

Thinking Like a Marketer: A Case Study of Screening for Health-Related Social Needs

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Presentation Agenda

- Overview & background (5 min)
- Social marketing / approaches (10 min)
- Case: screening program in an FQHC (15 min)
- Program (re)design via social mktg. (15 min)
- Questions & discussion (15 min)



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The Center for Community Health Integration is guided by purpose, to conduct “Research & Development For Community Health & Integrated, Personalized Care.”¹



Research

Systematic inquiry to generate new knowledge



Development

Promoting the growth of all people involved



For

In service to a purpose



Community

A collective of people working to develop common purpose



Health

Among many definitions, "the ability to develop meaningful relationships and pursue a transcendent purpose in a finite life"



Integrated

Bringing together toward wholeness



Personalized

Focused on the needs of the individual



Care

Providing what is necessary for health, welfare, and protection



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Center for
Community Health Integration

Research & Development for
Community Health & Integrated, Personalized Care

Presenter's Background

- Academically:
 - Epidemiology (MS)
 - Health Comm. (MA)
 - Social Marketing (PhD)
 - System Dynamics (Cert.)
- Professionally:
 - Epidemiologist
 - Research & Evaluation Administrator



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Social Marketing: Origins

Social Marketing: An Approach to Planned Social Change

PHILIP KOTLER
and
GERALD ZALTMAN

Can marketing concepts and techniques be effectively applied to the promotion of social objectives such as brotherhood, safe driving, and family planning? The applicability of marketing concepts to such social problems is examined in this article. The authors show how social causes can be advanced more successfully through applying principles of marketing analysis, planning, and control to problems of social change.

Journal of Marketing, Vol. 35 (July, 1971), pp. 3-15.

IN 1952, G. D. Wiebe raised the question "Why can't you sell brotherhood like you sell soap?"¹ This statement implies that sellers of commodities such as soap are generally effective, while "sellers" of social causes are generally ineffective. Wiebe examined four social campaigns to determine what conditions or characteristics accounted for their relative success or lack of success. He found that the more the conditions of the social campaign resembled those of a product campaign, the more successful the social campaign. However, because many social campaigns are conducted under quite un-market-like circumstances, Wiebe also noted clear limitations in the practice of social marketing.

A different view is implied in Joe McGinniss's best-selling book *The Selling of the President 1968*.² Its theme seems to be "You can sell a presidential candidate like you sell soap." Once Nixon gave the word: "We're going to build this whole campaign around television . . . you fellows just tell me what you want me to do and I'll do it," the advertising men, public relations men, copywriters, makeup artist, photographers, and others joined together to create the image and the aura that would make this man America's favorite "brand."

These and other cases suggest that the art of selling cigarettes, soap, or steel may have some bearing on the art of selling social causes. People like McGinniss—and before him John K. Galbraith and Vance Packard—believe everything and anything can be sold by Madison Avenue, while people like Wiebe feel this is exaggerated. To the extent that Madison Avenue has this power, some persons would be heartened because of the many good causes in need of an effective social marketing technology, and others would despair over the spectre of mass manipulation.

Unfortunately there are few careful discussions of the power and limitations of social marketing. It is the authors' view that social marketing is a promising framework for planning and implementing social change. At the same time, it is poorly understood and often viewed suspiciously by many behavioral scientists. The application of commercial ideas and methods to promote social goals will be seen by many as another example of business's lack of taste and self-restraint. Yet the application of the logic of marketing to social goals is a natural development and on the whole a promising one. The idea will not disappear by ignoring it or railing against it.

¹ G. D. Wiebe, "Merchandising Commodities and Citizenship on Television," *Public Opinion Quarterly*, Vol. 15 (Winter, 1951-52), pp. 679-691, at p. 679.

² Joe McGinniss, *The Selling of the President 1968* (New York: Trident Press, 1969).

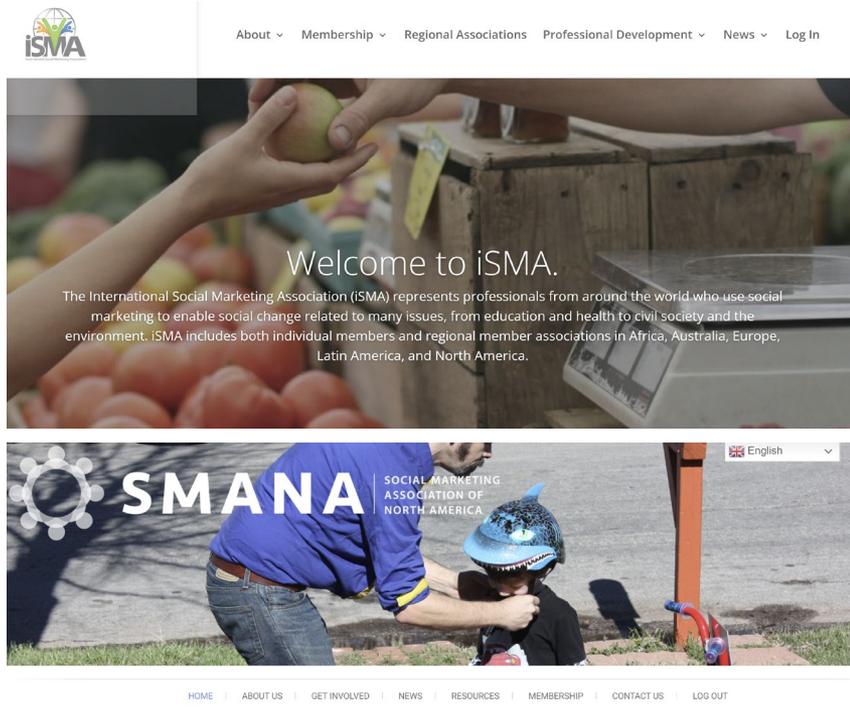
"The application of commercial ideas and methods to promote social goals will be seen by many as another example of business's lack of taste and self-restraint. Yet the application of the logic of marketing to social goals is a natural development and on the whole a promising one."²



