valley, where as AtlantiCare has several locations, but does not have a unified website like Christiana. AtlantiCare offers links to various locations.

Survey results show trusted source, word of mouth and traditional channels are more effective and credible than social media, patient blogs and reviews.

Overall, the research shows an overwhelming need for health care communicators to enhance word of mouth marketing and the use of trusted sources to refer and recruit patients. It also shows that health care organizations social media sites should be used as a conversation base rather than sharing messages about its organization, unless it is special events. For example, patients can discuss experiences or services on the Facebook page.

Marketing communication has more effective ways of sending correct messages out to its target audiences. Since messages are considered real time, consumers are able to access information from various health care organizations, quickly, effectively and easily.

Despite the high use of social media, traditional print channels are still required to reach health care target audiences. Word of mouth and trusted sources are important to bring in patients and continue a positive reputation.

Conclusions

H1- It is expected that health care marketing communication differs in its effectiveness significantly from 2002 to today's marketing communication.

Based on the data derived from Jennifer Johnston at Christiana Care Health Systems, hypothesis one is supported. Employees have access to the Internet to complete tasks faster, send news releases and publications more effectively and efficiently. Information sent out to the public is sent in real time.

Research can be conducted, sent out and analyzed online. This eliminates the use of paper and pencil surveys, took some time to receive and analyze. With online surveys, they can be sent out via email or posted on websites. In conclusion, the use of the Internet has made research and development of marketing communication much easier and accessible for consumers.

H2- It is expected that younger health care consumers (18-24) use social media (like it more) than older consumers (55+).

Hypothesis two is not supported because data shows that younger health care consumers prefer word of mouth and information from a trusted source rather than social media as a channel. Although most of younger health care consumers do not have their own insurance, it may be related to parents' opinions (word of mouth) and their primary care doctor (trusted source). These 100 participants found the use of a trusted source and word of mouth to be more credible than the use of social media to receive health care communication, regardless of age.

H3- Health care consumers prefer to hear messages from a trusted source rather than word of mouth.

Hypothesis 3 is supported. Survey results show that regardless of age, respondents prefer to hear information from a trusted source (health care professional) or a referral before selecting a health care professional.

Contribution to the Field

Therefore, health communication marketers should continue to provide information about their organization and doctors through traditional print methods and through word of mouth.

Health care communication should not put time and money into sending messages about doctors through social media, but rather use social media as a source to send special events, hours, or facilities information.

Further Research

To generalize any data pertaining to this research, a larger population must be used. Other areas in the United States could be analyzed. This research study only examines two hospitals. Additional hospitals should be used to determine all types of marketing tools.

More than 100 participants should be used to eliminate bias and increase confidence levels.

This research study provides information about current social media impact on health communication. Health communication is most effective when various channels are used. This researcher suggests further research to be done about behavior changes in result from social media towards health organizations.

In conclusion, it's interesting to note that public relations practitioners in the health care field should not use the mass media or social media as much as in person and face-to-face channels to reach their consumers.

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Appendix A: Content Analysis

Table 1: *Keyword Analysis for Christiana*

	Accessible	Neutral	Inaccessible
Find a Job	1	0	0
Find a Doctor	1	0	0
Volunteer	1	0	0
Newsroom	1	0	0
Site Map	0	0	0

Table 2: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Find a Job	1	0	0
Find a Doctor	1	0	0
Volunteer	0	1	0
Newsroom	0	1	0
Site Map	1	0	0

Table 3: *Keyword Analysis for Christiana Care Health Systems*

	Accessible	Neutral	Inaccessible
Services Offered	5	0	0
News	2	0	0
Events	2	0	0

Table 4: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Services Offered	8	0	0
News	3	1	0
Events	2	0	0

Table 5: *Keyword Analysis for Christiana Care Health Systems*

	Accessible	Neutral	Inaccessible
Facebook	1	0	0
Flickr	1	0	0
Google +	1	0	0
Tumblr	1	0	0
Twitter	1	0	0
YouTube	1	0	0
LinkedIn	0	0	0

Table 6: *Keyword Analysis for AtlantiCare*

	Accessible	Neutral	Inaccessible
Facebook	3	0	0
Flickr	0	0	0
Google +	0	0	0
Tumblr	0	0	0
Twitter	1	0	0
YouTube	1	0	0
LinkedIn	1	0	0

Appendix B: Survey Questions

Thank you for participating in a survey to complete my master's thesis. Participants must be between the ages of 18-24 and 55 to complete the survey. The survey is 12 questions and should take about five minutes to complete. All answers will remain completely anonymous and you will not be connected to your answers in any way.

