

Practice Management

Expert Perspectives on Grassroots Marketing in Urgent Care

Urgent message: Grassroots marketing tactics can be effective in engaging a center's providers and staff with the communities they serve while also educating prospective patients about the availability of urgent care.

Introduction

This roundtable focuses on grassroots marketing for urgent care centers, which differs from traditional advertising in that it involves more interaction with prospective patients and requires a hands-on approach to building relationships and spurring word-of-mouth in the community. The panel of experts we've assembled will share their unique perspectives and experience in use of marketing techniques beyond traditional advertising media to help educate and inform urgent care providers about methods they might adopt for grassroots marketing in their own centers.

Grassroots and community marketing as part of a center's overall marketing plan

Alan Ayers: What is the role of grass roots and community marketing in your center's overall marketing plan?

Tina Bell: Healthcare Express has seven urgent care centers in four states; two more centers will be opening in the spring. Roughly 80% of our marketing plan is focused around community marketing and we hire



PARTICIPANTS: **Alan A. Ayers, MBA, MAcc** (moderator), Content Advisor, Urgent Care Association of America, Associate Editor, *JUCM*, and Vice President, Concentra Urgent Care; **Tina Bell**, Director of Marketing and Chief Brand Officer for Healthcare Express Urgent Care and Occupational Medicine Clinic, Texarkana, TX; **Gary Derk**, Associate Director of Field Marketing for MedExpress Urgent Care, Morgantown, WV; **Felicia S. Fortune**, Director of Marketing for American Family Care, Hoover, AL; and **Hillary Myers**, Director-Business Development and Marketing for Lansing Urgent Care, Lansing, MI;

community educators in each community we're in. Our organization is dedicated to giving back to the community and to growing through the positive word-of-mouth generated by community involvement.

Hillary Myers: Lansing Urgent Care has three urgent care centers, all in greater Lansing, and about 40% of my resources and budget each year are dedicated to grassroots and community marketing. We are highly tradi-

tional, but sponsorship of community events is a huge part of what we do and what my team does in terms of attending, supporting and planning these events. **Gary Derk:** Grassroots marketing plays a fairly large role in every market that MedExpress Urgent Care is in. Our goal is to maintain a local feel for the 127 centers we have in nine different states. Grassroots and community marketing really gives us the ability to react quickly to whatever is going on in a market, which is especially important for newer centers as well. It offers a good avenue to support our overall campaign calendar.

Felicia Fortune: American Family Care has 44 urgent care centers open 4 states (AL, GA, TN and FL) and another 16 in development. Anywhere from 50% to 60% of our marketing effort is devoted to grassroots and community marketing. We do sports-related community events, health fairs involving churches and we sponsor health-related nonprofit organizations and participate in health expos to “give back” to the community. Our “Meet the Doctor” events are designed to help increase patient volume for new doctors and clinics or older facilities that are not seeing a lot of patients. We encourage community members to come out to “Meet the Doctor,” get a blood pressure check, and learn about our services and hours of operation. We also set up onsite flu clinics and health fairs where patients can get a flu shot during flu season; at other times, we may offer glucose testing or cholesterol screening.

Staffing for and Execution of Grassroots Marketing Campaigns

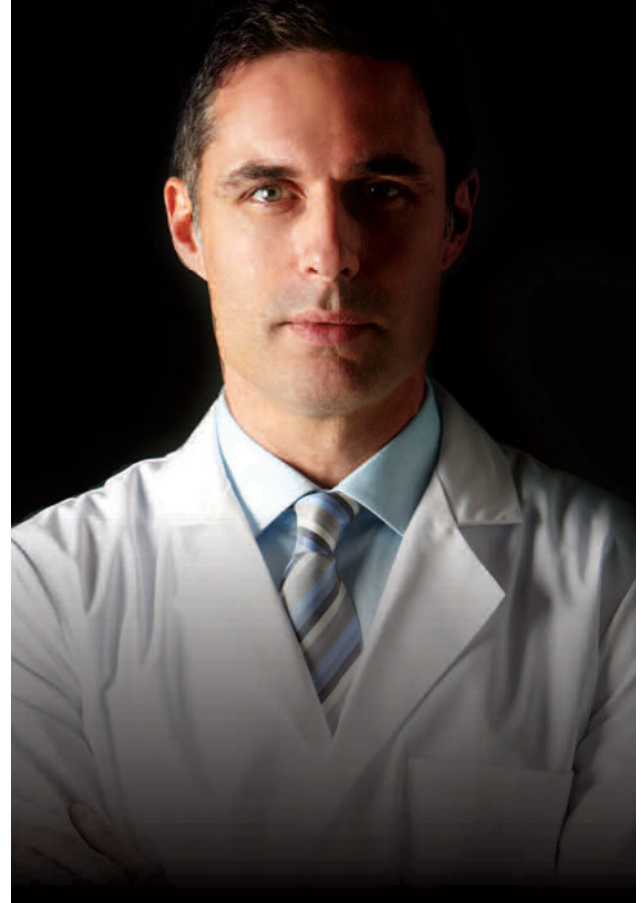
Alan Ayers: Who in your organization is responsible for identifying and executing grassroots marketing opportunities?