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Social Marketing: Definitions



- Social marketing seeks to develop & integrate marketing concepts with other approaches to influence behaviors that benefit individuals & communities for the greater good.³
- Social marketing practice is guided by ethical principles.³
- It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition-sensitive & segmented social change programs that are effective, efficient, equitable and sustainable.³

Social Marketing: Approaches

REVIEW ARTICLE

Critical review on social marketing planning approaches

M Bilal Akbar, *University of Derby, UK**

Jeff French, *Strategic Social Marketing, Attabara, UK*

Alison Lawson, *University of Derby, UK*

ABSTRACT

Purpose

This paper presents the first attempt to map and critically review existing social marketing planning approaches.

Approach

Critical literature review.

Findings

The discussion highlights that existing social marketing planning approaches have moved on from older product-driven models towards a more customer/citizen-oriented, stakeholder engagement and value creation narrative. There is also a growing connection between social marketing planning approaches and theories from other disciplines. This recognises that a simple push marketing strategy, which was the working principle of many early social marketing-planning approaches, is not often effective for contemporary social marketing practice. Effective social marketing planning requires a greater emphasis on new social marketing principles derived from the new global consensus social marketing definition, such as more citizen focus, sustainable outcomes, and ethical practice, thus highlighting a need for more comprehensive social marketing planning approaches with a better understanding of recent theory development of social marketing as a field in order to be relatable and efficient.

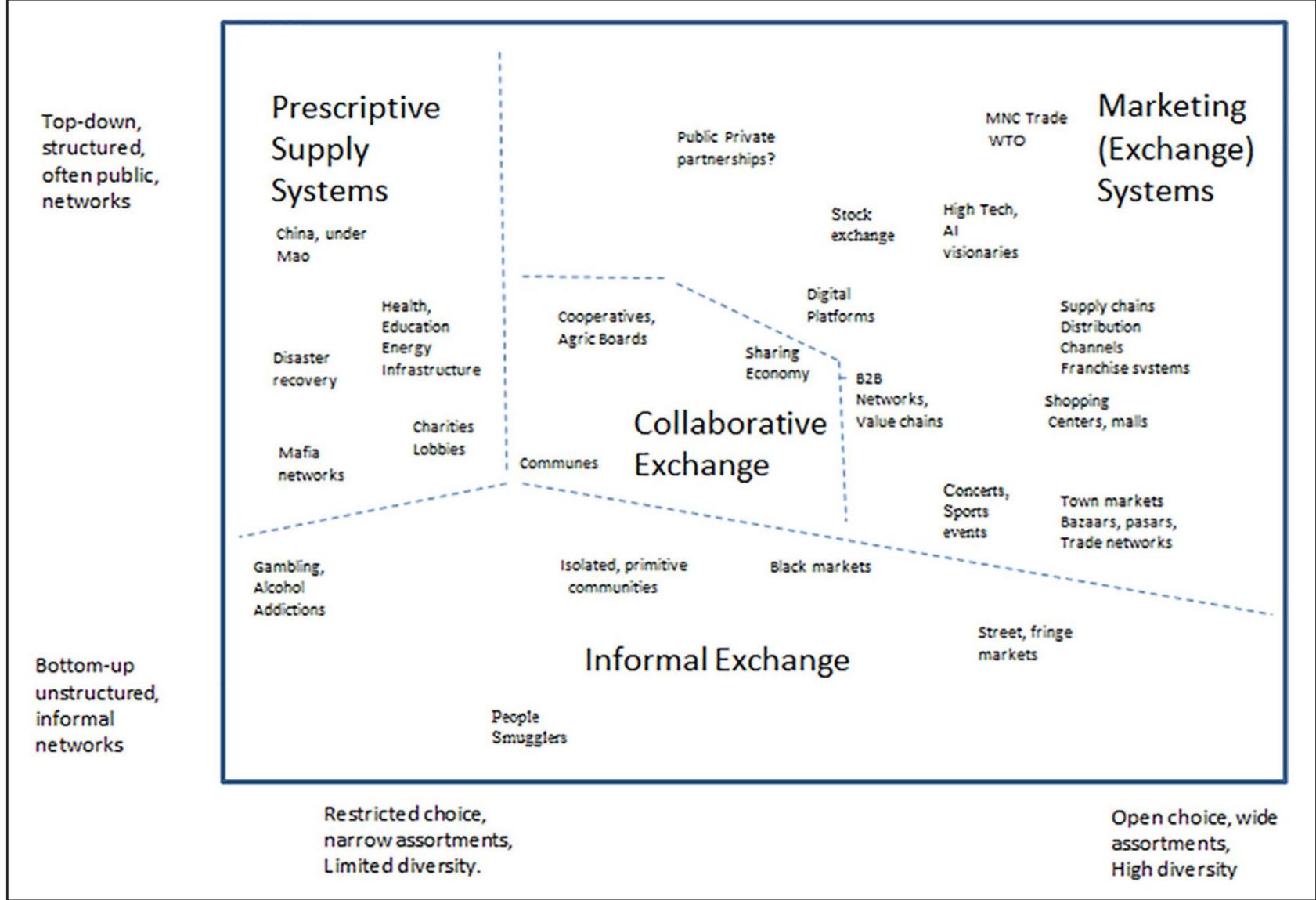
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- “...earlier social marketing planning approaches were focused on traditional marketing principles, whereas recent approaches are more comprehensive and are based on a growing consensus about what constitutes effective and equitable practice in social marketing.”⁴
- “... the need to develop more refined social marketing planning approaches which must move beyond operational planning models towards the development and application of whole **systems modelling**, planning and coordination...”⁴



