

HEALTH PROMOTION AND MAINTENANCE III

MARKETING OF PHARMACY HEALTH PROMOTION PROGRAMS/ACTIVITIES

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Learning Objectives

1. Contrast commercial marketing with social marketing.
2. Describe the role and challenges of social marketing in promoting health.
3. Evaluate a health promotion problem using the following marketing terms: primary and secondary customers, the product, the competition, potential market segmentation variables, elements of the marketing mix of a program, relationship marketing, and a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the market environment.
4. Use a marketing mind-set in approaching health promotion and maintenance.
5. Apply a marketing plan for a health promotion program.

Case Study: Marketing Health Promotion at Arthur's Pharmacy

Arthur's Grocery & Drugs wants to differentiate itself from other grocery and pharmacy retailers. Arthur's has successfully competed for the past 25 years by offering local produce, freshly prepared meals, and innovative pharmacy services to an upscale clientele in Northern Virginia. Now, Arthur's wants to target the underserved men's health market in some way—possibly with cardiovascular health promotion and screening services.

Arthur Starling, the owner, first identified men as a potential market after his own unsuccessful quest for a wellness program in cardiovascular health. He looked into programs at the local YMCA and a nearby hospital, but there was nothing available or convenient to meet his individual needs. Arthur, a robust but beefy 56-year-old man, recognized that he needed to take better care of himself if he wanted to avoid the health problems experienced by other men in his family. However, all of the local programs seemed to target women, not men. He found this surprising given the emphasis

of medical treatments on men's cardiovascular problems. One wellness provider complained, "This community still emphasizes treatment over prevention." When Arthur asked about the existence of any men's wellness programs, he was told, "Men never attend any of our health promotion events, so we quit targeting them."

Introduction

Challenges Associated with Health Promotion Programs

There is an underappreciated epidemic of chronic disease in the United States today. Currently, chronic diseases are associated with three of every four deaths, and chronic conditions cause one of every three people to experience some type of disability or loss of functional status. This costs the nation more than \$300 billion annually. Moreover, by 2020, the cost of chronic disease is projected to rise to \$1 trillion and affect up to 134 million individuals. Despite this clear threat, the response of the U.S. health care system has been relatively ineffectual. To understand why, three factors need to be recognized: (1) the greater demand for negative health behaviors in our society, (2) the general hostility toward health promotion, and (3) the general lack of knowledge and skills in effective health promotion.

Demand for Negative Health Behaviors

There is relatively little demand for health promotion services in the United States today compared with the demand for unhealthy behaviors. Surely, the public wants good health, but the effort necessary to achieve a healthy state is often unacceptable to individuals. It is much easier to live the "good life" now than to make major lifestyle changes that *may* achieve some unknown benefit in the distant future. Excuses, rationalizations, and denial often substitute for the difficult choices necessary to achieve health. It is difficult to promote health behaviors because it requires asking people to pay (e.g., money, time, effort) and give up things they enjoy (e.g., eating, drinking, smoking) to achieve a potential benefit.

Resistance to Health Promotion

It is little wonder that some people are resistant toward health promotion. In today's society, healthy living is synonymous with terms such as *denial* and *boring*. It is common for people to be skeptical of anyone, including pharmacists, who encourage healthy lifestyles or impose healthy lifestyles on others. Indeed, popular culture often glorifies unhealthy lifestyles on television and in movies while poking fun at healthy lifestyles—often embodied by self-absorbed health fanatics.

Lack of Knowledge and Skills

Pharmacists receive extensive training in chemistry, physiology, pharmacology, pharmaceuticals, therapeutics, and several other subjects, but they receive comparatively little guidance on how to influence complex health habits of individuals living in a dynamic social environment. Pharmacists' lack of knowledge or training about theories of health behavior and strategies for social change leads them to rely on personal experience and common sense to guide them. The problem is that personal experience and common sense are often poor guides for influencing health behavior. Thus, pharmacists' lack of knowledge and training leads them to make preventable errors, and those failures lead to frustration and a tendency to blame the patient. "They just don't care about their health. Otherwise, they would pay attention to what I am trying to do for them."

The Role of Marketing in Promoting and Maintaining Health

This chapter advocates the role of marketing in promoting and maintaining health to encourage healthy behaviors using an evidence-based approach. The rationale is that evidence-based interventions are more likely to succeed because they are based on the knowledge and experience of others. Accordingly, the marketing of health promotion programs should not be a fly-by-the-seat-of-your-pants endeavor. Rather, marketing plans should be comprehensive and build on a deep understanding of the needs, desires, motivations, and constraints of target audiences (e.g., patients, the general public). That understanding is then used to create a unique package of pharmacy services that offer compelling benefits, convenience, and value. Evidence in health promotion should include relevant theories of health promotion and behavior such as the Health Belief Model, Readiness to Change Theory, and Theory of Planned Behavior. It also requires an intimate knowledge of the social, economic, and policy environment under which health promotion services are provided.

The beginning of this chapter describes a problem faced by Arthur's Grocery & Drugs. The root of Arthur's problem can be defined using a variety of perspectives. A clinician might describe the core problem as a need for more clinical services directed at men's cardiovascular health. A public policy analyst might see the problem as a lack of access to preventive cardiovascular services. An educator might argue that men need more education about their health. As a result, each perspective would likely lead to a unique approach to the problem with distinct strategies and tactics.

