INTRODUCTION

Over the past 2 decades, the delivery of healthcare services in the United States has experienced significant changes. The first half of the 1990s was the era of failed healthcare reforms, followed by the latter half being the rise of managed care. While government regulations of the managed care industry evolved only to be lackadaisical, federal legislators battled over Medicare’s future and incremental coverage expansions (Herzlinger, 1997). Over the years, as the shift from fee-for-service health insurance to various forms of managed care resulted in few, if any improvements in the healthcare delivery, the medical marketplace seemed to take a new turn.

Traditionally, the healthcare industry, being the world’s largest service industry, has not sought after the importance of service marketing principles. In 1991, only 20% of hospitals demonstrated a high degree of marketing orientation (White, 2001). However, recently consumer involvement in healthcare has grown exponentially (Corbin, 2001). This involvement is attributable to insurance premiums that are growing annually by double digits, coupled with complicated stipulations of networked providers. As the burden of cost of healthcare services is shifted to the consumer, consumers are becoming more knowledgeable and discriminating toward healthcare systems. Thus, healthcare organizations have developed larger, more aggressive marketing and advertising campaigns in order to increase market share and profit margins. In contrast, health care organizations that remain stagnant in marketing and
advertising have struggled financially (Corbin, 2001). Although marketing of healthcare was considered unpopular in the past, it is clear that marketing has progressed from “merely advertising to a comprehensive approach of satisfying patient needs” (Lim, 1997).

As with all types of services, retail, delivery, restaurants, or banking, there are fundamental principles and aspects of service marketing that are imperative in creating consumer satisfaction and loyalty. Specifically to healthcare though, there are distinct differences in motivations of healthcare organizations in developing marketing and advertising campaigns. The following discussion will provide insight on how U.S. health care systems advertise their services to consumers and for what purposes. Findings from a media content analysis will be provided in order to assess messaging content and trends.

QUESTIONS TO ADDRESS

The following are a list of research questions that will be addressed in the media content analysis:

- How do healthcare systems represent health services and the delivery of care?
- What image of health care are these organizations trying to promote?
- Who are they targeting?
- What is the role of the patient?
- How does this impact consumer healthcare choices?

LITERATURE REVIEW

‘Marketing,’ according to the American Marketing Association, is defined by the activities and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society. Marketing is not embodied by any one
technique; it is a broad endeavor that involves a wide range of relationship-building methods that rapidly multiply as technology evolves. Marketing is also not just limited to promotional techniques, but extends into product conception, pricing structure, distribution channels, customer service orientation, public relations and overall strategic planning. The term ‘healthcare marketing’ builds upon this definition by relating the activities and processes to the healthcare field (Shaw, 2008).

**Fundamental Principles of Healthcare Service Marketing**

As with all types of services, there are fundamental principles and aspects of service marketing that are imperative in developing customer satisfaction and loyalty. It has not been until the past decade that healthcare organizations have widely recognized the need to market their services. Managed care cost containment initiatives have produced tighter margins on services provided. Healthcare organizations have found the importance of promoting their services in order to achieve public awareness and increased market share. Corbin et al. outlines 10 key principles in effective marketing for healthcare organization. A brief description of each principle followed by an example from the current healthcare industry is presented in the table below (Corbin, 2001).

<table>
<thead>
<tr>
<th>Major Principle of Healthcare Marketing</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service vs. commodities</td>
<td>Services have four characteristics that differentiate them from commodities: intangibility, heterogeneity, inseparability, and perishability. Services cannot be counted, tested, or evaluated before consumption. Therefore, consumer perception and satisfaction are based solely on the perceived performance and outcome of the service.</td>
<td>Since a consumer of healthcare services in unable to evaluate the service prior to the patient-physician interaction, perceived performance and outcome of service is usually based on factors such as: cleanliness of waiting room, wait times, politeness of staff, etc.</td>
</tr>
<tr>
<td><strong>Service quality</strong></td>
<td>Healthcare providers can no longer market only clinical outcomes; patients are demanding supportive services in addition to the treatment of their illness. With increased competition between providers, patients have begun viewing themselves as a customer and are demanding better service.</td>
<td>Physician accessibility, patient access, convenience and comfort are all elements that contribute to a consumer’s assessment of the level of service provided.</td>
</tr>
<tr>
<td><strong>Other marketing outcomes</strong></td>
<td>As competition increases, it becomes increasingly important for healthcare professionals to provide high quality healthcare service experiences. As service quality improves, patient satisfaction and loyalty will improve as well.</td>
<td>There are three phases to customer service appreciation: (1) service quality is recognized by consumer; (2) service value – customers are satisfied with what they received in exchange for what it cost; (3) customer delight – refers to customer loyalty, word-of-mouth communication, and repeated purchases.</td>
</tr>
</tbody>
</table>
| **Branding** | Healthcare services need to branded such that they appeal to consumers needs and desires. Brands serve as a signal of consistency and can potentially control the customer experience for start to finish. | Branding efforts can be related to customer convenience, practice environment, and professional demeanor. More recently, branding of healthcare services can also envelop the idea of disease management (“clinical centers of excellence”) or disease branding (reputations of “cancer hospital” or “heart hospital”)
| **Patients vs. customers** | The difference between the words patient and customer is more than just semantics. The labels ‘patient’ and ‘customer’ connote different sets of behavioral expectations for the individual involved. | ‘Customers’ are more likely to shop around to find the best deal and are more likely to question the decisions of medical professionals. ‘Patients’ are less able to shop for services. The patient-physician relationship is incomparable to the service provider and customer |
relationship. Surgical institutes are a prime example of this – physicians treat people strictly as patients and focus on the disease rather than the person.