Tina Bell: We have a community educator in each market who identifies specific opportunities. At the end of every year, we also ask all of our team members which organizations they want to support and what kind of activities they want to be involved in throughout the next year. We rely not just on the community educators but very, very heavily on a volunteer effort within the community from all of the team members at our different clinics. We want our community educators to be very, very passionate about giving back to the community and all of our team members to also share that spirit because it is such an important part of our plan for marketing and for growth. Team members include front office staff, medical assistants, and physicians and they are required to participate in at least two



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community events a year.

Alan Ayers: Could you describe the role of the “Community Educator”?

Tina Bell: Our community educators are empowered to go out and educate and teach people on a daily basis. They help answer questions about what an urgent care center does and what an occupational medicine clinic does. Ninety percent of patient complaints relate to not understanding insurance billing and

our community educators can help answer those questions. They used to be called “marketing coordinators” but we didn’t want them to feel like they were out there marketing and selling our company.

Alan Ayers: Hillary, in your organization, who is responsible for identifying and executing grassroots marketing opportunities?

Hillary Myers: With our model, every employee of Lansing Urgent Care shares what organizations or community groups are important to them. I oversee all of the grassroots activities and coordinate and determine what we’re going to focus our efforts on in a given year. We also require that every staff member participate in at least one event per year, although some people come to every event.

Alan Ayers: What is your process for gathering input from team members about organizations, community groups, or events? Do you send out a survey or is there a sign-up period for each event?

Hillary Myers: We use our intranet to notify staff about upcoming events a month in advance and through the home page, they can volunteer electronically. The calendar is very visible and the volunteer information can be integrated into an individual’s schedule request down the road, which is important if an event has special meaning to a staff member.

Alan Ayers: Gary, your organization has a footprint spread out over a larger area. Who in it is responsible for identifying and executing the grassroots marketing opportunities?

Gary Derk: We have marketing teams in each of our regions. A field marketing manager in each region takes a high-level view of how we are marketing in that specific area, overseeing national and statewide relationships and sponsorships. The field marketing coordinators, in con-

“We rely on local staff to be the local eyes and ears of the community and when they identify something that will help the community, we support what they want to accomplish.”

Gary Derk

trast, are focused specifically on grassroots efforts and community involvement. They help to bring to fruition what staff at individual urgent care centers want to do. Their job is to support our staff because our best marketing tool are our centers and we want to get the people who are providing great care out into the community. We could have just our field marketing coordinators doing the events, but we think it’s better that people also see the

staff who are going to take care of them when they come to MedExpress as patients. So, it’s a team effort. We rely on local staff to be the local eyes and ears of the community and when they identify something that will help the community, we support what they want to accomplish.

Alan Ayers: Felicia, who at American Family Care is responsible for grassroots marketing activities?

Felicia Fortune: With our model, I rely heavily on our clinic managers to help me identify community events. The CEO and President of AFC are responsible for major sponsorship opportunities. We use a “team approach” to identify successful activities in the community.

Dealing With Budgetary Issues

Alan Ayers: What type of budget do you allocate for grassroots marketing activities?

Tina Bell: Our budgets differ by market, depending upon what activities are going on in a given market. In a market with a single clinic in a smaller town, we may spend as little as \$800 a month, whereas in one with multiple clinics, it may be as much as \$6,500 a month. Every November, our team looks at the previous year’s events and plans for events and budget for the coming year.