In contrast, a marketer would define the situation simply as a market opportunity for Arthur's. A marketer would also say that whether and how this opportunity should be seized

depends on the results of various steps of the marketing process. This chapter shows how a marketer might approach Arthur's problem. It will present a marketing approach to problem solving, describe marketing terminology, and illustrate the marketing process using Arthur's Grocery & Drugs as an example.

Social Marketing as an Approach

One time-tested marketing approach for promoting health is social marketing. Social marketing uses commercial marketing methods to influence the behavior of targeted audiences. It applies marketing processes to the analysis, planning, implementation, and assessment of programs with the aim of encouraging behaviors that improve personal and social welfare. It differs from health education because it tackles issues far beyond the goal of training and educating individuals to adopt healthy behaviors. Social marketing also addresses questions of cost, convenience, incentives, persuasive communications, and several other issues that influence actions.

The definition of social marketing, which differs little from commercial marketing, is "the process of voluntary exchanges between marketers and audiences where something of value is traded for the purpose of satisfying mutual needs and wants." Social marketing differs from commercial marketing only in focus. The primary goal of commercial marketing is profits. In contrast, social marketers seek to improve the social welfare of individuals and populations. A social marketing approach to health promotion attempts to improve social welfare by changing health behaviors and improving health. For social marketers, profits are only a means of acquiring and maintaining the ability to improve welfare.

Adopting a Marketing Mind-set

One of the most important requirements for success in social marketing is developing a marketing mind-set when approaching problems of health promotion. Several principles are associated with the adoption of a marketing mind-set.

Consumer Focus

The first and most important principle is a consumer focus. A consumer focus differs from a traditional provider-oriented approach because it focuses on the needs and wants of the target audience, not the provider. Instead of the health professional saying, "Here is what you need to do," the professional asks, "What do you want, and how can I help you achieve it?"

The focus of marketing health promotion can be on the individual (downstream approach) or population (upstream approach). To promote health at the individual level, a downstream approach uses strategies that revolve around changing the behaviors of individuals. Theories such as the Health Belief Model and the Stages of Change Model argue for a downstream approach in social change programs. To influence behaviors at the population level, upstream approaches attempt to change the social environment

in a way that encourages desired behaviors. Upstream approaches include activities such as lobbying for legislative change and influencing public discourse about health.

Population-based theories such as the Diffusion of Innovations Theory argue for an upstream approach to social change. This theory states that the spread of new behaviors through populations can be enhanced by the presence of two types of intermediaries: change agents and opinion leaders. Change agents are people who actively aid adoption by creating demand, reducing barriers, and persuading adopters. Pharmacists are good examples of a potential change agent for healthy behaviors. Change agents often attempt to identify and recruit opinion leaders in their cause. Opinion leaders are influential third parties who have adopted the desired change themselves and are willing to talk to others about it. The word-of-mouth discussions started by opinion leaders can increase awareness, knowledge, and desire to change.

Exchanges of Value

A mutually beneficial exchange is the primary outcome of any marketing transaction. The value exchanged can be money, information, ideas, or any other form of tangible or intangible worth. In social marketing, it is essential that each party in an exchange achieve a satisfactory outcome from the transaction. The marketer benefits when the targeted audience engages in healthy behaviors consistent with the marketer's mission, and the targeted consumer audience benefits when changed health behavior occurs in an acceptable way, at an agreeable cost. If the marketer cannot offer a program of health promotion that is acceptable to the consumer, no exchange will result, and the marketer's mission fails.

Two types of exchange processes drive marketing strategy: discrete and continuous exchanges. The manner in which a marketer views the exchange process determines how he or she attempts to influence health behavior. For a discrete view of transactions, called transactional marketing,

the marketer sees each exchange as isolated and unrelated to any future exchange. Thus, the marketer has limited, short-term goals associated with every interaction with the target audience—close the deal and get the consumer to take action. This approach might be useful in some situations associated with health care (e.g., selling aspirin), but success in health promotion typically requires an approach that views transactions as continuous, such as that seen in relationship marketing. Relationship marketers view exchanges as a series of continuous transactions over time. Thus, they take a long-term view in achieving behavioral change by cultivating relationships with target audiences. For example, a pharmacist who promotes smoking cessation services might interact with a consumer several times just to reach a point where that individual will even consider taking steps to start the smoking cessation process. Indeed, numerous counseling sessions and several setbacks may occur before final success. By cultivating relationships with consumers, a relationship marketing strategy is more likely to achieve lasting success than discrete transactional marketing.

Awareness of Competition

Another critical element of a marketing mind-set is an awareness of the competition to healthy behaviors. This awareness requires that health professionals recognize and accept that target audiences have a choice: change to the promoted behavior or not. Hence, one important competitor to behavioral change is existing behavior. In reality, target audiences often have good reasons for maintaining their current behavior. Consequently, to persuade people to change, marketers must have a clear understanding of that behavior and offer convincing reasons to change. Other important competitors to behavioral change are the various opponents of healthy behavior whose self-interest conflicts with healthy behaviors. For instance, tobacco companies compete with smoking cessation programs for the hearts and minds of cigarette smokers. These companies engage in massive advertising and public relations campaigns to

Table 1-1. Potential Ways to Segment Markets

Basis of Segmentation	Segmentation Categories	Example
Demographic/geographic – according to demographic variables and location	Age, sex, family size, income, occupation, education, family life cycle (e.g., marriage, first child, children starting school), religious affiliation, nationality/country, region, metropolitan statistical area, city, county, state, rural	Middle income, African American, male citizen of the United States who has graduated from college and is the head of the household
Psychographic – according to psychological and sociological differences	Personality, lifestyle, values	Health care skeptics doubt, question, or disagree with recommendations of health care providers
Behavioral – according to actual and potential behaviors	Actual behavior: frequency of use, situations, user status, loyalty, adoption of innovations	Person recently receiving a diagnosis of diabetes
	Potential behavior: readiness to buy or act	Individual in the precontemplation stage of quitting smoking
	Mixed behavior: variables at risk of drug-related problems	Currently taking five drugs and suffering from four chronic diseases with a history of noncompliance
Benefits – according to needs and wishes	Benefits sought are varied and almost endless	Worried well – people who are healthy but need reassurance about their risk of disease and need for treatment

counter the messages offered by opponents of smoking. Any marketing program for influencing healthy behavior must develop counterstrategies to opponents of change.