<table>
<thead>
<tr>
<th><strong>Patient participation</strong></th>
<th>Because of the nature of clinical services, patients are fundamental participants in their care and consequently play an important role in determining healthcare service outcomes.</th>
<th>Patients are provided advice and medication; however, after they return home, the responsibility of continuing the treatment regime rests on them. Patients that are engaged and empowered to continue this treatment regime will perceive greater satisfaction of the service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient loyalty</strong></td>
<td>Traditionally, healthcare organized have failed to acknowledge the importance of long-term patient-provider relationships. To date, the focus has been on discrete encounters. Healthcare professionals tend to underestimate the lifetime value of a loyal patient.</td>
<td>A patient and a primary care physician probably have many encounters with very small reimbursement rates. Patient loyalty that evolves from such contact may lead to the patient choosing the physician of their facility for a more expensive, necessary procedure</td>
</tr>
<tr>
<td><strong>Patient defection</strong></td>
<td>Patient defection is the antithesis of patient loyalty. Patient defection refers to a patient that does not return for services. Data indicates that companies can boost profits by almost 100% by retaining 5% of their customers (Reichheld, 1990). Reducing patient defection is key to maintaining a competitive advantage.</td>
<td>A patient may be treated once and may not return for treatment. If the patient was loyal and returned for treatment, the physicians net revenue would have increased</td>
</tr>
<tr>
<td><strong>Service recovery</strong></td>
<td>Mistakes do happen in all types of industries, these mistakes are often referred to as service failures. The development of a service recovery plan designed to correct mistakes when they arise can assist in defusing the dissatisfaction of aggravated patients.</td>
<td>Steps towards a successful recovery plan: (1) Measure the costs patients incur associated with a service mistake; (2) Break the silence — develop a mechanism for patients to report their dissatisfaction with their provider; (3) Anticipate the</td>
</tr>
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</table>
Driving Forces of Healthcare Marketing

While researching motivations that drive healthcare organizations to develop marketing and advertising campaigns, two common themes emerged: consumer driven health and the new medical-industrial complex.

1) Consumer Driven Healthcare

The change in mindset of consumers greatly impacted the healthcare industry. Many argue that the Internet pioneered this new mentality. With the introduction of the Internet to the public in 1996, a wealth of data was available to the public that could be exchanged and archived in real time from the comfort of homes. Many hospitals elected to take a proactive approach to the Internet by creating websites that provided information on services and products offered (Gringrich, 1995). As consumers become more sophisticated with the Information Superhighway, the locus of control in healthcare has shifted from the provider to the consumer.
Additionally, the rising cost of healthcare has fueled consumers to become more involved in their healthcare choices. This involvement is attributable to insurance premiums growing annually by double-digit percentages, coupled with sluggish growth in real income. A Commonwealth Fund report found the percentage of households spending 10% or more of their income on out-of-pocket medical costs rose from 8% during the years 1996-1997 to 11% in 2001-2002 (Collins, 2007). As more of the burden of cost related to medical care is shifted to the consumer, consumers are forced to become more knowledgeable about the healthcare system. Patients are now educating themselves with information from various sources and are demanding that their healthcare needs be satisfied (Wagner, 1994). Therefore, as consumers become more aware of their wants and needs, the marketing of healthcare services has become fundamental to the success of healthcare organizations.

The new focus on customer wants, needs, and expectations have fueled the rise of consumer-driven healthcare marketing. This new approach to marketing recognizes the participant’s role in the delivery of care and the promotion of health education and wellness (Calhoun, 2006).