Hillary Myers: Our three clinics are all in the same community and grassroots marketing accounts for about 40% of our overall budget, which may be as much as triple what other urgent care centers are spending. We, too, look at the activities we’ve done each year and track and plan for the following year based on feedback from our patients. We track social media activity leading up to and following certain events or initiatives against the information that we’ve put out there. We take into account that social media “buzz” and while certain events are more expensive, the resulting exposure is greater as well. We also align ourselves with organiza-

tions that are trying to come up with new and different ways of supporting the community. For example, we work very closely with a children's museum in Lansing and every year they come up with new ways in which to drive membership and interest in support of that museum. We are learning from them as they go.

Alan Ayers: How specifically do you get feedback from patients on your grassroots marketing activities? Do you ask on the intake form for new patients at registration?

Hillary Myers: Our electronic medical record includes a required field for new patients that can be modified to capture information as specific or as broad as we'd like. We sometimes use that field to ask about specific events and sometimes ask about the broad category of events.

Alan Ayers: Gary, what type of budget does MedExpress have for grassroots marketing?

Gary Derk: I'm sure all of the panelists would agree that there is never enough money for grassroots marketing. Like the other organizations, our budget has regional variance, and as we grow across the nation, we find that in some areas, the public is a little more educated about urgent care than in other areas. So, it's important for us to educate consumers, not only about MedExpress, but also about what urgent care as a specialty has to offer. The level of awareness of urgent care plays a large role in determining on how much time, effort and money we spend in a specific community on education.

Alan Ayers: How do you gauge a community's awareness of urgent care?

Gary Derk: Our analytics department looks at the number of urgent care centers and utilization of emergency departments in a region vs. primary care vs. urgent care centers (if they do exist). Members of our marketing team also go out into the community and survey the public about what options they have for care and where they would prefer to go for care if they were sick or hurt. We do a lot of due diligence when we move into a market because we want to be as efficient as we can with our staff.

Alan Ayers: Felicia, what is American Family Care's budget for grassroots marketing?

Felicia Fortune: Grassroots marketing accounts for approximately 50% to 60% of our overall marketing budget and we allocate approximately \$500 to \$1,000 per center per year, depending on a center's location and need to raise awareness. If, for example, a single event that costs \$750 will achieve the awareness we're trying to get, then we'll add to that center's overall budget so they are not left with just \$250 for the rest of the year.

Measuring Return on Investment

Alan Ayers: How do you measure the financial return on investment (ROI) for grassroots marketing? In my experience, that's the number one question that comes up about it. But urgent care isn't a discretionary purchase so measuring ROI can be very difficult because of the time lag between an event and a community member's use

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of a center.

Tina Bell: We don't have a true way to measure so I can't tell you we spent \$2500 on this event and it brought "x" number of patients to the door and so our true ROI is such and such a percentage. We do have systems in place for measuring ROI for traditional marketing, but what we really look at with grassroots efforts is social media. What type of responses are we getting from the community and participation in those events? We pull a "how did you hear about us" report on a monthly basis and one of the things we ask about is community events. We also look at how many e-mail addresses we collected at an event because e-mail marketing is a big part of our overall plan. The big thing we've learned over the 8 years since the first Healthcare Express opened is that we can expect an increase in patient growth at an urgent care center 3 to 6 months after we put in place a good community educator who follows our marketing plan—especially the grassroots side—and who really gets out there and talks to people. If we don't have those community educators out in the community talking to people, our patient numbers will show that, too, about 3 to 6 months down the road.

Alan Ayers: What type of social media are you looking at and how do you evaluate responses to it?

Tina Bell: Facebook is our primary social media tool. We have Instagram and Pinterest accounts but they are not as active. We post pictures from our events on Facebook and track how many people "like" the pictures and comment about the events and whether they were excited that we were going to be there. For example, last year, one community had its first Mardi Gras parade and there was confusion about where it was happening. So, we used our Facebook page to tell people we were going to be there and we provided information on our booth and a map of the parade route. We had more clicks on that page for the parade map than anything else we had ever posted, so we know that a lot of our patients and Facebook fans were following us. Looking at the "likes" and the interaction on the page is important.