Competition seen in social marketing programs differs from how commercial marketers define competition. Commercial marketers view competitors as anyone who might contend for customers' dollars. Conversely, social marketers view competitors as any opponent of socially desirable behaviors. For this reason, pharmacists who adopt a social marketing approach to health promotion might view other pharmacists as allies instead of competitors.

Segmentation and Targeting

Segmentation and targeting are fundamental to the process of marketing. Marketers of health promotion programs identify and categorize individuals into market segments according to shared characteristics such as demographics, medical conditions, psychological tendencies, and personal situations. Specific segments are then targeted, with communications and services tailored to the preferences and needs of common characteristics within the segment. Examples of market segments are provided in Table 1-1.

The best market segments to target have the following characteristics:

- They are mutually exclusive. Sex is a good segmentation variable because individuals typically fall into one category or the other.
- Individuals in the segment are easily identified. Demographic variables are often used to segment populations because it is easy to collect data about age, income, racial background, and sex. Other segments based on sociological and psychological characteristics (e.g., hypochondriacs) can be problematic as segmentation variables.
- The segment must be reachable. Marketers must be able to communicate with and serve market segments.
- Segments must be sufficiently large to be worth the effort of targeting them.
- Individuals within segments must be responsive to the marketer's targeted communications and services. Individuals who are more responsive to health promotion interventions are preferred over those who resist or ignore them.

Marketing Mix

Marketers see the value they provide to consumers as a bundle called the *marketing mix*. The marketing mix consists of the four Ps of product, place, price, and promotion. The four Ps make up the entire value proposition made to appeal to consumers. Consequently, they must be considered together when designing a marketing plan and not as separate elements.

Product

The *product* is the collection of tangible goods (e.g., drugs, devices), services (e.g., screening, behavioral coaching), practices (e.g., eating a low-fat diet, taking drugs as prescribed), and ideas (e.g., pharmacists as public health providers). For health promotion programs, this collection of offerings is designed to encourage healthy behaviors.

Because the reasons for not engaging in healthy behaviors are numerous and complex, successful products must be crafted with an understanding about how the target audience views and values them. This understanding is informed by a framework that marketers call the *total product concept*.

The total product concept examines products in terms of three primary components: (1) the core product, (2) the expected product, and (3) the augmented product. The core product describes the benefit received from the bundle of goods and services promoting public health. The core product is defined by the consumer—not the marketer—because the consumer is the only one who can assess whether an underlying need has been satisfied. For example, the benefit of a health promotion program may be better health, peace of mind, control over a health condition, or any other number of benefits. The marketer can only identify the core product when the consumer reveals it, typically through marketing research surveys, focus groups, in-depth interviews, and observation.

Pharmacists often mistakenly assume that the core product patients seek is health; this is not always the case. A man undertaking a prostate screening may not be seeking avoidance of disease but peace of mind. A woman may not really have realistic expectations that she will be able to achieve long-lasting weight loss; she may just be in search of hope that it might happen. Understanding the core benefit sought is critical for every element of a marketing mix. Therefore, assumptions about the benefits sought from engaging in healthy behavior should be questioned and verified.

Two other elements of the total product are the expected product and the augmented product. The *expected product* is what the consumer expects to receive as part of a product package. It is what consumers are trained to count on from a provider based on previous experience, word-of-mouth conversations with others, and promotional communications from the marketer. Expectations of a vaccination program might be a painless administration of the drug, a short wait for the service, and no adverse effects associated with the administration. Giving less than what is expected results in dissatisfaction.

Anything provided by the marketer beyond what is minimally expected by the consumer is called the *augmented product*. The augmented product is also called the *differentiated product* because it differentiates the product bundle from competitors. Elements of the product package that might augment the minimal expectations of a vaccination program could be a pamphlet describing potential adverse effects to watch for, a short personal conversation with the pharmacist, and the offer of the pharmacist's personal cellular telephone number in case any questions arise. Giving more than what is expected results in satisfaction. Ideally, the expected product and augmented product will provide a bundle of benefits that result in achieving the core product desired by the consumer.

Place

Place refers to elements of the marketing mix associated with making products and services available to consumers. Place strategies deal with how marketers systematically identify and lower barriers to the consumer obtaining and using the product package offered. In short, place strategies

deal with questions of convenience and accessibility. Participation in health promotion programs is affected profoundly by questions of place. Successful programs must consider issues such as the speed and ease of accessing the program in person, by telephone, on the Web, and through the mail. In addition, marketers must deal with the ability to find the right information, product, or service that will achieve the desired consumer actions.