2) New Medical-Industrial Complex

The “new medical-industrial complex” refers to the large and growing network of private corporations engaged in the business of supplying healthcare service to patients for a profit. Formerly, healthcare services have been provided by public or private, not-for-profit institutions. Arnold Relman, in “The Healthcare Industry: Where is it taking us?“ argues that there are significant consequences of the continued growth of this complex. Relman argues that such continued growth might overemphasize expensive technology while neglecting less
profitable personal care. Additionally, the “new medical-industrial complex” can consequently lead to health systems not providing care to the poor or uninsured due to lack of profitability. Such consequences have increasingly burden the not-for-profit health systems that are already lacking resources. However, most importantly the “new medical-industrial complex” has resulted in more aggressive marketing and advertising strategies. Relman argues that larger, more aggressive marketing and advertising campaigns result in high costs and widespread overuse of medical resources (Relman, 1991). However, supporters of the “new medical-industrial complex” argue that the reality is that the practice of medicine has become a business and all business entities require revenue in order to continue operations. Effective implementation of marketing and advertising is needed in order for patients to initiate this revenue (Relman, 2001).

Ethical Considerations

Health communication campaigns typically implement sophisticated marketing strategies, which may be perceived as unethical manipulation that may cause inadvertent harm to certain members (Ignatieff, 1988). Moreover, one ethicist states that, “a preventive health campaign is a marketing effort, subject to all the risks of motivational marketing hyperbole, demagoguery, or praying upon fears and prejudices” (Goodman, 1986). Systematically examining health campaigns is essential for research and evaluation purposes, but is often disregarded and forgotten.

Furthermore, a 1997 study sites thirteen ethical issues a health campaign may unintentionally portray. Persuasion and coercion are two of the thirteen dilemmas that highlight manipulation and infringement of people’s autonomy for the sake of doing good, or
for the sake of ensuring the effectiveness of the campaign (Guttman, 1997). The use of persuasive appeals and restrictive approaches raise individual rights concerns. Even though a campaign has good intentions, the use of persuasive strategies and coercion may arouse anxiety or fear in the target population. Other researchers concur and argue that, “persuasive messages inherently aim to limit people’s choices and to control their perceptions to facilitate the adoption of the recommended behaviors” (Faden, 1987).

The fundamental goal of a health campaign is to get members to practice the health promoting behaviors the advertisement is depicting. However, these choices are not self-directed and are influenced by the marketing strategy. When planning a campaign it is important to consider all target population characteristics and data. If a campaign doesn’t address, for instance, a socioeconomic factor, “disadvantaged groups will not have sufficient opportunities to adopt the health-related recommendations” (Guttman, 1997).

Another ethical concern is based on the very nature of a large population based health campaign. According to one study, a population approach relies on the premise that small changes in an entire population, produces larger changes in overall mortality and morbidity. Unfortunately, a broad effort may not impact certain subpopulations, which might need the services the most (Guttman, 1997). Geoffrey Rose, an epidemiologist, coined this approach as the ‘Prevention Paradox,’ which is defined as a strategy that brings much benefit to the total health of a population, but offers little in the short term, to an individual (Rose, 1981).

Sometimes by highlighting risks of certain behaviors, a health campaign may deprive people of their pleasures. Risky pleasures like having a cigarette are often relatively inexpensive and more accessible to people with less income. When a health campaign expresses the harm
in practicing these risky behaviors, one author argues that the target audience may suffer from, “forceful, evangelistic health propaganda” (Strasser, 1987). If a campaign seeks to deny a member of an inexpensive pleasure without providing them with an alternative, this inadvertently may cause ethical issues.

Another challenge a health advertisement campaign may need to overcome is a situation in which a member feels irresponsibility by failing to adopt the desired behavior. One critic exclaims that, “the issue of accountability or personal responsibility underscores one of the most widely discussed ethical issues in the context of health promotion- victim blaming-locating the causes of social problems within the individual rather than in social and environmental forces” (Beauchamp, 1987). This type of victim blaming leads to arguments of charging members different premiums and copayments that match the level of their risky behaviors.

Lastly, a health campaign can be viewed as drawing particular attention to specific conditions, which inadvertently de-emphasize others; making these, other conditions seem less important (Hooper, 1994). For instance, a campaign that stresses cervical cancer screenings should not de-emphasize the importance of a breast cancer screening, or unintentionally convey that one is most important than the other. Although campaigns are sometimes focused on care for specific conditions, the organization should not deliberately minimize or understate seeking health services for other conditions and ailments. It is clear that health care organizations have much to consider when advertising and marketing their services.