Alan Ayers: Hillary, how does Lansing Urgent Care measure financial return on grassroots marketing?

Hillary Myers: We collect as much data as possible

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Tina Bell

from our patients but that is challenging because they are not always feeling their best when they come here, so their memory doesn't always serve them that well. For us, grassroots marketing has a twofold return on investment. One is the financial impact in terms of the number of new patients and the existing patient base it helps us retain. The second return is what it does for our staff as community members who

get to interact with patients outside of our walls. The feeling that they get, knowing that their company is representing and participating in a charity that means something to them, is a retention tool. It's fantastic when our staff is out shaking hands, kissing babies, and talking to everyone in the community and a neighbor says, "I had no idea you worked for Lansing Urgent Care." Our company has grown year over year for the past 8 years and our budgets dedicated to traditional and grassroots efforts have also continued to increase. There is a correlation and it's hard to pinpoint it exactly, but we're confident that what we're doing is working.

Alan Ayers: Tina, have you had a similar experience with staff engagement or impact?

Tina Bell: When we hire, we tell candidates that we're looking for people who want to give back to the community because that is a huge part of our company culture. In every community we're in, one of the things we're most known for is community service and it helps us attract and retain candidates. They see that we're really big on having a fun workplace and that the fun and family environment carries over to the community events that we do. Every year, we have 100% participation in the Susan G. Komen Race for the Cure in the Texarkana market, and it's had a great, great positive impact on the staff in both recruitment and retention.

Alan Ayers: Gary, how does MedExpress measure financial return on grassroots marketing activities?

Gary Derk: The ultimate goal is to increase new revenue while maintaining an increase in patient loyalty but as the other panelists have mentioned, we also reap benefits in employee morale and accountability. By setting our center teams up for success in getting out into the communities, we've seen the culture shift in our centers to where a center's staff is excited to see their center suc-

ceed. We look at it as it's the staff's center and their business and they're going to promote it and help it succeed.

To measure ROI, we use a site called "Patient Impact." Every patient that comes into MedExpress receives a survey and an e-mail address through which they can help give feedback about how they heard about us. Word of mouth is the most common way that folks hear about any business, but it can mean a number of things. We also drill down on community events. For example, if we send out a direct mail piece or distribute flyers about free flu shots, we cross-reference the names on the distribution list against the names of patients who came to our center at 30, 60, or 90 days later to see if there is a correlation. Our Facebook page has more than 10,000 "likes" right now and we use it as a way to communicate to a large number of people for a number of reasons. Right now, for example, we're talking about winter ailments such as colds and flu on Facebook. Field marketing does help increase our social media exposure. For example, we might collaborate with a local school

system on a "banner contest" in which students support their local athletic team by creating banners with a MedExpress logo. We post the banners on Facebook, friends and family vote for best banner, and the winning school's athletic department gets a donation from us. It's a win-win-win for everybody. It educates folks about MedExpress and urgent care in general and the schools have a lot of fun with it.

Colleges and universities are a major area of our focus. Being a parent, I know what it's like to have a child away at school who calls home unsure about where to go for medical care. We want to help educate both the students and their parents about urgent care and let them know that they'll receive great care at any MedExpress location.

Alan Ayers: Felicia, how does your organization measure ROI for grassroots marketing?

Felicia Fortune: We routinely ask patients how they heard about us, record that information in the patient's electronic medical record, and track changes in the

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Grassroots and Community Marketing Success Stories

Alan Ayers: What types of grassroots and community marketing activities has your organization found to be most effective and why?

Tina Bell: The most effective thing we've done is create a mascot who makes appearances at school systems and community events. We never dreamed, when we brought him on 3 years ago, that Klondike would become as recognizable in the community to some people as Tony the Tiger is to Frosted Flakes. Everywhere we go, little kids say, "There's Klondike, there's Klondike." Klondike spends a large part of his time at athletic events, daycare centers, and schools because those venues are most beneficial for us. (Our CEO is a fan of polar bears and she suggested him as a mascot and our team agreed. Klondike is a big hit because he's unusual in the south but I wouldn't recommend that anybody get a white mascot because his feet are really, really difficult to keep clean.)

