

UNIQUE **BRANDING** TACTICS



for Audiologists

BY PATRICIA PEARSON

The color grey

is everywhere today and it's a growing presence. But we are not talking about skies or best sellers, but demographics. The population is aging and for the next 30 years, this increase in the number of older people in the western world will change everything. From how companies to reach out to consumers, to national social service funding and which companies and medical service providers succeed or fail—everything will be focused on this group.



There are very important reasons for this necessary marketing shift. As we age, we change dramatically, slowly, but significantly—mentally, physically and emotionally.

For those whose primary audience is comprised of older people, this should be very good news indeed. In fact audiologists should be thrilled. By the age of 65, one out of three people has some degree of hearing loss. Furthermore, hearing loss is related to many diseases and medical conditions that increase as one ages: diabetes, heart disease and conditions related to smoking. (Source: *Hearing Loss Association of America*)

Unfortunately, many audiologists across the United States report that their average patient age is 70 years and older and that—instead of increasing their patient numbers in recent years—the numbers have leveled off. Many US audiologists have also commented that advertising methods that once worked well (direct mail, traditional advertising) no longer provide the return on investment they once did. Ten years ago a targeted direct mail piece might encourage 20% of people to come in for a hearing test. Today that return has dwindled to less than 1% for some DM efforts.

Developing a Unique Brand in Unexpected Ways

“A product can be quickly outdated, but a successful brand is timeless.”

—Stephen King

In any medical area, including audiology, building a brand for a practice and the audiologist is critical to increasing patient numbers and assuring that base remains loyal. The brand must be positive, unique from its competitors and affords trust and medical/professional credibility.

Certainly competition is everywhere and growing. That is why unique branding is so important today. If all the audiology clinics in one area are sending out a direct mail piece to a targeted market of those aged 60+ years within a five-mile radius of each neighboring practice, those mailers will likely

be received by many of the same people. If all of these offer free hearing screenings and 20% off the purchase of a hearing aid, where is the brand differentiation? The uniqueness?

Furthermore, what information about hearing loss and the individual audiology clinic is being provided? Practically nothing.

In many ways that is what is happening today in many areas of the US. Audiologists are relying on what has worked before. And why not? They are medical professionals, not marketing experts.

However, if one audiology clinic elects to do less direct mail, but chooses to inform prospective patients in more direct, credible ways, that clinic will stand out from its competitors.

According to Nielsen data, the most credible source for a referral is from a friend. From that best source, Nielsen reports that the next best credible sources for information (what consumers really believe) are websites, blogs and stories in traditional media. Advertising comes in at number 10, with testimonials from customers faring best.

In contrast to the information provided by Nielsen, a Public Relations Society of America article in 2010 concluded that US audiologists reach out to new markets in the following ways:

1. 92% advertise;
2. 13% engage through social media, especially Facebook;
3. 8% utilize public/media relations tactics.

It is probably, therefore, not surprising that the age of prospective new hearing impaired patients is trending up, but the numbers of new patients coming for hearing tests are not significantly higher for many US audiology clinics. There appears to be a disconnection between what works and builds credibility today and what is actually being done in the marketplace.

There are a few communications problems out there.

Some image and branding issues with hearing impairment must be addressed. Moreover, these issues most likely cannot be addressed adequately via direct mail or advertising alone.

Audiologists must establish themselves as the medical experts they are and find ways to separate themselves from the others in the market. They must become recognized as credible and someone who can be trusted for life—with the ability to help them and their families hear better. And hearing better goes beyond what has been perceived in the past as less important than other senses, such as vision. Hearing well dramatically improves one's quality of life, as well as helps to avoid the pitfalls of a misdiagnosis of many other diseases such as dementia and depression.

Losing any of the five senses is tragic—especially when it can be remedied. Misinformation abounds—today's hearing aids are so different from those 50 years ago as to be practically unrecognizable. But misinformation abounds.

The true stories about hearing loss, its prevention, correction and relationship to medical conditions must be accurately told. Public relations professionals tell stories—in targeted, unique ways that appeal to key audiences. We are credible and believable, because this is what we do every day.

As public relations professionals specializing in medical communications, we work with many audiology practices and audiologists in the US and United Kingdom. In recent years we have recognized that new strategies and tools should be employed to build credibility for those entities and individuals. Some of these include:

- Utilize traditional and social media to inform consumers of the causes of hearing loss;
- Establish audiologists as the respected medical professionals they are;
- Inform consumers about significant improvements in hearing aid technology.

A Successful Public Relations Case Study for Three Audiology Clinics

The WWW Group was approached by an audiologist and his partner, who operated three clinics in the northwest of the

US. Having achieved a significant level of success throughout the years, they had noticed that the prior three had been stagnant. They had retained patients, but were not adding new ones at a rate they had anticipated.

We discussed some of the major problems: each clinic was in a market saturated with other audiology clinics that were using similar outreach techniques—direct mail and local advertising.

Also, the average age of the patient was more than 70 years. They wanted to lower that age by encouraging other patients to come in for a hearing test sooner.