Price

Price is the cost consumers expend in exchange for receiving something of value. The price to consumers of public health services can be financial (e.g., a fee charged) and nonfinancial (e.g., time, effort). For commercial marketers, the price emphasis may be on identifying a price or fee that will bring sufficient revenue to maximize profits. With social marketing programs, questions about price typically revolve around its role as a barrier to engaging in desired behaviors rather than as a way of generating revenue. Thus, the financial price set for a health promotion program might be nominal to encourage the target audience to take action. Because nonfinancial costs can be a barrier to healthy behaviors, social marketers often increase accessibility and convenience (i.e., issues of place) to encourage healthy actions.

Although profits are not the ultimate goal of social marketing programs, they are not a trivial issue in determining their success. In other words, the more revenue a program can contribute to an organization's bottom line, the more able it will be to continue helping consumers.

The process of determining the net revenue produced by a program is relatively simple and consists of the following steps. The first step is to estimate the demand for the product at various prices. For a new service such as health promotion, it may be impossible to predict demand, so different demand situations (e.g., best, worst) should be estimated. The next step is to calculate the cost of providing the product. Costs may include the salaries of individuals providing the service, cost of materials (e.g., promotional brochures), and cost of acquiring merchandise. Net income can then be calculated by estimating the amount of revenue to be generated at different levels of demand minus the costs of the program. Net income is often negative for new programs, especially health promotion programs. Whether the level of net income

is acceptable depends on an organization's desired return on assets and objectives for the program.

The following items are pricing tactics commonly used to achieve marketing objectives. Each has advantages and disadvantages.

- **Value-based pricing:** Setting the price based on its perceived value. Value-based prices are determined by calculating a consumer's willingness to pay and then setting the price accordingly. The biggest problem is validly assessing a person's willingness to pay.
- **Prestige pricing:** Setting the price to signal quality. Prestige pricing tells consumers that the product is of high quality because the price is high. This tactic is effective when consumer willingness to pay is positively associated with price (i.e., low price = poor quality and high price = high quality in the mind of the consumer). The problem with this technique is that high prices may drive off potential customers.
- **Cost-plus pricing:** Setting the price based on the cost to the provider. Cost-plus pricing does not take into account demand, only cost. The advantage of this strategy is that it ensures that providers cover their program costs. The problem with cost-plus pricing is that it ignores consumer preferences and can result in setting prices above or below what consumers are willing to pay.
- **Penetration pricing:** Setting a low price to increase demand. The purpose of penetration pricing is to build business by offering prices so low that they are acceptable to the largest number of potential consumers. The goal is to capture a large portion of the market and reduce the costs of providing services through greater economies of scale. The downside is the difficulty in raising prices after consumer expectations of low prices have been set. Another problem is that low prices may signal low quality to desirable segments of the market that might be willing to pay much more.

Promotion

Promotion describes communications used to inform, persuade, and remind target audiences to engage in healthy behaviors. Promotional communications are typically the last element to be decided within the marketing mix because they often convey information about the other three P's:

Table 1-2. Promotional Methods

Promotional Method	Examples
Advertising – paid nonindividualized nonpersonal communications	Print ads – newspapers, magazines, newsletters, billboards, and Yellow Pages promotions Broadcast ads – television, radio, and podcasts; Internet ads – Web site banners
Personal selling – oral, two-way communications with individuals or groups	Discussions with patients, telephone calls to physicians, hospital in-service presentations for nurses, brown bag meetings, and academic detailing
Direct marketing – individualized, nonpersonal communication	Database marketing, direct mail, mail order, interactive technology, and computerized telemarketing
Sales promotion – communications designed to promote a quick sale or action	Price deals, coupons, contests, sweepstakes, refunds and rebates, premium offers, trade promotions, point-of-purchase displays, exhibitions, and free samples
Third-party techniques – attempts to indirectly influence actions of impartial, independent parties	Lobbying, government relations, media relations, publicity, community relations, and buzz marketing (promoting word-of-mouth conversations)

“Our prices cannot be beat!”, “Located on the corner of Chestnut and High Streets.”; and “Service with a smile.”

A variety of communication channels can deliver messages to target audiences (Table 1-2). Choice of communication channels typically depends on the objectives of the communication, the method’s ability to reach target audiences with a message that leads to action, and the cost of reaching them. Integrated communications using multiple channels are preferred, if possible, because this increases the potential for receiving and acting on a message. Thus, pharmacists should consider each one-to-one conversation, pharmacy advertisement, sales promotion, and every other contact with the public an opportunity to communicate a succinct, consistent message about their programs.

Communications strategies need to be based on a systematic understanding of the product and its features, the target audience’s needs and perceptions, competitor positions within the market, distribution channels, and various elements of the product’s price. Often, this understanding is conveyed in the positioning statement (a short declaration in words of what is offered, to whom, and in what unique way). It states how a product mix offers the target audience something of compelling value. An example of Arthur’s positioning statement is provided later in this chapter.

Designing a Marketing Plan for Health Promotion

Marketing plans are road maps to achieving marketing objectives. They consist of a thoughtful analysis of a marketing problem and recommendations for viable solutions. Marketing plans serve several purposes. One is to impose a systematic process to problem solving in which

problems are identified and assessed, objectives set, and solutions enacted. For marketers, the problem can range from “What response should be made to a new competitor?” to “How can noncompliance with oral antidiabetic medications be reduced?” Marketing plans are also used as a method of communicating with others. These may be individuals charged with implementing the plans or those who might be directly or indirectly affected by plan elements. Finally, marketing plans can be used as persuasive documents to obtain support from key allies, such as bankers and upper management, who need to be convinced of the wisdom of the proposal.