Also, when the flu hit hard recently in Texas, we created flu kits to take to area schools and restaurants as our way of giving back. We talked to people one-on-one about what we do and how to stay safe from the flu. Not only was it effective from the PR side but we also got lots of e-mails from individuals and one lady posted on Facebook how grateful she was that we had come to her business. In four communities, we got front-page press coverage. It was really an effective grassroots activity.

Alan Ayers: I understand that you use the mascot for photo opportunities and share the photos with the participants at these events. Could you provide a little bit more detail about that?

Tina Bell: We usually do a 20-minute educational presentation at daycare centers, after which kids can take pictures one-on-one with Klondike. They get a coloring page to take home that has a letter on the back that tells the parents that their child's photo was taken today at the daycare with Klondike the healthcare bear. It gives a unique photo number and an e-mail address to which they can write to get their child's photo and explains that by accepting the photo, they agree to be added to

the list for our e-mail newsletter. We originally posted the photos on Facebook but that posed privacy issues so we switched to the individual photos. That has worked out better in the long run because we get to do the ongoing communication with the parents and build a relationship through our patient newsletter.

Alan Ayers: Hillary, what types of grassroots and community marketing activities has Lansing Urgent care found to be most effective and why?

Hillary Myers: Michigan State University is adjacent to two of our urgent care centers so we do a lot of college events and they've been very successful. We give the students free stuff because they love free stuff and it affords the opportunity to talk to them. Still, it's tough to pinpoint how college students get their information because it changes so fast. Every year I have a new crop of freshmen to whom I have to introduce myself to and I work hard to get their business during their tenure at the school. College students tend to think they are indestructible and they are fairly healthy for the most part. When they're away from home, as was mentioned, they often turn to Mom & Dad to make decisions about health care, so some of our events are for parents as well. We've been invited to some of the open houses that the university hosts, which is just an incredible opportunity to introduce us to college students and their parents.

We've also been focusing on business-to-business effort aimed at getting referrals from primary care offices. We have an extremely strong and growing relationship with approximately 60 different primary care, pediatric, and internal medicine offices in great Lansing. Our goal is to educate them and their staff about who we are, what we do, and how we are there to support their efforts and not to compete with them. At first, they were very skeptical and reluctant to introduce their patients to an urgent care for fear of competition. Once they understood our services and processes for referral back to primary care for follow up, we developed a strong referral business. To break the ice, what we did was to spend an hour or two in the break room of a primary care practice talking to staff over a gourmet catered lunch that we provided. It's been very successful and we now do a lunch with each practice twice a year and we also collaborate with them on charitable events and activities.

Alan Ayers: I appreciate your perspective on primary care referrals because urgent care operators often forget to put effort into making and keeping those relationships.

Gary, what types of grassroots and community marketing activities has MedExpress found to be most effective?
Gary Derk: Our approach has changed over the years as

we've grown from a single center to 127 but we've continued to try to maintain a local feel while going global, which can be difficult. One way we accomplish that is with the "MedExpress Ambassador Program," which empowers our center staff to get out there and get involved. When a center opens or a center manager comes onboard, representatives from the regional marketing team review with the manager how we do community marketing and the local tapestry segmentation and they work together on an annual plan. We offer our expertise from a marketing standpoint but also take into account their local expertise in the market, which is important and can't be discounted.

Sitting down and explaining how we really want to be a direct reflection of their business has also worked well in helping primary care practices become comfortable referring their patients to a place where they are going to receive quality care. The MedExpress Ambassador Program really gives us the optics into the local market via our center staff to know where we should be going and how much time we should be spending in each location.

Alan Ayers: Felicia, what grassroots activities has American Family Care found to be effective?

Felicia Fortune: Our "Meet the Doctor" community health fairs have been most effective because community members actually get a chance to see who's going to be their physician before they need care and they learn about the services that we offer. That eliminates patients coming into the center and saying, "I didn't know you had full lab or full x-ray." The community health fairs give us a chance to reach a lot of people with information and to do different kinds of screenings. We market to daycare centers and schools and this gets the word out that our clinics see pediatric patients and do sports physicals.

Lessons Learned From Grassroots Activities

Alan Ayers: Have you found any types of grassroots or community activities that have not worked for your organization?