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Ref. #5

Case: IPV Screening in an FQHC

- Intimate partner violence (IPV) refers to physical violence, psychological abuse, sexual violence, and/or financial abuse inflicted on a person by their current or former partner.
- The healthcare safety net includes providers that deliver a significant level of healthcare and other related services to uninsured, Medicaid, and other vulnerable populations.⁶
- Federally Qualified Health Centers (FQHCs) receive funds from the Health Resources and Services Administration (HRSA) to provide primary care services in underserved areas.⁷
- HRSA-funded health centers serve one in 12 people in the US.⁸
- There are nearly 1,400 health centers that operate approximately 12,000 delivery sites across the country and serve over 28 million people.⁹

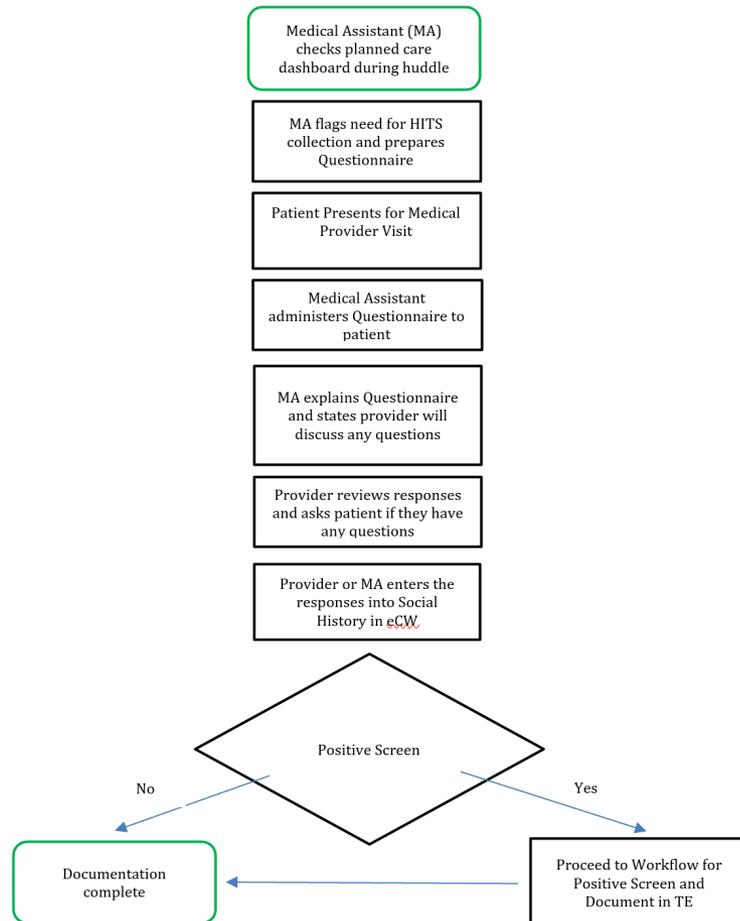


IPV Screening in an FQHC (cont.)

- Research has identified barriers that prevent routine IPV assessment including lack of protocol and policy, time constraints, and certain departmental philosophies of care.¹⁰
- Though these barriers have been identified repeatedly, IPV remains under-assessed;¹¹ and there is minimal information within the safety-net context on the perceptions and intentions of frontline staff that often conduct these assessments.
- Within FQHCs, the frontline professionals that often conduct IPV assessments are Medical Assistants (MAs).
- Recent research shows that using MAs to assess patients for IPV victimization may be more efficient than using other providers; however, few clinics have implemented protocols for MAs performing these assessments.¹¹
- We explored a policy-practice gap regarding IPV ‘screening’ at a large, statewide community health center through a mixed-methods preliminary investigation.

