

Using Social Marketing to Improve Healthcare Quality

Jason Tetro, MI-SCI Consulting and Communications

A Webber Training Teleclass

Using Social Marketing to Improve Healthcare Quality

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Hosted by Paul Webber
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www.webbertraining.com July 16, 2014

AIC practice forum

Social marketing: A behavior change technology for infection control

Manuel W. Mah, MD, MPH, FRCPC,^{1,2} Sameer Deshpande, PhD,^{1,4} and Michael L. Rothchild, PhD^{1,3}
 Calgary, Alberta, Canada; Lethbridge, Alberta, Canada; and Madison, Wisconsin

Changing health care worker behaviors is a core function of infection control programs. The social change technologies of education and institutional policy are limited in their capacity to achieve desired behaviors on a sustained basis because they do not address the importance of opportunity and ability to practice enhancement. Social marketing addresses the health care worker's lack of opportunity and ability by offering a bundle of benefits at low cost with high accessibility and by doing this better than the behavioral status quo. This article introduces some social marketing concepts and explicates them in the context of hand hygiene promotion. *Am J Infect Control* 2006;34:452-7.

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What is Social Marketing?

- **Termed in 1971 by Philip Kotler & Gerald Saltman**
 - J. Marketing 35:3-12
- **Based on a previous question from the 1950s**
 - Why can't you sell hand hygiene like you do soap?
- **Required a shift in the mentality of marketing**
 - Not about influencing exchange of goods/services
 - Influencing acceptability of ideas
- **Not about dollars & cents but adoption and compliance**
 - Huge difference

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The Current Situation

- **Shift in Infection Prevention & Control Mentality**
 - Need to integrate human factors
 - Guidelines, Regulations & Technologies available
 - Problem is getting HCW to comply
- **APIC 2014**
 - Major focus on social behaviour change
 - Several key presentations and concurrent sessions
 - Basis was not about information but social marketing

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What Are Goals of Social Marketing?

- **Force motivation through messaging**
- **Direct individuals to follow without significant energy or cost**
- **Adopt a mechanism of translation of theory into action that can be sustained**
- **Reduce the distance of the individual from the action and associated products**

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Why Can't You Sell Hand Hygiene Like Soap?

Goal	Selling Soap	Selling Hand Hygiene
Force Motivation	Makes you clean	Stay clean
Direct Individual	Lather, Rinse, Go	15 seconds means safe
Translation	Clean body means happiness	Share life, not illnesses
Reduce Distance	Available at stores everywhere	A few seconds is all you need

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Modelling Social Marketing

- Several developed since 1971
 - Knowledge translation (too academic)
 - Experiential communication (too limited)
 - Positive deviance (too demanding)
- The most effective was community-centric
 - Society was the overarching target
 - Individual treated as a part of that society
 - Incorporation through adaptation, not assimilation
- Developed well-known list of social marketing tenets
 - The 4 Ps

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The 4 Ps of Traditional Social Marketing

- Product (also known as goal)
 - What is the expected outcome?
- Place
 - Where should the action take place?
- Promotion
 - How can this be shared effectively?
- Price
 - What is the overall cost of implementation?

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The Trouble with the 4Ps & Hand Hygiene

Parameter	Obvious	What About...?
Product/Goal (Hand Hygiene Compliance)	Healthcare professionals	Housekeeping? Patients? Visitors?
Place (Where Perform Hand Hygiene)	Patient Rooms	Foyer? Waiting rooms? Cafeteria?
Promotion (Increase Compliance)	Clean Hands Save Lives	Psychological? Emotional? Trust?
Price (Cost, Return On Investment)	Lower infections means cost savings	Increased Time? Flow of consultation? Antibiotic resistance?