1. What is your gender?
      a. Male
          b. Female

2. What is your age group?
      a. 18-24
          b. 55 or older

3. How would you describe your employment status?
      a. Full-time
          b. Part-time
              c. Unemployed

4. What type of student are you?
      a. Full-time student
          b. Part-time student
              c. I am not a student

5. Please circle the statement that best fits you.
      a. I currently pay for and have my own insurance
          b. I am still under my parent's insurance
              c. I am under a University's insurance company
                 d. I do not know what kind of insurance I have

6. Please check off all of the social media sites that you use.

a. Blogging	i. Linked In
b. Facebook	j. Yelp!
c. Twitter	k. FourSquare
d. Flickr	l. None- I do not use social media
e. Tumblr	sites
f. Shutterfly	m. other
g. YouTube	please specify:
h. Myspace	

7. How often do you log into your social media accounts?

a. Once daily
> b. Multiple times a day
>> c. Weekly
>>> d. Monthly
>>>> e. Never

8. Please rank how you would choose a health care provider. (1 being most important and 6 being least important).

___a. My parents decide for me by looking in our insurance book
___b. I look on an organization's website
___c. I review blogs about a specific organization
___d. I review ratings from other patients
___e. Social media sites (Facebook, Twitter, LinkedIn)
___f. Other
Please specify:

9. Please <u>select</u> the best way you would want to hear about health-care communication. (One response please)

a. Traditional print method (newspaper, magazine, pamphlet)
b. Social media websites (Facebook, Twitter, flicker)
c. Word-of-mouth
d. Trusted source

10. Please _rank_ how important each of the channels are for choosing a health organization if 1 is most important and 4 is least important.

___Social Media (Facebook, Twitter, flicker)
___Traditional Media (newspaper, magazine, pamphlet)
___Word of Mouth (Friends, family)
___Health Care professional

11. I rely on social media channels (Facebook, Twitter) to obtain health care information.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly disagree

12. I rely more on traditional media (print, magazines, tv, radio, newspapers) than social media channels to obtain health care information.

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly disagree

13. I rely more on word of mouth (friends and family) to make health care decisions than a trusted source (physician, health care professional)

a. Strongly Agree   b. Agree   c. Neutral   d. Disagree   e. Strongly disagree

Thank you for participating in this survey. I greatly appreciate your help in completing my Master's Thesis

Appendix C: Interview Questions

1. Tell me about your daily job duties/job description. Where/what is the percentage of your time spent?

2. What are the demographics at your hospital? (Age, gender, etc).

3. How has Christiana Care health kept up to date with today's marketing channels?

4. What is the process in which marketing materials are created?

5. What are the common channels used for marketing strategies? Does Christiana rely more on traditional or social media?

6. What are the institutional messages you send out? Do they differ by age group?

7. Are there any underlying messages sent in marketing messages?

8. How does is Christiana with sending messages to the public, current consumers, or potential consumers?

9. How much research goes into creating marketing messages?

10. Who do you believe is more credible to patients, a trusted source or information through word of mouth?

11. What do you believe is motivating people to choose Christiana?

12. Does Christiana change it's message depending on modality?

13. Why does Christiana use modalities that are chosen?

14. Any third party testimonials?

15. There are a few major facilities that branch off of Christiana, do all of these facilities collaborate materials?

16. Do you find that younger adults ages 18-24 make greater use of social media than traditional?

17. How does marketing communication differ from ten years ago?

Appendix D: Interview Responses

Interviewee: Jennifer Johnston
Hospital: Christiana Care Health Systems

Q 1. Tell me about your daily job duties/job description. Where/what is the percentage of your time spent?