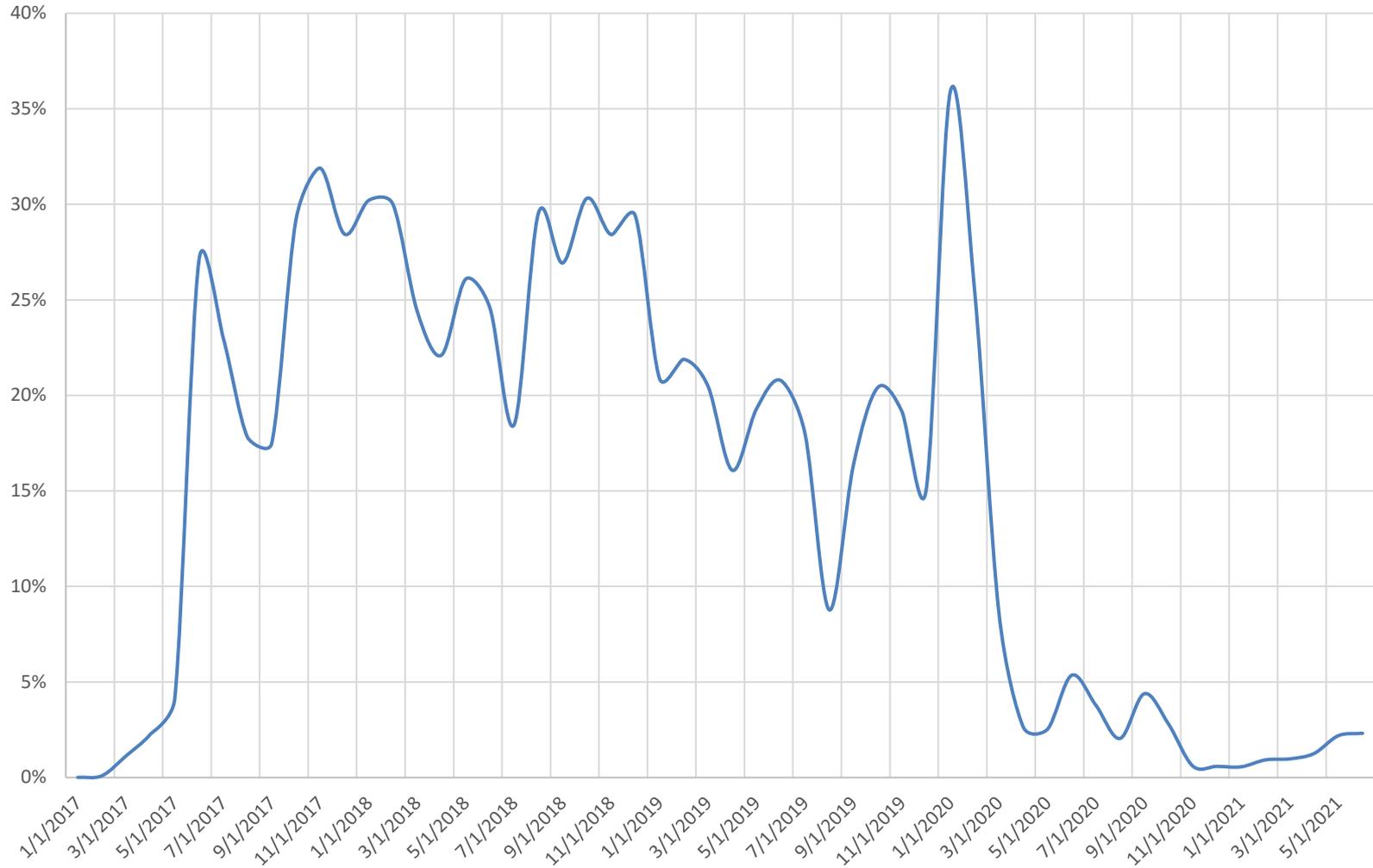


IPV Screening in an FQHC (cont.)



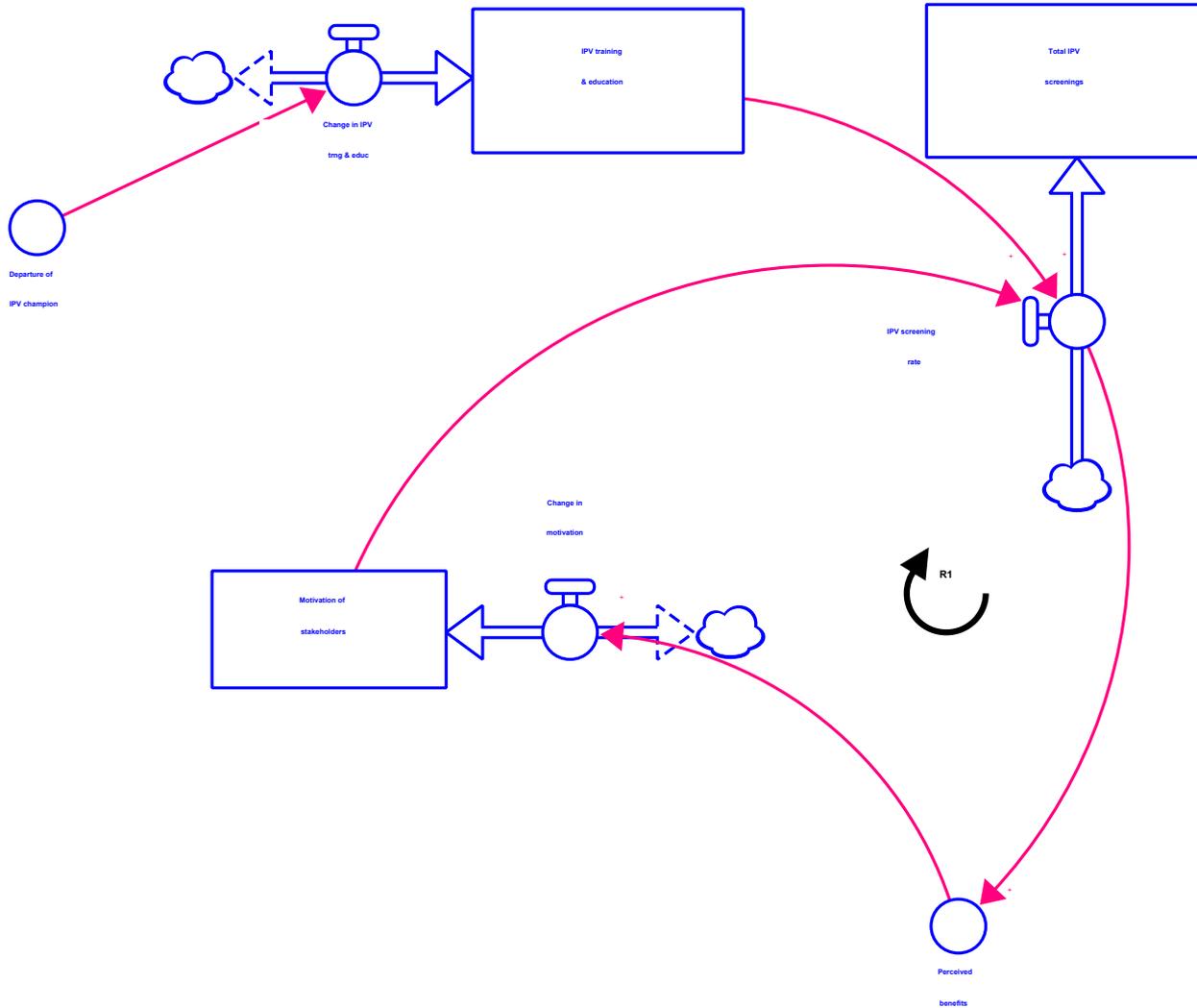
- This study took place at a New England FQHC with more 145,000 patients and 15 facilities.
- Clinical and QI teams previously developed an IPV 'playbook' that specified the policies and procedures.
- IPV questionnaires are to be administered to female patients ≥ 14 years of age.
- IPV playbook included a workflow for initial visits by eligible patients (HITS) and for visits by established patients (HARK questionnaire).