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Social Marketing's New Perspective

- Shift in direction
 - Less about the central product
 - More about the central message
- Advertising and marketing made little headway
 - Targeted campaigning was always the best method
 - Message kept changing leaving disconnect
- 4Ps were not sufficient but no alternative proposed
 - Until 2003 thanks to a researcher at ECDC - Jan Semenza

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A Test Campaign

- The Intersection of Urban Planning, Art, and Public Health: The Sunnyside Piazza
Am J Public Health. 2003 93(9): 1439-1441.



- Low resource area in Portland Oregon
- Central Message: Health Promotion
- Social Marketing Mechanism: Painted Sunflower

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Outcomes vs Control LR Neighbourhood

Variable	Control Site	Test Site
Sense of Community	35%	65%
Health and Wellbeing	70%	85%
Interaction/Team Building	7%	32%
Commitment to Sustainability	Low	High

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Lessons Learned

- Education of individuals on health was not entirely difficult when done in a safe and easy-to-understand manner
- Enrichment through improved social interaction led to community stewardship.
- Engagement as a part of a larger community (i.e. not targeted) facilitated sustainability of the project.
- Entertainment through art, music and laughs increased social capital and social cohesion

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From The 4Ps To The 4Es

Education

Enrichment

Engagement

Entertainment

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Education

- Easiest and most time consuming
 - Utilize available resources as foundation
 - WHO, CDC, APIC guidelines
 - PubMed for latest research and trends
- Find positives & avoid negatives
 - Do not pontificate, preach, patronize or punish
 - Be neutral with the facts but upbeat in tone
- Keep information is fresh, even if known for millennia
 - Hippocrates and infection prevention still holds true today

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Enrichment

- Hardest to achieve
 - Requires various stakeholders for design and action
 - What needs to be in message to hook & hold attention
 - Should include someone with marketing experience
- Be inventive with benefits
 - Deliver information as if telling a secret
 - Even the most mundane fact can be fascinating
- Give incentives to learn more
 - Never give the whole picture
 - Leave room for their own research

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Engagement

- Most important aspect but can be straightforward
 - Focus on 'audience'
 - Their interests, their needs, their wants, their passions
- Give something they can take away
 - Games, Series, Interactions with social models (sports teams)
 - Use giveaways for patients and visitors
 - The more chance for involvement, the greater the success
- Always be open to modifications
 - Encourage feedback & return in personal manner
 - Audit to determine gaps and lessons learned
 - Surveys are good but huddles are better

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Entertainment

- Only a few genres of entertainment
 - Art, music, visual
- Find perspective through popularization
 - Hand hygiene music videos
 - Variety show ideas – interviews, talent shows
 - Include social celebrity if possible
 - Develop character models for people to assume
- Remember to stay true to message
 - Entertainment is only a hook
 - Leads them to the substance of the other 3Es

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The 5th “E” – THE EVANGELIST



STEVE JOBS

- Brought Apple to the top of technology
- iPod, iPhone, iPad are top selling devices
- Changed the way marketing was done for a decade

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The Problem With The Evangelist

- Acts as an ambassador for the brand
 - Raises awareness and eventual consumer choice
 - Always supports the product no matter what
- Brand has to always change
 - Yearly iPhone expectations
 - If brand didn't come through, evangelist was ineffective
 - The power of the people, the individual was greater
- Evangelists are human
 - Steve Jobs died in 2011
 - Apple may never recover

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From Evangelist to Enthusiast

- Represents not the brand, but the message
 - Personifies concept
 - Offers value as 'unsung hero or heroine'
 - Acts through Highly Cost-Effective Word of Mouth
 - Harvard Business Review: 62% - 388% increase in value
 - For every dollar spent they generated 15.00 savings
- Each enthusiast is a personal brand
 - Can be varied to ensure wider scope of audience
 - No two enthusiasts need be alike
- Adds a critical human factor lost to evangelism
 - Do as I say...and do!