ORGANIZATION BACKGROUNDS

From the literature, it is evident that health systems across the U.S. have much to consider
when advertising their organizations and services. Since healthcare has recently shifted to more of a consumer driven market, organizations need to both appeal to, and satisfy the needs of their potential consumers, and advertise in alignment with the type of market they seek to attract. A media content analysis of the marketing campaigns of 6 leading healthcare organizations across the United States was conducted in order to shed light on how this change in the industry has informed their marketing campaigns. The following organizations were chosen based on their varying organization type, locations, target populations, mission statements, and marketing campaign availability:

1. **Boston Medical Center**

   The Boston Medical Center is a private, non-profit, 508 bed, academic medical center located in Boston, Massachusetts. The medical center serves as the primary teaching affiliate of the Boston University School of Medicine. The mission of the Boston Medical Center is simple;
“to provide exceptional care, without exception.” Consistent with their mission to provide exceptional care to all, Boston Medical Center is the largest safety net hospital in the New England region and is part of Boston HealthNet, a network of fifteen community hospitals throughout the Boston metropolitan area (About BMC, 2011)

2. Henry Ford Health System

The Henry Ford Health System is a comprehensive, integrated non-profit, managed care organization (MCO) located in the state of Michigan. The system is comprised of 6 hospitals, 29 medical centers, and one of the nation’s largest medical groups. The mission of Henry Ford Health System is to, “improve people’s lives through excellence in the science and art of health care and healing.” In accordance with the mission statement, the Henry Ford Health System has recently won the 2011 Malcolm Baldrige National Quality Award, a prestigious award given for performance and quality excellence in healthcare (About Henry Ford Health System, 2011).

3. Kaiser Permanente

Kaiser Permanente is a non-profit, integrated, MCO located in the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Washington, Ohio, and in Washington, District of Columbia. The health plan has nearly 9 million members across the nation, 6 million of which reside in California. Their mission statement is, “Kaiser Permanente exists to provide affordable, high quality healthcare services to improve the health of our members and the communities we serve.” Consistent with their mission, Kaiser Permanente was recently distinguished by the Centers for Medicare & Medicaid Services (CMS), for receiving a “5 star” quality rating for their Medicare Advantage plans. This rating is the highest distinction awarded by CMS (Get to know Kaiser Permanente, 2011).
4. Mayo Clinic Health System

The Mayo Clinic Health System is a non-profit, medical practice and medical research group specializing in the treatment of complex diseases and health conditions. Mayo Clinic is located in the states of Minnesota, Arizona, and Florida. Their mission statement is, “to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.” The U.S. News & World Report ranks the Mayo Clinic as one of the best health systems and hospitals in the country. In 2011, this report has ranked the Mayo Clinic’s hospital the third best in the nation (About Mayo Clinic, 2011).

5. New York-Presbyterian Healthcare System

New York-Presbyterian is one of the most comprehensive, non-profit, university hospital networks in the world. The network is comprised of two world-renowned medical centers, the Columbia University Medical Center and the Weill Cornell Medical Center, and is affiliated with two Ivy League medical institutions, Columbia University and Cornell University. The healthcare system has locations across the New York City metropolitan area including in all five New York City boroughs, Long Island, Connecticut, and in New Jersey. Their vision is to be, “among the top academic medical centers in the nation in clinical and service excellence, patient safety, research, education, and community service.” Consistent with their mission and vision, New York-Presbyterian is currently named the sixth best hospital system in the country by the U.S. News & World Report Best Hospital Rankings (About Us, 2011).

6. UCLA Health System

The UCLA Health System is a comprehensive, non-profit, academic medical center, located in Los Angeles, California. The health system is comprised of the 4 hospitals, a medical group,
and many biomedical research centers. The mission of the health system is, “to provide excellent patient care in support of the educational and scientific programs of the schools of the UCLA Center for the Health Sciences.” In accordance with their mission, the U.S. News & World Report consistently ranks UCLA as one of the top five hospitals in the nation, and the best medical center in the western United States (About UCLA Health System, 2011).

MEDIA SAMPLE, METHODS AND CODING SCHEME

In order to quantitatively and qualitatively analyze the differences in the campaigns of these six leading health organizations, a methodology was employed. To learn how each of those healthcare systems advertise and market their inherent product or value, commercials from each of the organizations were analyzed. As previously mentioned, the 6 healthcare systems were chosen based on their varying locations, to assess differences in target populations and services offered, their mission statements and vision, to assess if the commercials depict the organization’s values, and lastly, the robustness of their advertising campaigns. The criteria for inclusion in the media content analysis include:

1. The healthcare organization had to have commercials uploaded to YouTube
2. The commercials had to have been uploaded to YouTube after 2004

YouTube was used as the medium to find and view the media samples, because the healthcare systems are located across the country, and it would have been impossible to travel to each location to view commercials each organization airs on television. After choosing the 6 healthcare systems to be analyzed and after locating each organizations commercials on YouTube, a coding scheme was developed. In total, there were 46 commercials among all of the healthcare organizations to be coded and analyzed. Of the 6 organizations, Kaiser Permanente
had the most robust YouTube channel, with 18 commercials. UCLA had the least number of commercials available for viewing on YouTube, by only showing one. The remaining 4 organizations averaged approximately 7 commercials. Below is a diagram of the media sample:

Number of Commercials

46 Commercials

Boston Medical Center: 8 Commercials
Henry Ford Health System: 6 Commercials
Kaiser Permanente: 18 Commercials
Mayo Clinic Health System: 4 Commercials
New York-Presbyterian Healthcare System: 9 Commercials
UCLA Health System: 1 Commercial

The coding scheme employed was complex, but provided much data for analysis. Forty-three different domains were grouped together into a more general, overarching themed domain, based on similarities of the elements. For instance, gender, age, and race comprised the demographic domain. From these criteria, 4 domain groups were used to code each commercial. The domains include:

1. Characteristics of the organizations portrayed
2. Commercial demographics and target populations
3. Characteristics of the health services depicted in the commercials
4. Characteristics of the commercials and medium

Each of these four main domains was comprised of many different themes, data, elements, and ideas. The Characteristics of the organization portrayed domain was comprised of themes like: being a leader or the best in the nation for healthcare, location, accessibility, reliability, and the technologies used and available for consumers. Commercial demographics and target
*populations* represented the age, gender, race, and lifestyle of the assumed target populations of the advertisement. The *Characteristics of the health services depicted in the commercials* consisted of the presence of: doctors, patients, nurses, hospitals, medical procedures, surgeries, research/academics, preventive health care, tertiary care, and team based approaches in each commercial. The last domain, the *Characteristics of the commercials and medium*, consisted of data regarding: tone, emotion provoked, colors used, music, narration, voice over, and overall inherent value.

After a scorecard with the preceding data points was created using Microsoft Excel, two of the three group members watched, scored, and coded each commercial. Two group members were assigned to each commercial to ensure consistency of the rating, or inter-rater reliability. After the 46 commercials were watched and coded, a media content analysis for each organization was performed. Each coder assigned 1 point to each domain that was portrayed. Common themes of each commercial surfaced, and the differences between each organization became apparent. Below is the coding schedule that was employed throughout the duration of the media content analysis.

<table>
<thead>
<tr>
<th>Coding Scheme Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
</tr>
<tr>
<td><strong>Organization Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Coders</strong></td>
</tr>
</tbody>
</table>

16
FINDINGS & RESULTS

From the coding, findings can be categorized into healthcare system themes, patient demographics depicted in the commercials, health services rendered, and media characteristics. The core healthcare system themes featured across the commercials focus on quality, accessibility and being patient-centered.

### Domain 1

#### Healthcare System: Themes

<table>
<thead>
<tr>
<th>Organization</th>
<th>Quality</th>
<th>Accessibility</th>
<th>Patient-centered</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCLA</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New York Presbyterian</td>
<td>8</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Mayo Clinic</td>
<td>0</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>21</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Henry Ford</td>
<td>22</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Boston Medical</td>
<td>20</td>
<td>8</td>
<td>4</td>
</tr>
</tbody>
</table>

#### Quality

Quality is the most prominent theme across the majority of the organizations, with the exception of Mayo Clinic who did not mention quality criteria across any of the organization’s commercials. Quality criteria included being a leader in healthcare, reliability, and having technology. All the organizations featuring quality did so nearly twice as much as accessibility and being patient-centered within their own organization. Boston Medical Center and Henry Ford Health System feature quality as a larger theme in comparison to accessibility and patient-
centered. Boston Medical Center mentioned quality themes 20 times over 8 commercials, for an average of 2.5 quality criteria per commercial. For Boston Medical Center, quality criteria occurred 2.5 times more frequently than accessibility, and 5 times more than patient-centered. Henry Ford Health System had 22 quality criteria occurrences across six commercials, for an average of 3.7 quality occurrences for each commercial. Henry Ford featured quality criteria the most on average of all the organizations. Similar to Boston Medical Center, Henry Ford Health System had quality criteria occur nearly three times more than accessibility themes, and 11 times more than patient-centered.

Kaiser Permanente, with 18 commercials and 21 quality criteria occurrences, had on average 1.16 quality criteria featured on average across all their commercials. Kaiser Permanente is more evenly distributed across the different themes with quality only being featured 1.75 times that of accessibility, and only twice as much for patient-centered. New York-Presbyterian has 9 commercials and 8 occurrences of quality criteria across all the commercials, averaging .88 quality criteria per commercial. Across all six organizations, the average occurrence for quality criteria is 2.03. This demonstrates that while the majority of these organizations feature quality, how many times it was featured and in relation to other themes differ depending on an organization’s values or the inherent value an organization wants to portray toward healthcare consumers.