IPV Screening Rates (HITS Questionnaire), New England FQHC, 2017-2021

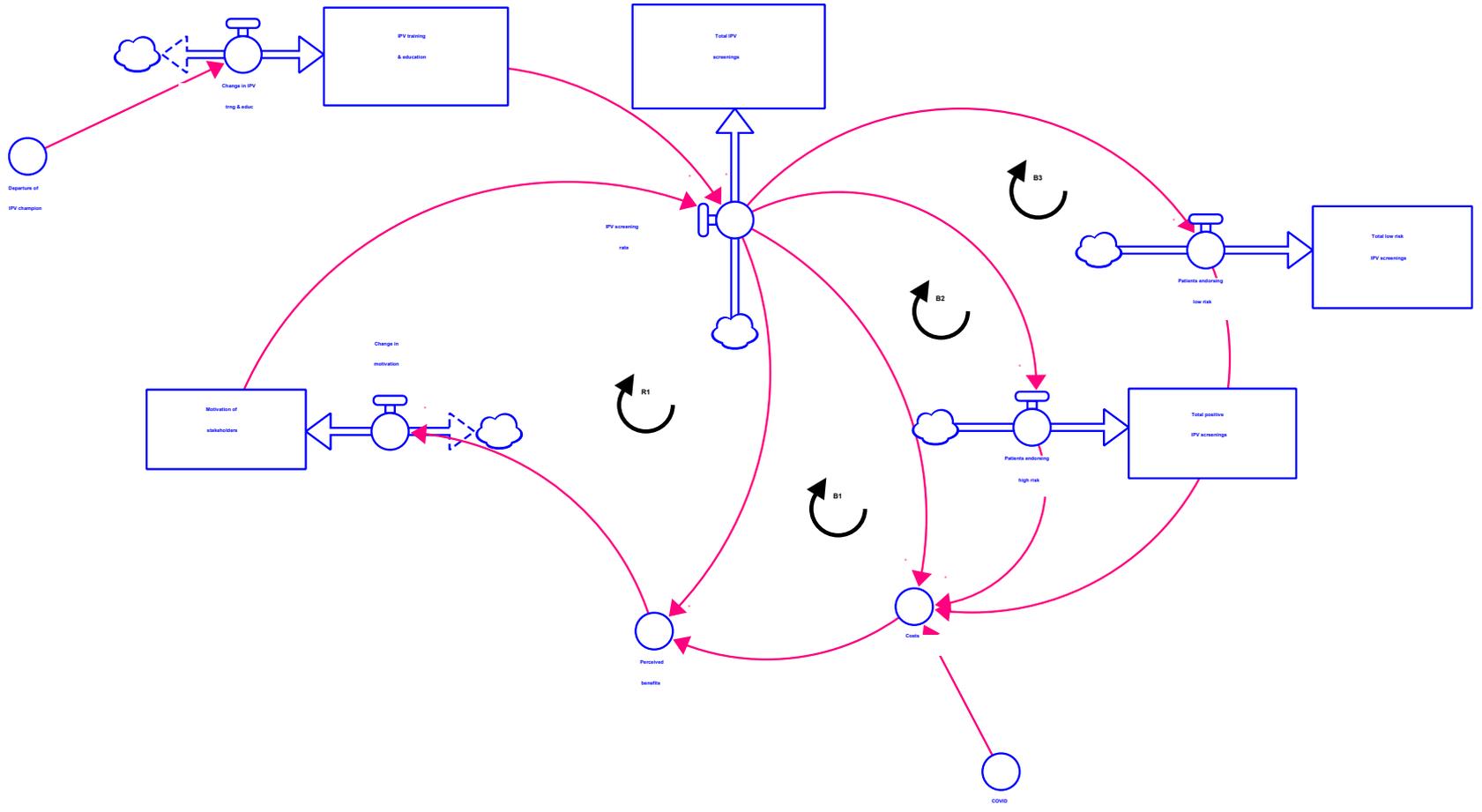


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