Figure 1-1 shows the steps for planning a marketing plan for health promotion. At the center of the figure is the consumer or, if preferred, the patient, customer, or client. The consumer is the ultimate reason and focus for any marketing plan, so instead of asking, “What should I provide the consumer?”, a social marketer asks, “Why should the consumer have anything to do with what I have to offer?” Marketing plans that focus on answering the latter question rather than the former are more likely to succeed because individuals typically act out of self-interest. Therefore, behavioral change will only take place when consumers have a compelling reason to do so (i.e., when the benefits are greater than the costs). The basic outline of elements in a marketing plan is shown in Table 1-3.

Describe the Marketing Problem

The process starts with a clear description of the marketing problem. This description should frame the current situation, the expectations for the future, and the need for a marketing intervention. Good problem statements explicitly keep in mind the mission of the organization charged with implementing the plan. They should also include a detailed SWOT (strengths, weaknesses, opportunities, and threats) analysis (Figure 1-2).

A SWOT analysis is a study of the strengths and weaknesses of an organization’s ability to achieve a program’s objectives and an appraisal of the potential opportunities and threats to the program’s success. Thus, the statement for Arthur’s Grocery & Drugs’ marketing problem should consider Arthur’s goal to differentiate the business in the marketplace; its established reputation of more than 25 years of service to the community; the upscale clientele in Northern Virginia that it serves; and Arthur himself, who has a personal interest in serving the men’s market. The problem should also review issues raised in the SWOT analysis. In Arthur’s case, encouraging aspects from the SWOT include the enthusiasm of employees and the opportunity inherent in consumer-directed health care plans provided by local employers. Negatives identified in the SWOT include problems associated with starting a completely new program that seeks to promote behaviors that may not be immediately valued or paid for by insurers or consumers. These issues will drive many other elements of the marketing plan.

Learn About Potential Target Audiences

A critical feature of the marketing process is an attempt to understand the market in order to identify the best ways to serve it. This requires researching the needs, desires, and tendencies of potential target audiences. This can be

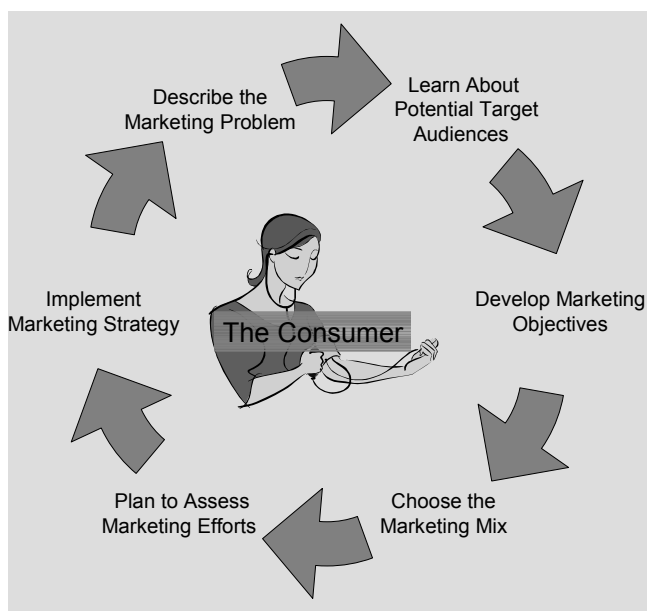


Figure 1-1. Steps for planning a marketing plan for health promotion.

Table 1-3. Elements of a Marketing Plan

The Executive Summary

Introduce the program, explain the major elements of the plan, and project the expected outcomes. Few people will spend the time to read the full plan, so write this section with care.

The Organization's Operation

Provide some background about the organization implementing the plan including its name, type of business, its portfolio of services and products, how it positions itself in the community, and its mission.

The Product

Describe the product and services to be marketed. What are its features, advantages, and disadvantages? What problem is it designed to solve for customers? How does it differ from what is currently available?

SWOT Analysis

Describe the potential viability of the product in the market and possible barriers and opportunities for its success.

Provide information about potential customers, the target market, and competitive environment. Include a discussion of key issues such as the demand for your product, affordability, and potential competitors. Provide details about the strengths and weaknesses of your organization in serving the target market compared with competitors.

Clarify what needs are not being met in the current marketplace and how your product serves those needs. Make clear the potential threats to success; tell how those threats are being addressed.

Promotional Plan

Describe the positioning strategy that will be used to convey a distinct, desired image of the target audience. What message(s) will be used to communicate the position to the target audience, and what medium will be used to communicate the message(s)? How will the success of the promotional plan be assessed?

Financial Plan

Provide some details about costs and expected revenues for the program. How much will it cost in terms of start-up, personnel, space, and supplies? What will be its impact on costs outside of the pharmacy (e.g., in a hospital – will it require more nursing time)? Will it generate revenue? If so, try to forecast how much.

Implementation Plan

Describe the program's actual implementation. Identify important issues related to integration of the program into the overall organization, necessary support from key people, training, and any other relevant information. Identify any issues that still need to be resolved. Finally, evaluate the program in terms of realism, resources, and viability.

Appendix

Provide any supporting documents, if necessary.

SWOT = strengths, weaknesses, opportunities, and threats.

accomplished in several ways. The easiest is to speak with customers in one-to-one conversations or in a focus group. Formal surveys can also be conducted to gather information and statistics from individuals. Unless one has experience with survey research, it might be a good idea to get help in designing and administering them. Market research companies can help with this process. Finally, secondary research of patient profiles, the Internet, the professional literature, and the health care literature are sources of insight about the marketplace.