**Accessibility**

Accessibility is the second criteria featured prominently across all the organizations. The criteria used to demonstrate accessibility includes if the organization mentioned the region they were in, if they were part of the community or mention “being there” for patients and
families. Boston Medical Center, Henry Ford Health System, Kaiser Permanente, and Mayo Clinic appear to have the largest occurrences across their commercials. From 8 total commercials, Boston Medical Center featured 8 accessibility criteria, for an average of 1 criterion per commercial. Henry Ford Heath System had 6 commercials and 7 occurrences of accessibility for an average of .85 criteria. Kaiser Permanente’s 18 commercials averaged 1.5 accessibility occurrences. Mayo Clinic mentions accessibility criteria 7 times across 4 commercials for an average of 1.74 accessibility criteria per commercial. For all of New York-Presbyterian commercials, only .56 of a criteria is featured on average across all of the organization’s commercials. UCLA Health System features one occurrence of accessibility criteria in their one commercial. Across all six organizations, the average occurrence for accessibility criteria is 1.02 for each commercial.

**Patient-centered**

Being patient-centered entails if healthcare teams and patients were involved or mentioned in managing the care of the patient or patient satisfaction. The only organization with no occurrences of patient-centered criteria in their campaign is UCLA Health System. From first glance, Kaiser Permanente appears to have the largest number of patient-centered occurrences. Across 18 commercials, they featured criteria 11 times for an average of less than 1, criteria featured per commercial. Boston Medical Center had 4 criteria occurrences across 8 commercials for an average of .5 criteria per commercial. Henry Ford Health System featured patient-centered criteria 2 times over their 6 commercials for an average of .33 across all their commercials. Mayo Clinic showed 2 criteria over 4 commercials for an average of .5. This is a
similar trend across the organizations – overall, the average across organizations is .4 patient-centered criteria for each commercial.

Domain 2:
Patient Demographics - Age

Age demographics for the populations represented in the commercial demonstrate the targeted population for the organization’s message and who the organization values. The age groups found across organizational campaigns include children, young adult, adult, or all age groups. Mayo Clinic and UCLA Health System did not feature a patient in any of their commercials.

Each of Boston Medical Center and New York-Presbyterian’s commercials had a person featured, with the adult population being predominantly featured. Boston Medical Center
featured adults 6 times across 8 commercials, 1 occurrence of a child, and 1 of all age groups. Henry Ford Health System focused only on adults when a patient was featured. Kaiser Permanente commercials are the most well rounded with all age groups represented individually, together, and with only 2 occurrences of no patient out of 18 commercials. Kaiser Permanente and Boston Medical Center are the only two healthcare systems that feature all age groups (i.e. families) across their commercials. Because the occurrences are independent and mutually exclusive, unlike the themed criteria, these represent percentages of demographics featured by different healthcare systems. Henry Ford Health System and New York-Presbyterian featured adults in over 80% of their commercials. Adults were featured the least in Kaiser Permanente’s commercials at 22% of commercials with adults only. Kaiser Permanente is the only organization whose commercials feature young adults and seniors specifically. Children, are only shown in Boston Medical Center, Kaiser Permanente, and New York-Presbyterian’s commercials, and account for less than 10% across all commercials.

Gender

Healthcare system commercials could either have only male characters, female characters, both, or no patient. Mayo Clinic and UCLA Health System did not feature any patients. Boston Medical Center and Kaiser Permanente are the only organizations that feature both male and females in their commercials. Across the four organizations with commercials that featured only either male or female patients, both genders are featured fairly equally with males at 36% and females at 35%. Both males and females are featured in the same commercial in over half of Kaiser Permanente’s commercials and only 37.5% in Boston Medical Center’s commercials.
Domain 3: Health Services - Prevention vs. Treatment

Health services that are rendered depict organizational views on the role of a healthcare system in patient care. Depicting treatment entails whether the healthcare system is shown treating a patient directly. This may involve services in a hospital, with a physician, or conducting some type of procedure on a patient. Preventive services entail the promotion of self-managed healthcare, screenings, or the mention of prevention. Mayo Clinic and UCLA Health System did not feature any form of health services. Boston Medical Center and New York-Presbyterian only featured treatment. Henry Ford Health System and Kaiser Permanente each had some elements of prevention. Henry Ford Health System featured prevention 2 times out of 6 commercials for an average of .33 prevention criteria across all of the organization’s commercials. Henry Ford Health System shows treatment .50 times on average across their commercials. They show treatment 1.5 times more than prevention. Kaiser Permanente
featured prevention 7 times across 18 commercials for an average of .38 across their commercials, but only 2 treatment occurrences for an average of .11 occurrences. Kaiser Permanente shows prevention nearly 3.5 times more than treatment. Across the organizations showing prevention, treatment, or both, treatment dominates with an average of .56 treatment occurrences across commercials with health services versus .the 18 average prevention criteria shown. Overall, there were 19 occurrences of treatment and only 9 occurrences of prevention.