Everyday is different here. I'll give you a little background about our department, we're external affairs for Christiana Care health system. The department is made up of several teams. We have a development team that handles fundraising for the health system. We have a web services team which handles all of our social media and website. We have a communication team, which handles all of the media and internal communications and some external communication for the health system. We have a marketing team, which I am on. We have a volunteer services team and patient relations team. So there are about 30 people in the department.

I am on the marketing team. The marketing department is responsible for marketing planning. We write all collateral materials, system advertising, plan special events, practice public relations, planning, media relations and social media. I also help the media team since I have that background.

My responsibilities fall under the marketing team and every day is different. There is no typical day. I do a lot of collateral material production and advertising planning and buying as well as marketing and media. I split up my day amongst several different areas. I also counsel with clients.

We have two hospitals so I travel between my office and the two hospitals. My biggest account is our heart center, located in Christiana Hospital. We have a regional

and national reputation for our heart center. Within the heart center I have different

clients. These clients are: the stroke team, interventional procedure team, cardiac

surgery, cardiac rehab, interventional radiology and transplant cardiology. All of these

clients are within one client. I have about eight or 10 clients and heart is one client that I

have.

I have a lot of responsibilities but anything heart related or heart marketing is my

responsibility such as: print ads, direct mail, events and focus groups. It is a lot of work

with graphic designers and writers. You have to be able to multitask and flexible. One

thing can come up and your whole day will change.

My hours vary depending on the week. This time of year (the week before

Christmas) it is very busy. There are often events after hours and one doctor likes to

meet earlier. It really just depends on the day. I enjoy my work and I enjoy that my day

is different.

Q 2. What are the demographics at your hospital? (Age, gender, etc).

Majority of our patients (in the heart center) are middle-aged and seniors. We do

have young people with heart conditions but the bulk of our patients are older people.

You won't find very much targeted to people in their 20s and children. Children with

heart conditions generally go to a children's hospital.

Majority of our patients live in Delaware and we do draw from the surrounding

states. We draw patients from Southern New Jersey, Maryland and Pennsylvania. We

have a world-class heart center. Therefore, some of the most complicated procedures are

done here versus small community hospitals. Patients will travel (within a 30 mile

radius) for those more involved procedures. We are the only level one trauma center, we are the most technologically advance hospital in Delaware. Those smaller community hospitals tend to refer their sickest patients to us because we offer a higher level of care than they do. We get a lot of referrals from other states because our care is much higher and we offer almost all of the same procedures that you would find in Philadelphia or Baltimore at our heart center and our hospital.

In terms of drawing patients (which is very unique), other hospitals send their patients to us. We have a good reputation but it is also the level of care. Community and smaller hospitals can't do the involved and invasive care that is needed.

Q 3. How has Christiana Care health kept up to date with today's marketing channels?

This is new to us, I went to college on a type writer. For all of us that have been out in working for a while, social media and email are brand new. When I first started we were actually mailing news releases with photo. There was no way to send them electronically, and I'm only 40! But you are talking 15-20 years ago we were mailing everything because of no way to electronically send them.

For those of us who are working we have had to play catch up and learn how to use these tools. Personally I go a lot of conferences and webinars. Two or three years ago when social media was in a lot of trade publications I read everything I could about it. I took about 30 webinars in one year to learn about social media, what they were and how to use them. I wasn't required to learn it but we have all tried to absorb the new information the best way we could. My other colleagues just go to or attend what works for them.

From working in this field for 20 years, everything has picked up pace. Employees would go from mailing a news release to now, a press of a button in an email. We also have departmental webinars and take PRSA webinars. I felt that if I wasn't learning about all these new tools I was losing an opportunity. The other thing we have done is really incorporating it into what we do. It's a tactic, not a strategy. It falls into a plan as a tactic but it is not the strategy. We use it as a tool to get our message out and we use it quite a bit. If you visit our homepage you will see all of our icons at the bottom.