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Deliver The Message as an Enthusiast

- Each person has a different approach
 - Uniqueness of human individuality
 - Unlimited options for sharing
- Message is still the same
 - Common base allowing for multiple interpretations
 - Each still acts as an ambassador of the message
- Act as a mediator between executive and audience
 - You are the one who will know the most from both sides
 - Use the knowledge to increase social capital

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Enthusiast Necessities

- Know The Message
 - Ensure there are no deviations from the core
 - Every enthusiast has a common base
- Make It Your Own
 - The 4/4 music principle
 - You decide 2, 3, 4 – just always come back to the 1 message
- Stay Positive
 - Negativity kills a message, even if it is based on problems
 - NEVER blame, accuse, condescend or curse at another
- Be Yourself
 - No one is you – that is what make you unique and valuable
 - Stay true to your nature – don't fake it to make it

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The Value of Two-Way Conversations

- Evangelists Preach; Enthusiasts Interact
 - Always be receptive to feedback
 - Learn by listening
- Engage in ambient light, not the spotlight
 - Become an expert in a community, not a rock star
 - “Sharing is Caring”
- Ask questions to ensure message is conveyed
 - Discussions are the best option
 - Can use personal, indirect or social means
 - Social media is growing as preferred outlet

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CASE EXAMPLE

**INCREASE HAND HYGIENE COMPLIANCE,
REDUCE INFECTIONS AND COST**

- 7 Steps To Making the Case**
1. Create the Core Message
 2. Identify the Enthusiasts
 3. Choose Complementary Options
 4. Optimize Marketing Rollout
 5. Implement the Message
 6. Assess Each Step
 7. Audit
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1. Create the Core Message with 4Es

MESSAGE COMPONENT	EXAMPLE
Education	Hand hygiene requires a contact time of 15 seconds through lather or sanitizer to prevent majority of infection spread through hands
Enrichment	CDC has shown savings as much as \$40,000 per admission in the US & save us from post-antibiotic era by reducing need for antimicrobials
Engagement	Hand hygiene is one of most important ways to protect yourself and others against infection (Engagement)
Entertainment	???

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**15 minutes could
save you 15% or more
on your insurance costs**

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**15 seconds could
save you 50% or
more on your
infection costs.**

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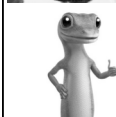
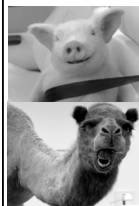
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2. Identify The Enthusiasts

- **Not everyone will want to be involved**
 - It is a vocation in itself
- **Gather all stakeholders to meet enthusiasts**
 - Administration, IPC, Housekeeping, Communications, Human Resources, Patient Safety Advocates, Public, Media, Corporate Sponsors
- **Allow Each Enthusiast to share their brand**
 - Stories, analogies, ideas for future

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Enthusiast Personal Brands



- **Maxwell the Pig**
 - Easy Access to insurance needs
- **Caleb the Camel**
 - Even workers need insurance
- **Martin the Gecko**
 - Everyone needs and can have insurance

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Encourage Personal Brands

- **The Germ Killer**
 - Housekeeping & healthcare workers
- **The Infection Investigator**
 - Infection Preventionists
- **The Clean Culinarian**
 - Kitchen Staff
- **Chief Hand Hygiene Officer**
 - Administration

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3. Choose Complementary Options

- **None will be as effective as Word of Mouth**
 - Up to 388% return on investment on average
 - 100% Reach
- **Posters and signage (40-60% Reach)**
 - Provide education and enrichment
- **Multimedia (20-30% Reach)**
 - Provide education, engagement, entertainment
- **Paraphernalia (6-10% Reach)**
 - Provide all elements in straightforward manner

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4. Optimize Marketing Rollout

- **Not a matter of “Did you know...?”**
 - Not advertising
 - Should be the end of your story, not the beginning
- **Find a way to incorporate everyone’s personal brands**
 - Encourage stories from everyone
 - Analogize when possible to link stories to message
 - Admittedly NOT easy and may take time
- **Develop novel means to share information**
 - Blogs for stories
 - Facebook and others for multimedia
 - Website for promotion of enthusiasts