Commercials and Medium

**Domain 4: Commercial and Medium Characteristics**

<table>
<thead>
<tr>
<th>Health System</th>
<th>Setting</th>
<th>Mood &amp; Emotion</th>
<th>Color vs. B/W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boston Medical Center</td>
<td>Hospital, Home, Outdoors</td>
<td>Serious, Innovative, Personal</td>
<td>B/W</td>
</tr>
<tr>
<td>Henry Ford Health System</td>
<td>Outdoors, Hospital, International</td>
<td>Proud, Action</td>
<td>Color</td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>Outdoors, Neighborhood, Office, Home, Gym</td>
<td>Uplifting, Vibrant, Happy, Joyful, Whimsical</td>
<td>Color</td>
</tr>
<tr>
<td>Mayo Clinic Health System</td>
<td>Historical</td>
<td>Nostalgic</td>
<td>Both</td>
</tr>
<tr>
<td>New York Presbyterian Healthcare System</td>
<td>Dark and Empty Room</td>
<td>Sad, Triumphant</td>
<td>B/W</td>
</tr>
<tr>
<td>UCLA Health System</td>
<td>None</td>
<td>Cheerful</td>
<td>Color</td>
</tr>
</tbody>
</table>

Media characteristics describing the setting, tone, and emotion are used to convey the goals and values of the organization. While they vary drastically across organizations, within organizations, campaigns carry similar moods, emotions, and depictions. Boston Medical Center and Henry Ford Health System are the only healthcare systems that feature a hospital in
any of their commercials. Outdoor settings were used by three of the six organizations –
Boston Medical Center, Henry Ford Health System, and Kaiser Permanente. Kaiser Permanente
featured the most diverse locales by showing individuals and families across a multitude of
settings including communities, offices, homes, gyms, and nature. Mayo Clinic depicted
historical settings and all of New York-Presbyterian featured patient testimonials in a stark,
serious, and dark room. UCLA Health System did not feature a setting.

The tones of the commercials differed across organizations. Boston Medical Center uses
narration, and while showing friendly, happy people, there is a serious undertone. The feeling
portrayed is innovative and personal. The footage used in the commercial is black and white.
Henry Ford Health System appears exciting, responsive, and action-oriented in all their
commercials. There is a high level of pride for Henry Ford Health System demonstrated in the
language used and in the portrayal of healthcare services. These commercials are all in color.
All of Kaiser Permanente’s commercials are uplifting, vibrant, happy, and whimsical. There is
usually a happy, cheerful song in the background, sometimes narrating the action depicted. A
sense of encouragement, understanding, and support comes through the commercials and they
all feature the patient’s lifestyle. Except for the occasional mention of health, you would not
know they were a healthcare system. All of their commercials are in color. Mayo Clinic
features historical events and relates them back to collaboration. The theme of collaboration is
then linked to providing healthcare. The feeling is very nostalgic and does not incorporate any
patient care or health services. Commercials are either in black and white or color. All of New
York-Presbyterian’s commercials are sobering and feature a single patient sharing a testimonial
on their experience. Their experiences are all remarkable extreme cases that were overcome
by the determination of the healthcare medical staff. The mood is very somber and serious, but also triumphant. All of these are in black and white with no background music. UCLA’s commercial is very cheerful and features key ideas such as “an informed U” or “an educated U” in text in front of a plain white background. The style is very clean, and has features an upbeat song on the back.

**DISCUSSION**

<table>
<thead>
<tr>
<th>Health System</th>
<th>Branding</th>
<th>Inherent Value</th>
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</thead>
<tbody>
<tr>
<td>Boston Medical Center</td>
<td>“Exceptional Care”</td>
<td>Technology Innovation Outcomes</td>
</tr>
<tr>
<td>Henry Ford Health System</td>
<td>“We’re Henry Ford, We Can”</td>
<td>Innovation Best Practices</td>
</tr>
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<td></td>
<td>“When the world needs a breakthrough, they come to Henry Ford”</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>“Thrive”</td>
<td>Total Health Preventive Health</td>
</tr>
<tr>
<td>Mayo Clinic Health System</td>
<td>“Collaboration”</td>
<td>Team Based Care Community</td>
</tr>
<tr>
<td></td>
<td>“Sharing knowledge and expertise”</td>
<td></td>
</tr>
<tr>
<td>New York-Presbyterian Healthcare System</td>
<td>“Amazing things are happening here”</td>
<td>Tertiary/Acute Care Difficult Cases</td>
</tr>
<tr>
<td>UCLA Health System</td>
<td>“It begins with U”</td>
<td>Accessible Leader</td>
</tr>
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<td></td>
<td>“Best in the West, 5th in the Nation”</td>
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Of all the healthcare system themes, quality is featured predominantly across the majority of organizations, with the exception of the Mayo Clinic. Accessibility was the second largest, and Patient-Centered third. Henry Ford Health System emphasizes quality the most across all their commercials with an average of 2.5 quality criteria per commercial. This heavy, overwhelming representation of quality across the organizations featuring quality criteria demonstrate that quality is valued the most by both healthcare systems and consumers over accessibility and patient-centered. This is because quality of a healthcare system is directly
linked with patient care, whereas accessibility and being patient-centered seems supplementary to quality patient care.