Gary Derk: Some things work better than others and it's a lot of trial and error when it comes to type of initiative. If a center manager really wants to support a community event that doesn't hit our target market, we will try to find a way to get involved. It may turn out to be valuable or a center manager may learn that it's not the best investment of our time. An example might be a Harley Davidson rally. People aren't really there to learn about healthcare but we can't discount the sheer number of people that such an event will attract. Some activities provide better ROI than others, but we like to be involved in the community in all aspects.

Alan Ayers: Tina, are there any grassroots or community marketing activities that have not worked for Healthcare Express? Can you provide some insight as to why?

Tina Bell: When I first started, we were inundated with sponsorship requests. We quickly realized that if we're donating money or supporting an event, we have to be able to talk to people one-on-one as part of the outreach. The exception is donation of school supplies. Just having your name on a banner is great for branding but we just

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truly didn't see any other return on that. We had a marketer who was convinced that handing out water to runners at every 5K run in our community was the thing to do. We let her try it but by the fourth one, she realized that the events attract people who aren't necessarily from the community and runners have no clue who is providing the water they grab and there is no opportunity to talk one-on-one. So, we scratched giving out water at 5K races. We may run in them as a company to give back if they're supporting us or an organization that way.

Alan Ayers: It sounds as if Healthcare Express, like Med-Express, built in some flexibility for your community educators to try things, learn from experiences, and move on to other things if necessary.

Tina Bell: We've found it helpful to give somebody a plan that explains what has worked and what hasn't worked. Our handbook gives an overview of the Healthcare Express brand, explains why we hire community educators, and goes through our marketing budget process and what we look for in a community. It explains the marketing ROI we've found with traditional tactics since we opened our first urgent care center in January 2006 and includes notes from every community educator we've ever had about what they've done. The booklet is a tool on which to base decisions, but at the same time, they have the freedom to say, "Sorry; I know that will never work in this community" or "I'm convinced it's going to work in this community." We give them the leeway, if it's not going to break the company's budget, to try something once or twice.

Alan Ayers: Hillary, has Lansing Urgent Care tried any grassroots activities that haven't worked?

Hillary Myers: There is a lot of trial and error and there are also going to be events that lose their luster just because an event has been great the past 5 years doesn't mean it will be great for the next 5 years. You have to really pay attention to every event and ask if it's growing or are we seeing the same people over and over again or losing attendees. A \$300 banner at a local ball field is great but being there and being involved—having staff there for several nights during the season to be introduced to all the attendees—that's a better use of our dol-

"Just because an event has been great the past 5 years doesn't mean it will be great for the next 5 years. You have to really pay attention to every event and ask if it's growing."

Hillary Myers

lars. It's names and faces and getting deeper into the community and really building relationships.

Alan Ayers: Often, we find that urgent care providers are looking for a silver bullet or secret sauce that is going to work on every occasion, but it sounds like your grassroots strategies have evolved over time. It's been a learning process, with activities that you tried and learned from, and events that were hot one

year but didn't work the next year. Is your overall experience one of constant change?

Hillary Myers: Most definitely. In one community, a big event was successful for 10 years and then the organization's focus changed. The next year, I saw that the attendance had dropped by 75% because I was paying attention to historical numbers but the staff that attended had no idea that it was a poor event compared to years past. There has to be someone paying attention and having a pulse on all that information and data because year over year you send different people to events. A single point of contact is critical because we work hard to give back to the community and we want to do the right thing. It's not just about the numbers; it's about what your goal is when you're out in that community, too.

Alan Ayers: Felicia, what has your experience been?

Felicia Fortune: I would not say that we have done any grassroots activities that did not work, but certain activities are market-specific. Community-based health fairs, for example, work with certain demographics.

I would recommend that urgent care centers brand their name by getting involved in the community. Being involved in community events allows you to find out who has used your center, and if they used your center, whether the visits were a success. If our patients are not satisfied, then there's no need to be in business. The best form of advertisement is word of mouth.

Last year, we started a "Patient Ambassador Program" which allows us to get feedback from our patients about their visit at AFC. If they had a bad experience we try to solve their problem as quickly as we can. We ask that all of our patients who had a great experience tell everyone they know. We have to make sure that we take care of the customers that we already have because they are the ones who will bring more customers. ■