And now, I have to remember all of these tools exist. If we send out a news release it goes out via email and the content should also go to our web team to post on Facebook or on Twitter or any other social media. It is new in my thought process since these tools didn't exist when I started.

Q 5. What are the common channels used for marketing strategies? Does Christiana rely more on traditional or social media?

We post things in on our social media page and post pictures in Flick'r. We make our Flick'r page public and media go there for photos. We are doing a huge renovation in one of our hospitals in Wilmington, Delaware and we have photos up of that construction. So if the paper wants to write an article they can download a photo. We post employee events and pictures. I am just learning about Google Plus but we also use twitter.

We don't send our brochures. Print is still around but we only print brochures for departments when they need brochures to give to patients. For example, brochures and

other items are given out at health fairs or given to referral sources (anyone that refer a patient to us). When our doctors go out and speak, they may bring print materials.

We do send out direct mail pieces like a post card. We also send out elaborate mailers but not brochures.

Q 6. What are the institutional messages you send out? Do they differ by age group?

Christiana is the largest health system in the state of Delaware. We have several service lines that fall under the umbrella of Christiana. Our year in review shows us all of the different messages we send. Depending on the service we provide to patients. We have guiding procedures like our slogan, "Christiana Care: Focus on Excellence." Everything we create and do relates to our basic principles.

We don't have a specific tag line, we did but it has changed over the course of time. The messages depend on whom we are trying to target.

Q 7. Are there any underlying messages sent in marketing messages? 15. There are a few major facilities that branch off of Christiana, do all of these facilities collaborate materials?

What you will notice by looking at our print materials (we have an online identity as well), we have green on everything. Our predominant color is green, which is our corporate color. We do a lot of things in terms of branding and messaging that are consistent across the board. Because it is such a large health system we have several logos. We also have graphic guidelines. That is our underlying message, that Christiana is one unified health system.

Q 8. How does is Christiana with send messages to the public, current consumers, or potential consumers?

We pick the mailing list by demographics. Some of our pieces go out to physicians in the community who are referral sources for our heart center. We have a list for mailing list. We give specifications to doctors of our potential patients, they send us an excel file of the list of patients. It really depends on the piece.

We have some pieces that are consumer directed that talk about same day clinics. We may send these to physicians or consumers it depends on the goal of the program and this goes back to another tactic.

We have a lot of brochures; we are a huge health system. A lot of departments have brochures for patient education or bring them to health fairs, waiting areas or events.

We use software/database to track people. These People have to opt in to receive information from Christiana electronically. We also send out emails to people about events, screenings or a new hire. We send messages specifically to certain audiences.

We send messages to people who said, "Yes I would like to receive messages/emails." We have built up the database and slice and dice it however which way we want/need to depending on the audience, the event and the goal. We can also take the information from the database and measure if these people have responded to what we have put out there. We can track action and behavior. The database is called, Customer Relation Management (CRM). CRM software, you populate it and can track behavior and how many interactions these people have with the health system.

For example, we can send them an email and have people call a 1-800 number and register for an event. This information is put together with the database to see if any of the people we contacted came to the event. Twenty years ago, we would mail out invitations and now we are able to email it and track behaviors.

People are interested in the messages we send. We send information to people who only sign up to receive that information. We are fortunate to have people who attend our lectures, come out for events. Attendance hasn't been an issue for us. Which research shows us people are receptive to our messages. If you think about it, people are generally interested in health care.

Everyone wants good health or if they're not in great health they want to get in better health. We try to be careful with the messages we send out; people do not want to be bombarded with information. We schedule out when we send emails and send messages to what they are interested in.

Q 9. How much research goes into creating marketing messages? Q 4. What is the process in which marketing materials are created?

We conduct focus groups, telephone surveys and online research. We use all of that data to guide which direction we go in terms of our marketing efforts. We do a lot of different kinds of research. When I started everything was paper surveys, and it would take forever to send it out and receive the information. That is if people actually filled it out. And it would take a while to figure out what the data means and analyze it.