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5. Implement The Message

- **Don’t choose one specific day to launch**
 - Slow and gradual is more effective
- **Develop message over time**
 - Start with enthusiasts as ambassadors
 - Next, signage at entrance and slowly moving inwards
 - Add paraphernalia with links to multimedia (QR cards)
 - Place information sheets in all high traffic areas
- **Goal is to appear seamless as opposed to newness**
 - Acceptance and adoption will come quicker
 - ROI can be more easily audited

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6. Assess Each Step

- Give each a minimum of 3-6 weeks
 - Will develop enough data for analysis
- With each implementation step, work with already existing monitoring to observe changes
- Hand Hygiene -> Electronic Monitoring
 - Identify changes in the sinusoidal curves
 - Allows for statistical analysis and ROI determination

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7. Audit The Findings

- Increased involvement in hand hygiene
 - Electronic monitoring provides compliance
- Change in relevant attitudes via word of mouth
 - Enthusiasts will have valuable knowledge
 - Surveys can complement but may not be trustworthy
- Increased issue salience or availability in memory.
 - Very important to social behaviour change
 - Quizzes, games, and challenges are better than surveys
- Cost savings
 - IPC data provides association to secondary effect
 - Antimicrobial prescription rates as tertiary effect

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Expected Outcomes

- Increased knowledge of the message
 - Can you remember it?
- Increased memory of the value of hand hygiene
 - Can you remember what it means?
- Increased overall compliance with hand hygiene
 - Do you remember to use it?
- Better cost-efficacy
 - Goal: Significant Return on investment
 - Reduced infection, antibiotic use, staff absenteeism

Improved Healthcare Quality

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Social Marketing for Healthcare Quality

- All aspects apply
 - Hand hygiene just one example but great place to start
- Experience in other tougher areas have succeeded
 - Tobacco cessation
 - Alcohol abuse
 - STIs
- May take time to be accepted and adopted
 - Still learning how to optimize
 - Little exists in the literature but list of examples growing
 - An optimum opportunity to perform trials and publish

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Summary of Social Marketing

- A relatively recent but successful model
 - Handwashing can be sold...just not like soap
- Focuses on improvement of social behaviour
 - 4Es of education, enrichment, engagement and entertainment
- Involves the human factor to ensure efficacy
 - The Enthusiast is the key
- Relies on word of mouth as primary delivery
 - Other traditional methods are complementary

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Final Note: My Social Marketing Experience

- Key Message:
 - We need a better relationship with germs
- Enthusiast:
 - The Germ Guy, Germs Relationship Therapist, Germs Pundit, Microbiologist
- Implementation:
 - Contribute to national and international media, columns in major news outlets, spokesperson for companies
- Outcomes:
 - Bestselling book, *The Germ Code* & recommended IPC reading in UK
 - Expansion of niche into mainstream

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THANK YOU!

**HAVE QUESTIONS?
CONTACT ME!**

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24 July **HAND HYGIENE TECHNOLOGIES 2005-2014: ARE THESE INTERVENTIONS THE MISSING LINK IN HAND HYGIENE COMPLIANCE?**
Dr. Maryanne McGuckin and Mr. John Governnik, McGuckin Methods International, USA

14 August *(FREE Teleclass)*
INFECTION PREVENTION AND CONTROL – THE ARGENTINA EXPERIENCE
Carolina Giuffrè, Buenos Aires British Hospital, Argentina

27 August *(South Pacific Teleclass)*
DIAGNOSIS, TREATMENT AND PREVENTION OF PROSTHETIC JOINT INFECTIONS – A SURGEON'S PERSPECTIVE
Prof. Gary Hooper, University of Otago, New Zealand

03 September *(FREE_WHO Teleclass - Europe)*
NEW WHO GLOBAL CAMPAIGN TO ELIMINATE UNSAFE THERAPEUTIC INJECTIONS
Dr. Benedetta Allegranzi, World Health Organization, Geneva
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