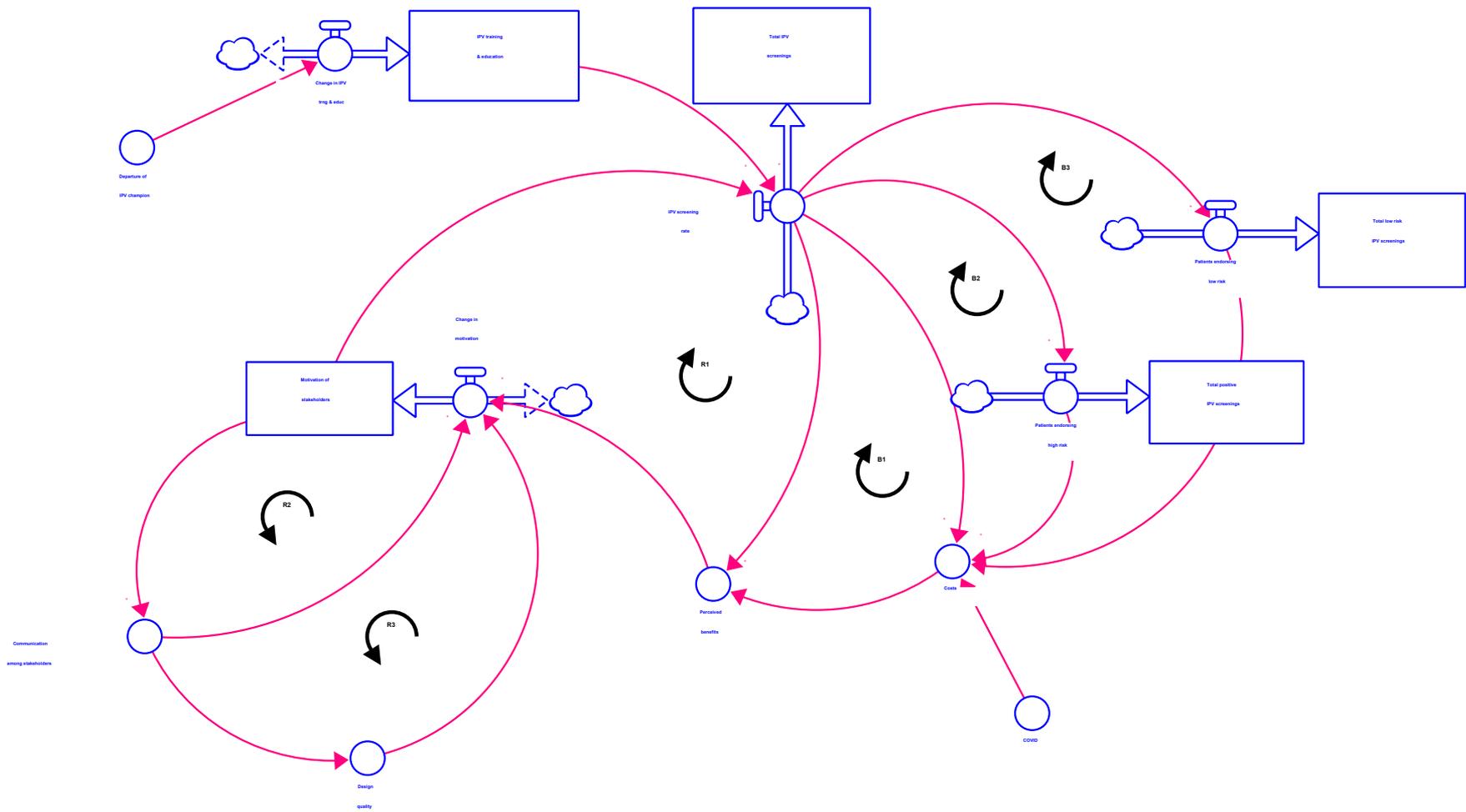
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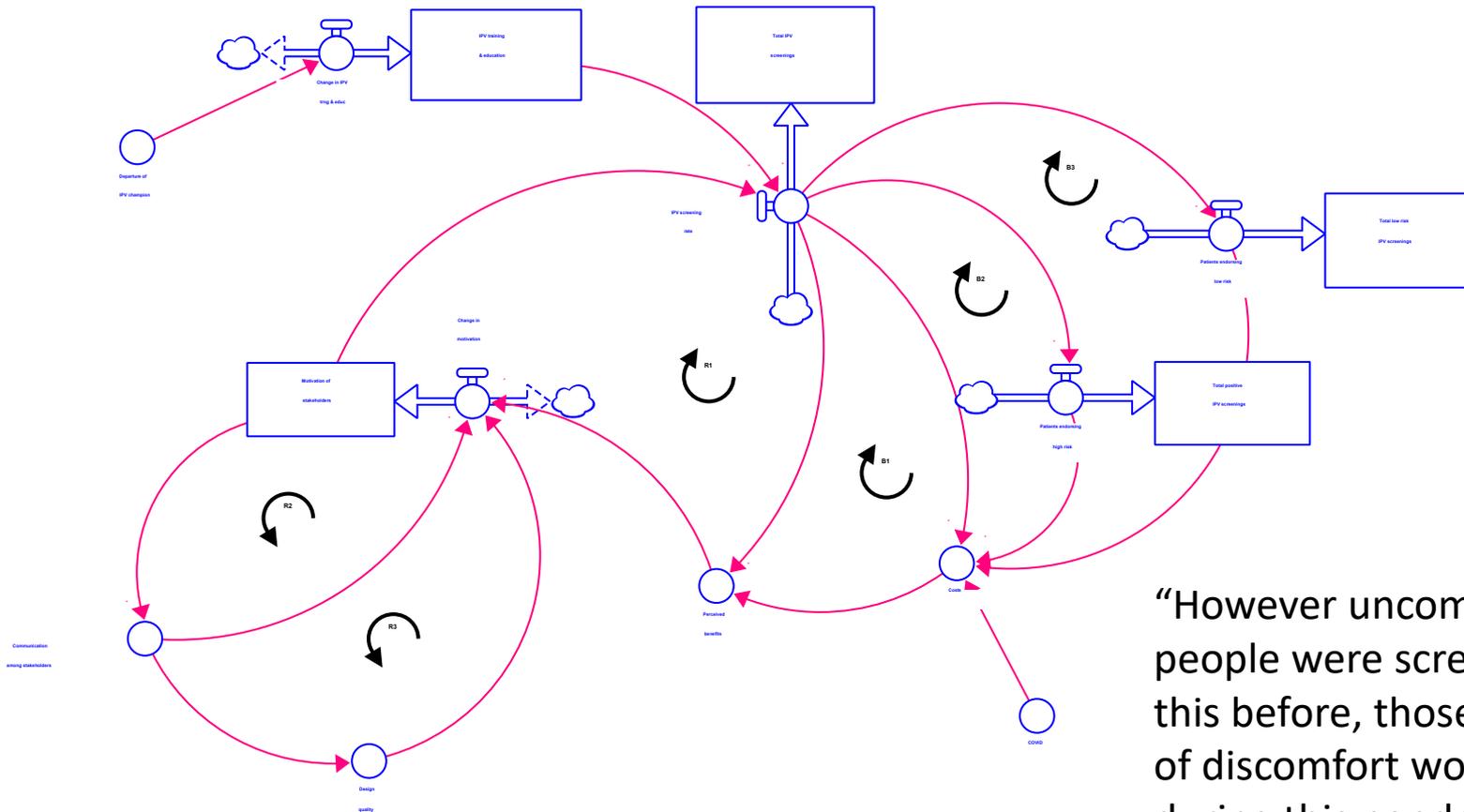
Note #12