Arthur decided to start his research process by doing some investigation online about men's health and by speaking with some of his fellow employers at the local chamber of commerce. In his discussions with employers, he found that they were concerned about health insurance costs, especially in their male employees. In his online search, he found that

male employees are more likely to smoke, eat unhealthful foods, be physically inactive, and have uncontrolled or undiagnosed chronic illnesses. Arthur contacted the largest local employer, Dominion Technologies, about its willingness to support a men's preventive health program. After several visits and long discussions, Dominion's department of human resources offered tentative support for a program featuring basic health screening, education, and smoking cessation services targeted at men. A small sum of start-up money was offered to support the program's design and development, with additional support contingent on the submission of an acceptable marketing plan.

In further research about the market, Arthur conducted two focus groups on men recruited during visits to the store. A total of 16 individuals representative of Arthur's clientele (white, married, employed, educated, earning more than

Strengths	Weaknesses
<ul style="list-style-type: none"> • The owner of Arthur's Groceries & Drugs will champion the program. • Arthur's upscale clientele may have more disposable income for preventive health care. • Arthur's already has a reputation for innovative pharmacy services. • Pharmacy employees are enthusiastic about this program. 	<ul style="list-style-type: none"> • Arthur's knows of no models for successfully promoting men's cardiovascular health. • None of Arthur's pharmacists have any expertise in men's health. • Current staffing will not be able to support any new pharmacy program. • It is not clear how these services might be funded.
Opportunities	Threats
<ul style="list-style-type: none"> • Employers in the area are requiring patients to share more of the costs of their health care. • Consumer directed health care plans encourage preventive services. • Market research indicates some local interest in men's health services. • Greater awareness of cardiovascular health and sexual dysfunction exists. 	<ul style="list-style-type: none"> • Retail medical clinics staffed by nurse practitioners are opening in most major competitors. • Payers may not want to deal with a single provider of services. • The U.S. health care system still focuses on treatment, not prevention. • Health care reform may be coming.

Figure 1-2. SWOT analysis for men's health promotion at Arthur's Grocery & Drugs.
SWOT = strengths, weaknesses, opportunities, and threats.

\$80,000 per year, between the ages of 35 and 65, and rating their health as "somewhat better" or "much better" than other men their age) were asked their views about health, motivations for seeing a doctor, and barriers to seeking care.

Several important themes emerged from the focus groups. When speaking about health, most men equated it with the ability to live one's life without restrictions. Common words used by the men in describing health were "freedom," "energetic," "pain free," and "in control." Many voiced concerns that aging was associated with a loss of freedom. One respondent complained, "As soon as I hit 40, my body started to fall apart. I gained 30 pounds, things quit working as well, and now I hurt in places that I never hurt before." Specific concerns about weight gain, loss of sexual vigor, and memory loss were also mentioned. However, these concerns seemed to focus on how they affected the ability to meet their roles as spouse, parent, breadwinner, and man. One individual put it, "I don't necessarily mind the weight gain itself as much as I mind how it slows me down at home and work." Overall, men revealed concerns about the potential impact of aging on their lives, on their ability to provide for their families, and on perceptions of self.

When asked about motivations for seeing a doctor, most men indicated a general desire to avoid the doctor's office except for the most severe illnesses. Few could name their regular physician, and only two had visited a doctor during the past year. One individual declared, "I don't like to admit being sick. I feel that if I don't admit it, then I'm not really sick." The role of wives in seeking medical care was also indicated. One man said, "It's too much hassle to get an appointment and then take time off to visit a doctor. Unless my wife drags me to the Doc, I won't go."

Theories of health behavior such as the Health Belief Model are useful for framing some of the issues raised by men in the focus group and for developing strategies for behavior change. The Health Belief Model states that people will be more likely to engage in healthy behaviors if they believe (1) they are susceptible to a condition, (2) the condition has potentially serious consequences, (3) specific behaviors would reduce the susceptibility and/or severity of the condition, and (4) the benefits of taking action outweigh the anticipated financial and nonfinancial costs. The model does a good job of explaining why men are less likely to engage in healthy behaviors, because studies have shown that men tend to believe they are invulnerable to illness, are less accepting of the potential risk, and are often misinformed about health issues. Therefore, any marketing plan for a men's wellness program may need to have an educational component about health threats, the negative consequences of current behaviors, and the benefits of new, healthy behaviors. The model might also argue that perceived barriers to taking action should be reduced for men. One way would be to increase the convenience to employed men by making health promotion services available after 5:00 PM. Another would be to get employers or health insurance companies to pay for the programs.

Other health theories might also help with marketing strategies. Readiness to Change (or Transtheoretical) Theory states that people progress through five stages of readiness when changing a behavior, and these stages identify one's motivational and behavioral readiness for change. Thus, this theory argues that the success of any health promotion strategy depends greatly on the stage a person is in. This would advocate that men be assessed for their readiness to engage in health promotion so that interventions could

be tailored to avoid resistance in men who are not yet ready. The Theory of Planned Behavior might advise that influential individuals such as spouses, family members, physicians, and employers be enlisted to encourage and maintain healthy behaviors in men.

Develop Marketing Objectives

After researching the market, objectives should be established to respond to the identified marketing problem. Objectives need to be set that establish precise, measurable outcomes about what is to be achieved within a defined period. Based on the problem and analysis of target audiences, the following objectives were established for Arthur's program:

- Create awareness about the availability and features of preventive health services for men at Arthur's Grocery & Drugs.
- Enroll 30 male employees from Dominion Technologies in the new men's health promotion program within 1 year.
- Receive sufficient funding after 1 year from Dominion to pay for 50% of the start-up and ongoing costs of the new program.