They recognized that there was little awareness locally of disease states and health conditions that cause hearing loss: diabetes, smoking, male versus female, exposure to loud noise throughout life and some medications.

Furthermore, they knew that their return on investment for direct mail had decreased significantly in recent years. And while their clinics were located in affluent areas, they were wondering why so many of these people with hearing loss—estimated at 70%—were not being treated. There appeared to be a great deal of misinformation in their market areas. There was no financial reimbursement for most, but the main reason many were not coming in for hearing tests was not affordability. They simply had a bad connotation of the relationship between wearing a hearing aid and being old.

WWW Group research confirmed much of what we were told. Strategically, we recommended differentiating the three clinics from their corporate brand by adding local branding to which people in their market area could relate.

From that starting point, we then drove brand credibility through public relations tactics: traditional and social media; community outreach and involvement; and established partnerships with key stakeholders and local non-profits.

We decreased the amount of direct mail and advertising and replaced it with targeted television features that were paid partially through co-op manufacturer participation. These features we sent to other informational websites, posted on Facebook pages and placed strategically on television programs having the desired demographic reach we were after.

In addition we created a Facebook page and wrote regular posts that engaged prospective patients and their families. We discussed disease states such as diabetes and

coordinated with the American Diabetes Association's local chapter to feature these on their website and Facebook page. We co-sponsored events and sent out joint press releases during national diabetes month.

At present we are working on a microsite with the group of clinics that is linked to their corporate site. The intent is to localize and reach out to their unique local markets.

We used traditional media placements for stories about community activities, awards earned and other relevant medical stories. One of the partners of the group was set up as the credible source for hearing impairment issues with local media. We kept our efforts targeted and local, directing them to the areas where they were acquiring new patients.

Other community projects were initiated including free hearing clinics for children (working with the schools in each area) and awareness campaigns about habits that cause hearing loss, such as loud noises and music (especially successful during the summer with concerts).

It is important in any public relations effort to foster relationships with non-profit entities that relate to the entity we are promoting. It not only increases a feeling of good will, but also increases the likelihood of a story being picked up by media. For the audiology clinics, we selected retirement centers and other retirement non-profit groups; schools and as noted before, the American Diabetes Association. We plan to increase this further with stop smoking charities and the American Heart Association, among others.

The first six months yielded some significantly positive results. There was an excellent return on investment with media placements and community awareness. We measured this with standard analytics that provide a value for each media placement versus an equivalent advertisement. The community awareness factor was determined by small, but significant random telephone and written surveys taken before and after the program began and at six months.

The Facebook page increased its numbers by 72%, not yet high enough, but considering we were utilizing this as a platform instead of a website, this was considered an excellent start. Once the microsite is operating, we expect the Facebook activity to increase significantly. While we are aware that many older people do not use social media, we also recognize that the fastest growing group of Facebook users is aged 50+.

The ongoing program for this group of clinics will increase awareness through the use of the before mentioned tactics. The microsite will be developed to fully localize the clinics and become a platform for Facebook and will feature news releases and articles that are published. There also will be ongoing videos of the audiologists discussing various new techniques, products and key studies that link various medical conditions to hearing loss. Movement works on websites, and we keep things moving.

The most important objective for any program of this type is to keep it local. It is completely unnecessary to go beyond a radius of 15 miles, and often that is too far. A review of patient records will tell an audiologist where patients are coming from.

A final point is to track where new patients are coming from. This can be done by a simple form completed by people coming to the office for the first time. We then compile these and know which methods we have used are the most effective. Also important—starting and keeping a database updated. The database for the three clinics now has more than 1,000 qualified names. We use this to send information on a regular basis, including eventually an email newsletter.

What Was Once “In the Box” Thinking is now “Out of the Box”

There is very little that is new. We have all heard this before. We reach out in new ways and then these become old, so we go back and retrieve what we did before and reinvent them and give them life.

Public relations has been around a long time, but today it is more exciting. With a 24 hour news cycle and many more ways to reach out, create awareness and find the most appropriate way to reach a key audience, our box of creative tools has increased dramatically in the last 20 years.

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The key to doing this effectively is dependent on two main factors: strategy and imagination.

Strategy helps us determine what tools to use to reach targeted audiences. Most likely we would not suggest a twitter campaign to reach those older than 60 years of age. However, we would reach concert attendees that way. Both require hearing devices—one for improvement of hearing impairment and the other for prevention of hearing loss.

Imagination is the ability to try something new that will set our client apart from its competition and achieve the objectives we both agree. It is artistic and creative, but with a business objective. If creativity does not promote profit, then it is art. That is not what public relations tactics were designed to do.

An important point to keep in mind in today's world is that demographics are on the side of audiology. That is not the case for everyone. Bubble gum and gummy bears could be having some problems in the next 20 years. Not so for audiology. At some point in time, most of us will need these services.

The sooner you establish your brand and people know what you stand for and can do for them, the better. Remember that old saying about the bird and the worm? It's as true today as ever before. ■

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