HYPOTHESIS 10. Who do you believe is more credible to patients, a trusted source or information through word of mouth?

It depends; word of mouth is one the largest tools there are. That is definitely a factor. Time and time again, research shows word of mouth is one of the strongest determinants in decision-making. Surfing on the web is word of mouth as well. People definitely use social media but people are also consuming everything we send them, traditional print and social media. I do believe people prefer to hear information from a trusted source.

11. What do you believe is motivating people to choose Christiana?

I don't believe any motivation is from our social media sources. People choose us for the health care we provide and expertise of our staff not the access to social media. We are the highest level of care you can get in this state. The other is access; we have a good area in which we draw patients from.

People choose us for care and expertise we offer. We have several members of our heart and cancer center and other programs that have national reputations in their fields. If you are inpatient it is nice to have access to social media, but that is not the reason why people chose us.

12. Does Christiana change it's message depending on modality? 13. Why does Christiana use modalities that are chosen? 14. Any third party testimonials?

We try to be very judicious about contacting people based on what our research tells us and what they tell us. We always try to match the message to the right audience. We have a very low opt out rate. We find that people want our information, so we don't have the feedback, "you're sending me too much." We really plan and strategize how we

are going to send messages. Therefore, messages are well received. Also, based on our research and what the audience tells us, we don't get feedback saying we missed the mark.

For example, on Twitter we will send out a message and a link so it directs people back to our homepage. All of our links on Facebook or Twitter go back to where they were originally located on our website. It depends on which channel we are using. It all relates back to our newsroom on our homepage to patients back to the full story.

HYPOTHESIS

16. Do you find that younger adults ages 18-24 make greater use of social media than traditional?

People ages 18-24 rarely seeks out information from us because they are generally healthy. They may be following us on Twitter or Facebook as well as someone in their 60s. We get demographic breakdowns and it is across the board equal. It really depends on the audience rather than the age. Our research shows people are interested in our message, they may receive a direct mail piece and then go on our website.

To make a generalization that young people use social media and older populations use traditional is not always the case. It depends on the person and the subject area. You will find a lot of people online looking up diseases and procedures. People know how to get health care communication. We see generally, adults (young-old) online reading our stuff and interacting with us. Once you get up into 70+, then they tend to like and want print materials (that is where we see the age break). Anything younger than that you will find people are consuming both.

As far as who is consuming what, it depends. We see across the board people using both. I can't answer that because I don't have the research.

HYPOTHESIS

17. How does marketing communication differ from ten years ago?

I think it is a great change for my fellow co-workers and our daily duties (everything being electronic). I have been doing this for 20 years and I can speak for about that time (when I started). For example, I am working on a conference right now and working with a graphic designer. Currently, it is all by email. I will call her for ideas, but she will send me a draft and we will edit it by email primarily. She will send me a PDF file. Twenty years ago, the designer would have to send me a mocked up hard copy, it took forever, to even produce a print piece. They would have to output it send or mail it to me and we would make changes that way. Things are much faster and easier, compared to modem or dial up to send graphic files. Now I receive items in a second or two, it's instant.

Another thing, social media can monitor conversations about your organizations. You can track things in real time and not a month old. Before, and we still do this, we would use clipping bureaus and they would manually clip articles about your organizations. I don't remember the last time I have seen a hard copy clip because everything is online. When it first started we would get piles of clippings of where our organization was in the paper and then our team members would assemble them into a book, make photocopies and send it to management. Now it is just emailed, everything is speeded up.

We have care pages, which is a patient blog. We have had interesting examples with that of patients of who are in our hospital but have family in different parts of the country that would like to check-in. It is blogs so the patients can tell their family their progress, how they are doing, etc.

Families can send them notes of encouragement and let the patient know they are thinking about them. The patients can decide with whom they would like to talk with. It allows the patient to have privacy in the hospital if they are not up to visitors, the patient can take an email. All of our patients have email.