Choose the Marketing Mix

The steps preceding the marketing plan indicate possible choices from elements of the marketing mix. Dominion Technologies has offered funding for basic health screening, education, and smoking cessation services targeted at men. Given this promise, the basics of the program are already decided. Details about the product will depend on identifying and providing a mix of services valued by men. Cardiovascular health could be used to tie screening, education, and smoking cessation services into a single focus. This focus could allow promotional messages, various pricing packages, and channels of distribution.

The marketing mix should attempt to position the service in a unique and clearly recognized way. Positioning is often called the fifth P and is articulated with a positioning statement. The positioning statement for a health promotion program should be a declaration about the program itself, the organization providing the program, the target audience for the program, its competitors, and features that differentiate it from its competitors. The following is Arthur's positioning statement for its program:

Arthur's Grocery & Drugs' mission is to provide healthy merchandise and services to patrons in our Northern Virginia community. Arthur's Grocery & Drugs is a locally owned member of the community that is offering a new program designed for men that promotes healthy hearts with a mix of services that identify health care needs, educate men about their health, and promote healthy behaviors. The primary audience for this program will be male employees or family members of employees of Dominion Technologies. Secondary audiences will be employees of other local businesses and individuals willing to pay out of pocket.

Pharmacists and dietitians will work with men to develop an individualized plan for exercising control over their health and life. Services will be convenient for working people, and store merchandise will complement the healthy nature of the program. Personal service and quality will be emphasized, so prices for services will be proportionate to signal the

quality of the program. Promotional communications will focus on educating men and significant others (e.g., spouses, male relatives, employers) about the susceptibility of men to cardiovascular disease and the potential benefits of taking action. Communications will occur through established channels (e.g., in-store, flyers, direct mail, personal selling, word of mouth), and the program's brand will be referred to simply as the "Men's Health Program."

Arthur's positioning statement consists of a quick discussion of the marketing plan. It lays out general strategies regarding the marketing mix in a concise manner. The rest of the strategic marketing plan provides details.

Plan to Assess Marketing Efforts

This step is simple if clear and measurable objectives have been established for the program. Awareness of the availability and features of the program can be conducted within the pharmacy department with a couple of simple questions: "Have you heard about our "Men's Health Program"?" and "What have you heard about it?" Awareness at Dominion Technologies should also be assessed, possibly by the human resources department. Enrollment and net revenue objectives can be collected if a database is established to record this information.

After a specified date, an assessment should be scheduled to determine if the plan has been successful in achieving its marketing objectives. Based on that assessment, the health promotion program may be continued as is, fine-tuned to better achieve the marketing objectives, expanded to more outlets or audiences, or canceled.

Implement the Marketing Strategy

The final component of the marketing plan is a description of the implementation strategy that delineates *who* will do *what* tasks, *how* will they be accomplished, and *when*. It takes the plans and puts them into time frames, budgets, and assigned responsibilities and tasks. This portion of the marketing plan can be as simple as a list of duties with assigned individuals and deadlines, or it can be so complex that specialized software is needed to track everything.

Although the strategic marketing process has been illustrated as a unidirectional loop, in reality, the process is iterative: information learned at any stage of the process can lead to refinements in other stages. For example, information learned about target audiences in the implementation of a program may be used to make changes in the marketing mix or more precisely target potential consumers. In fact, the plan may be tinkered with constantly as circumstances change and new information is learned.

Conclusion

Pharmacists have generally overlooked health promotion services despite the opportunities available. Health promotion services play to many of the strengths of community pharmacists such as their accessibility and the fact that they offer products that accompany health promotion services (e.g., smoking cessation aids, diagnostic devices). Health promotion services also offer a chance for pharmacists to expand their service portfolio beyond that of dispensing drugs. This is important in promoting the image

of the profession and increasing enrollment in medication therapy management programs.

The profession of pharmacy has staked its future on medication therapy management services, a new and unfamiliar idea to patients, payers, physicians, and the public. Pharmacists who encourage health with well-designed and well-promoted programs can establish a foundation that supports and complements medication therapy management.

The process of developing a marketing plan may be more important than the plan itself. Strategic planning encourages health professionals to ask, “What are we doing?” and “Where do we want to go?” It forces individuals to think about the purpose of implementing a change and focus on how to get there. If all of the strategic planning steps are followed faithfully, the chances for success are greatly increased.

The process of communicating the elements of the plan improves the quality of the plan itself. The process of writing the plan on paper requires marketers to reflect on major issues within the organization and the marketplace. Sharing the plan with others offers evidence that barriers have been identified, strategies have been established, and accountability has been ensured. When shared with experienced individuals who can ask insightful questions, unexpected problems may be averted.

Annotated Bibliography

1. Rogers EM. *Diffusion of Innovations*, 4th ed. New York: Free Press, 1995.

This 11-chapter book is considered the seminal work on how to get new ideas and products to diffuse throughout populations. The book is scholarly because it reviews the literature on diffusion and provides an extensive bibliography. However, it is practical in describing strategies, and it includes several health care examples. The author presents the diffusion of innovations model based on a bell-shaped curve that categorizes innovators according to their likelihood of adoption. The five categories of adopters are innovators, early adopters, early majority, late majority, and laggards. An individual's location within this adoption curve is based on a five-step process of knowledge about the innovation, persuasion that it might be of some benefit, decision to adopt, implementation (actual use), and confirmation about the decision. The process of diffusion mapped out in this book is the basis of many health care–marketing strategies. It offers many insights into, and techniques for, promoting new health care behaviors and products.