The predominant population featured across the commercials was adults, with both males and females featured fairly equally. Kaiser Permanente is the only organization that featured all different demographics – children, young adults, adults, all (i.e. families), and seniors. Mayo Clinic and UCLA Health System did not feature any patients. Choosing to feature young adults, families, and children demonstrate Kaiser Permanente’s vision to incorporate total health across the population. With regards to gender, Kaiser Permanente and Boston Medical Center feature males and females in the same commercials as opposed to only featuring one or the other. This may demonstrate how a healthcare system may choose to portray the organization as serving both, together for total, holistic health.

With regards to health services rendered, treatment is featured across four of the organizations’ commercials. Kaiser Permanente and Henry Ford Health System are the only organizations featuring preventive services. In relation to the amount of commercials from each organization, Kaiser Permanente and Henry Ford feature a little more than .30 preventive characteristics across each organization’s commercials. Boston Medical Center and New York-Presbyterian only feature treatment services. Since Kaiser Permanente and Henry Ford Health System are MCOs, their organizational type might have more reason to promote preventive services than academic and research institutions. The healthier the population MCOs attract, and serve, the better off they are financially, whereas academic and research healthcare systems focus on treating, studying, and possibly solving the most complex and difficult cases.
The fact that UCLA Health System and Mayo Clinic choose not to depict patients or healthcare services, despite being large healthcare systems, is interesting.

The look and feel of the different commercials depends greatly on an organization’s choice in setting, tone, and color. Each organization promotes different goals, missions, and visions, which are each portrayed across an organization’s different branding, and inherent values. Boston Medical Center, in deciding to explicitly create serious commercials focusing on innovative, and personal healthcare, is tying to brand “exceptional care” which for the healthcare consumer translates to technology, innovation, and outcomes-centered care. Henry Ford Health System’s action-oriented, responsive and epic commercials encapsulate their branding campaign, “We’re Henry Ford We Can” and “When the world needs a breakthrough, they come to Henry Ford.” The inherent value of such campaigns is to promote innovation and best practices, which is also a major goal of the organization as demonstrated by their mission for excellence in quality. Kaiser Permanente creates vibrant, lively commercials depicting healthy individuals and families who take care of their own health. This is in keeping with their branding campaign “Thrive” whose inherent value is total and preventive health. Mayo Clinic Health System uses nostalgic historical events to link the idea of collaboration to patient care. This collaboration carries with it an inherent value of team-based care “in your community.” Instead of focusing on what the Mayo Clinic does, the organization instead focuses on shared knowledge and expertise.

New York-Presbyterian takes the brand of “Amazing things are happening here” which ties with the amazing testimonials of patients for tertiary and acute services. UCLA Health System relies on reputation with their branding “Best in the West, 5th in the Nation.” Whereas
other organizations explicitly demonstrate healthcare services or promoting some concept of patient care, UCLA Health System’s campaign depends on rankings, which is interesting considering all the innovative and translational research that comes out of the institution.

UCLA Health System accomplishes similar work to New York-Presbyterian, yet their messaging, imagery, and branding differ drastically. Underlying these commercials are the campaigns that first depict the organization, and second depict values of the healthcare consumer.

**LIMITATIONS**

We are limited in our sampling in that only a few large healthcare systems have documented media campaigns. Another limitation is that commercials had to have been uploaded to YouTube channels. It is very plausible for the health systems to air many other commercials and not upload them to YouTube. Furthermore, the analysis is limited in knowing when commercials were originally aired, on what channels and at what times. Knowing these criteria could have further enhanced the analysis of the timeframes in which these campaigns took place.

**IMPLICATIONS**

This research implies that healthcare systems that lack robust media campaigns may need to investigate the goals they are trying to achieve and how well this addresses the needs of the organization and the perceptions of their targeted healthcare consumers. With increasing consumer choice, healthcare systems need to be aware of areas the institution excels and promote accordingly to meet the needs of their targeted population.
REFERENCES


Boston Medical Center (2011) About BMC. Retrieved from: http://www.bmc.org/about.htm


UCLA Health System (2011) *About UCLA Health System*. Retrieved From: 
http://www.uclahealth.org/body.cfm?id=41

marketing, hospital finds a focused approach contributes to bottom line.” *Journal of Health 
Care Market;*14(4):42– 47.

White, K. R., J. M. Thompson, and U. B. Patel. 2001 “Hospital Marketing Orientation and 
Managed Care Processes: Are They Coordinated?” *Journal of Healthcare Management* 46 (5): 
327-336.