Note #12



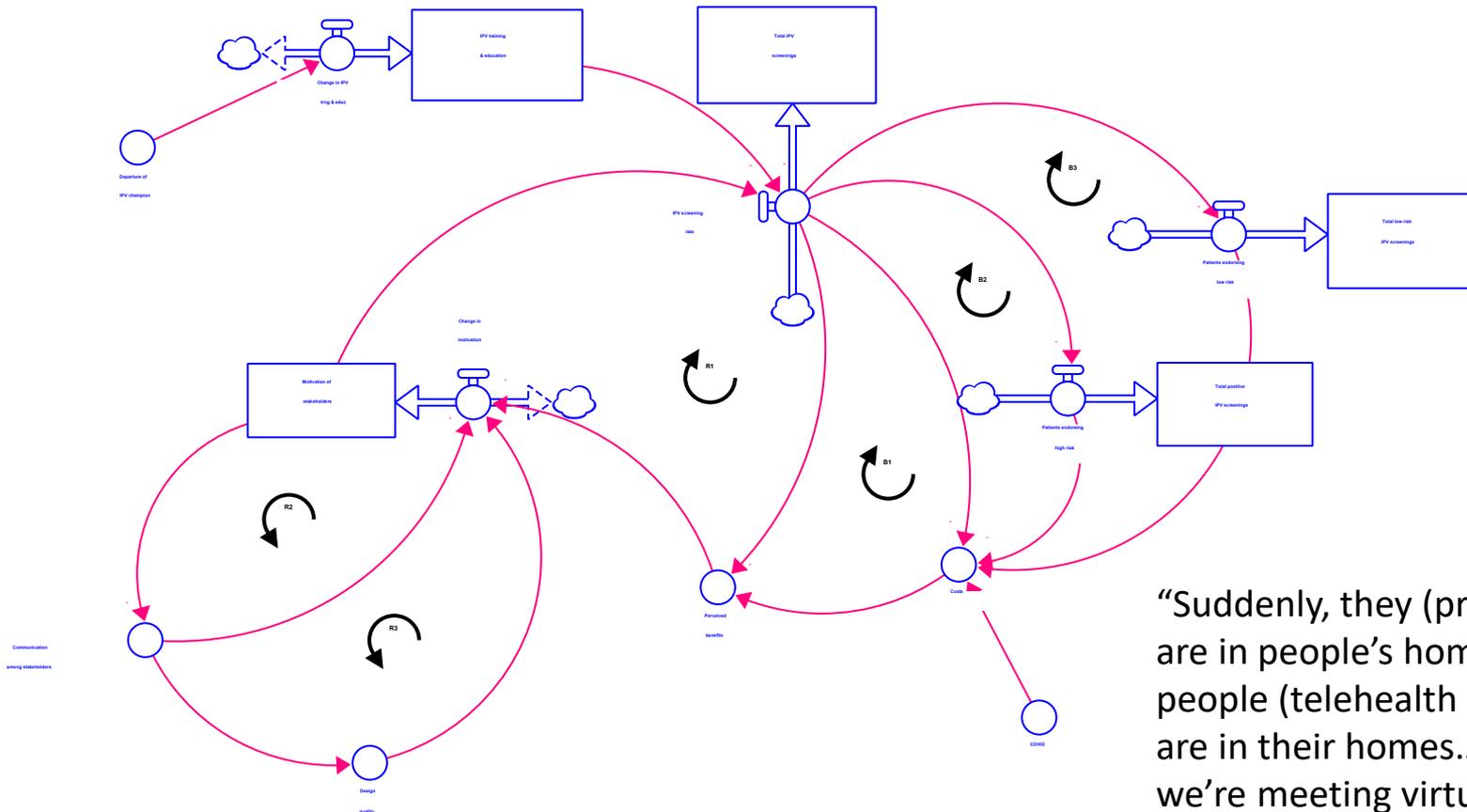
Note #12



“However uncomfortable people were screening for this before, those feelings of discomfort worsened during this pandemic.”

Note #12





“Suddenly, they (providers) are in people’s homes and people (telehealth patients) are in their homes... and now we’re meeting virtually and we’re in each other’s homes and you’re asking me all sorts of private things.”

Note #12



Why a Social Marketing Lens?

- Marketing part of many C suites
- Marketing can be done ethically
- Works when applied to prosocial programs, too
- Can be done without ‘blaming’ individuals
- [“Increasing Seasonal Influenza Vaccination among University Students: A Systematic Review of Programs Using a Social Marketing Perspective”](#)
- [“Young Adult Drug Interventions: A Social Marketing Systematic Review and Research Agenda”](#)
- [“Social Marketing Benchmark Criteria Use in Health Behaviour Change Interventions in Pacific Islands Populations: A Systematic Review”](#)
- [“Influencing Household-Level Waste-Sorting and Composting Behaviour: What Works? A Systematic Review \(1995-2020\) of Waste Management Interventions”](#)
- [“A Review of Social Marketing Interventions in Low- and Middle-Income Countries \(2010-2019\)”](#)
- And many more review papers...



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Social Marketing Benchmarks¹³

1. Customer (or consumer) orientation
2. Behavior
3. Theory
4. Insight
5. Exchange
6. Competition
7. Segmentation
8. Marketing 'mix'



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1. Consumer Orientation

Marketing Benchmark

- “When designing our program(s), we focus on understanding our priority audiences’ lives and behaviors as much as possible.”¹³

Program Indicators

- IPV victim/survivor input
- Staff input (e.g., MAs)
- Leadership input
- Referral network input
- Other ideas?