2. Holdford DA. *Marketing for Pharmacists*, 2nd ed. Washington, DC: American Pharmaceutical Association, 2007.

This book provides students, practicing pharmacists, and pharmacy managers a basic introduction to the marketing of pharmacist services. The book is written from a commercial marketing perspective, but it uses extensive discussions of how pharmacists can promote professional services including health promotion. *Marketing for Pharmacists* consists of 13 chapters divided into six sections: Foundations of Marketing, Marketing Pharmacist Services, Consumer Behavior, Marketing Strategy, Segmentation and Promotion, and Pricing and Placing Pharmacist Services. The book is easily accessible to people without a business background,

but it can also benefit those who have substantial experience and training in business. The book promotes a marketing mind-set with the customer at the center. After reading the text, pharmacists should have a good understanding of services marketing, be able to design and assess the quality of pharmacy services, understand how consumers choose and evaluate pharmacist services, and develop a marketing plan for an established or new pharmacy service.

3. Siegel M, Lotenberg LD. *Marketing Public Health*, 2nd ed. Sudbury, MA: Jones and Bartlett, 2007.

This book provides an overview of the challenges and process of marketing social change in health care. It is a well-referenced text that provides detailed instructions on how to market health promotion programs. It also argues the importance of marketing itself as a tool for health promotion. The book has 18 chapters. It starts with a discussion of the barriers facing public health programs and then describes the process of marketing public health. Case studies and discussions illustrate topics ranging from smoking cessation to alcohol-related vehicular deaths.

Chapter 12 is especially interesting in the way it presents strategies for constructing communications. The book is written for a general public health practitioner audience, although many of the concepts are immediately applicable to problems faced in marketing pharmacist services.

4. Andreasen AR. *Social Marketing in the 21st Century*. Thousand Oaks, CA: Sage Publications, 2006.

This concise book is a scholarly, pioneering discussion of social marketing, a broader discipline than public health marketing. Social marketing, like marketing public health (a subset of social marketing), focuses on changing behavior. However, social marketing attempts to influence behaviors associated with all social problems including, but not limited to, health. This book examines social change at the individual, population, and societal levels. Although change at the individual level is discussed in this book, the author argues strongly for the role of social marketing at the population and societal levels. Indeed, the author states that true change in habits cannot result without change at the political, social, and economic levels of society. This book discusses strategies for social agenda setting, advocacy, lobbying, strategic alliances, and program design. The author's ideas crop up in the works of other social marketers and are influential in the field of social marketing. These arguments for social change are persuasive, and the strategies presented appear to be reasonable and possible.

5. Heath C, Heath D. *Made to Stick*. New York: Random House, 2007.

Two brothers offer practical suggestions for more effectively communicating ideas to audiences in a memorable way. Their strategy is founded on the idea of “stickiness,” a term used by Malcolm Gladwell in his book *Tipping Point*, to describe how certain ideas are unforgettable. Drawing on their experiences and research, the Heath brothers provide a checklist of requirements for sticky ideas—simple, unexpected, concrete, credible, emotional, and in the form of a story—that will increase the chances of communicated ideas being remembered and passed along. Concepts are illustrated through engaging and memorable stories that show how anyone, including marketers, can make their ideas stick.

6. Kotler P, Lee N. *Marketing in the Public Sector: A Roadmap for Improved Performance*. Upper Saddle River, NJ: Wharton School Publishing, 2007.

This book discusses the application of marketing management principles to various settings. This well-written and accessible book focuses on problems faced in marketing public services such as public transportation, litter control, carpooling, health promotion, and the Post Office. This book is applicable to marketing public health because the public sector is often responsible for designing, delivering, and financing health programs. The authors use a marketing framework to suggest ways to make government and other public institutions work. A systematic process is provided together with examples of success stories. The chapter on influencing positive public behaviors offers a list of principles for social marketing programs that should not be ignored. Although this text is not as extensive as other social or public health marketing texts, it is a quick and easy read for those interested in identifying ways to market health promotion programs.

7. Meador MG, Linman LA. Using the PRECEDE model to plan men's health programs in a managed care setting. *Health Promot Pract* 2006;7:186–96.

This article describes a case study that lays out the steps of the PRECEDE model of health program planning. The model is used to plan health promotion services targeting men who are served by a managed care organization. The PRECEDE model provides a framework that identifies predisposing, reinforcing, and enabling factors for undesired health behaviors. This analysis is then used in designing integrated health interventions. The PRECEDE process for men's health services is explicitly illustrated together with discussions about why specific audiences were targeted and the reasons strategies were selected. One interesting finding was that men defined health with the words *freedom*, *capable*, *productive to society*, and *in control*. They were also focused on their health now, not sometime in the future. In other words, they defined health as the ability to do the things they wanted without hindrance right now. In addition, they were not necessarily looking for a fast cure—just the ability to meet their personal and professional responsibilities. This finding has important implications for communicating messages to which men will respond.

8. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, GA: Centers for Disease Control and Prevention, 2003.

This report from the Centers for Disease Control and Prevention was written for personnel in the tobacco control program in state health departments and national organizations. It is a compendium of years of government experience in promoting smoking cessation. The report provides a step-by-step process with illustrative examples. Samples of marketing forms, promotional material, and other documents are provided. Although it is 450 pages, readers can pick and choose chapters of interest. Readers might start with the chapter on planning your countermarketing program for an introduction to the report. This chapter describes a seven-step process. Further details and examples can be found in other chapters and the appendices.