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2. Behavior

Marketing Benchmark

- “We identify specific, measurable behaviors that the program is focused on influencing in our priority audiences.”¹³

Program Indicators

- Analysis of relevant behavioral trends
- Intervention focused on specific behaviors, not only precursors (e.g., attitudes)
- Specification of behavior type(s)



2. Behavior (cont.)

Fogg Behavior Grid BehaviorGrid.org

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	Green behavior Do <u>new</u> behavior, one that is <u>unfamiliar</u>	Blue behavior Do <u>familiar</u> behavior	Purple behavior <u>Increase</u> behavior intensity or duration	Gray behavior <u>Decrease</u> behavior intensity or duration	Black behavior <u>Stop</u> doing a behavior
Dot behavior is done <u>one-time</u>	GreenDot Do new behavior one time <i>Install solar panels on house</i>	BlueDot Do familiar behavior one time <i>Tell a friend about eco-friendly soap</i>	PurpleDot Increase behavior one time <i>Plant more trees and local plants</i>	GrayDot Decrease behavior one time <i>Buy fewer boxes of bottled water</i>	BlackDot Stop doing a behavior one time <i>Turn off space heater for tonight</i>
Span behavior has <u>duration</u> , such as 40 days	GreenSpan Do new behavior for a period of time <i>Carpool to work for three weeks</i>	BlueSpan Do familiar behavior for a period of time <i>Bike to work for two months</i>	PurpleSpan Increase behavior for a period of time <i>Take public bus for one month</i>	GraySpan Decrease behavior for a period of time <i>Take shorter showers this week</i>	BlackSpan Stop a behavior for a period of time <i>Don't water lawn during summer</i>
Path behavior is a <u>permanent change</u>	GreenPath Do new behavior from now on <i>Start growing own vegetables</i>	BluePath Do familiar behavior from now on <i>Turn off lights when leaving room</i>	PurplePath Increase behavior from now on <i>Purchase more local produce</i>	GrayPath Decrease behavior from now on <i>Eat less meat from now on</i>	BlackPath Stop a behavior from now on <i>Never litter again</i>

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3. Theory

Marketing Benchmark

- “We refer to social and behavioral science theories to inform program design and implementation.”¹³

Program Indicators

- Named theory (theories)
- Lookalike program(s)
- Multi-level theories, e.g., bio-physical, psychological, social, ecological
- Other ideas?



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4. Insight

Marketing Benchmark

- “We conduct audience research to understand what moves and motivates them, including ‘who’ and ‘what’ influences the targeted behavior.”¹³

Program Indicators

- Secondary data analyses
- Primary data collection
- Observational research, e.g., customer journey mapping
- Other ideas?



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5. Exchange

Marketing Benchmark

- “Our program(s) incorporate the costs and benefits our audience seeks in changing or giving up the targeted behavior.”¹³

Program Indicators

- Full cost to the consumer analyzed (> financial)
- Perceived vs. actual costs (benefits) analyzed
- Incentives, recognition, and rewards considered
- Other ideas?



6. Competition

Marketing Benchmark

- “We identify and incorporate factors that compete for the time and attention of audiences whose behavior we seek to influence.”¹³

Program Indicators

- Both internal and external competition are considered
- Factors competing for time & attention of audience are considered
- EX: FQHC planned care dashboard (> 40 to-do's!)
- Other ideas?



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7. Segmentation

Marketing Benchmark

- “We identify priority audience segments that have common characteristics and then tailor programs appropriately.”¹³

Program Indicators

- Traditional demographic targeting (not exclusively)
- Deeper segmented approaches (e.g., ZMET)
- Interventions tailored to specific segments
- Other ideas?



8. Marketing 'Mix'

Marketing Benchmark

- “We use all elements of the marketing mix – product, price, place and promotion – to influence the targeted behavior.”¹³

Program Indicators

- Product strategy
- Price strategy
- Place strategy
- Promotion strategy
- ...



8. Marketing 'Mix' (cont.)



Note #14



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Presentation Notes & References

1. <https://case.edu/medicine/healthintegration/>
2. Kotler, P. & Zaltman, G., *Journal of Marketing*, Vol. 35 (July, 1971), pp. 3-12.
3. <https://isocialmarketing.org/>
4. Akbar, M.B., et al., *Social Business*, (2019), <https://doi.org/10.1362/204440819X15633617555894>
5. Layton, R.A. & Domegan, C., *Australasian Marketing Journal*, Vol. 29 (2021), pp. 4-14.
6. Institute of Medicine (2000), <https://doi.org/NBK224523>
7. HRSA (2019a), Federally Qualified Health Centers
8. HRSA (2019b), About the Health Center Program
9. HRSA (2019c), National Health Center Week
10. Hamberger, L.K., et al., *Journal of Women's Health*, Vol. 24 (2015), pp. 86-91.
11. Sharples, L. et al., *Family Medicine*, Vol. 50 (2018), pp. 702-205.
12. Adapted in part from: Jalali, M.S. et al., *Soc Sci & Med* (2019); Lounsbury D.W. et al., *J Behav Health Serv Res*, (2020)
13. NSMC Benchmark Criteria, <https://www.thensmc.com/content/nsmc-benchmark-criteria-0>
14. Lee, N.R. & Kotler, P.K. *Social Marketing*, 6th Ed. (2020)

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Questions & Discussion

Program Consultations →

Proposal Writing:

- Federal proposals
 - SMART (RC2)
 - DV Programs (R61/R33)
- Foundation proposals
 - Firearms & Dementia
 - Rural Health Equity

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