**Marketing TTN to the health care sector**

**Deb Burnight**

* Thu, Aug 19, 2010 3:07 PM

Many of us are involved with clients within the health care sector, and several factors are in place to make pursuing this arena an issue of strategic importance.  In a recent email thread, Jane Schadle posted the following insights, and at her request I am posting it here (she is unable to post to this Groupsite from work).  Thanks to Jane for these thoughts and we look forward to other perspectives as well from those of you with experience in the various health arenas.

Jane writes:

Marketing to health care institutions might be done on several layers.  
  
At that top layer is the health systems, the hospital chains, primary care associations and health insurance companies. At this level one might market facilitation related to system planning and evaluation as well as meeting efficiency and team building. Insurance companies and hospital networks will have an external communications person who might be the start point or the entrance into the company and they would lead you to an internal trainer or a corporate relations office where there would be people responsible for employee training and for planning events and meetings. When I worked in insurance we were introducing ToP methods, and doing it from the program level - but we could do that only because I was inside and could bring the programs in - that champion-spark plug that Deb referenced. I sponsored trainings, I introduced the facilitation methods to the company which began to build demand.  
  
At the hospital level there is usually an "education" office or staff development office that would be the entry point for organizational trainings. Often these places are most willing to sponsor trainings that would benefit their leaders and are willing to underwrite the cost if they can clearly measure the benefit. Here I would sell the concept of not only more efficient meetings, but of meetings that could manage the conflict that arises in these settings. I also would emphasize the planning value of these methods. Key planning for programs and new services and upgrades is constant and putting a process into that forward thinking is a vital capacity to a facility that wants to keep updated and competitive in the health care field.  
  
Association of Community Health Improvement is a national organization operating under the umbrella of the National Hospital Association but focused on community health improvement and on learning skills to build community collaborations and plan for health improvement strategies. They have on their web site one of the finest community planning tools available for local planning - but like all community planning tools - its describes the steps, but does not address the process. They currently have a call for proposals out for their upcoming annual conference - a presentation on ToP methods and how to use them in community health planning model initiatives is something I have been thinking of submitting. While the reach is not broad in the terms of hospitals it reaches most major health networks in the country because laws requires a not for profit hospital or a hospital that gets Medicare funding do community planning for their community health.  
  
Then another complex layer of the health system is the public health systems. These are federal and state and local health entities that do everything from determine funding to holding community town hall meetings on health. The core of this public work is public engagement and involvement and that of course means a pretty good sense of how to facilitate meetings, engage people, handle conflict, plan for the future, deliberate opportunities and so on - perfect for ToP.  
  
At the federal level selling ToP means dealing with Health and Human Services and Centers for Disease Control. These are the two entities that get the federal monies for health and disperse them to the states or universities or other health groups. At this level the approach is selling the HHS and CDC on using ToP methods for their own planning and deliberations and for their meetings with states. It also means introducing the idea of using facilitated work as a piece of their grant work - when giving money to communities for health improvement, also funding facilitation that allows community discussions, deliberations and planning events.  
  
At the state public health level, selling facilitation for public events and meetings and facilitation for planning is important but often related to key insiders who can champion that message internally. I do that here and I don't know how you clone me, except that we have an opportunity now to begin writing about how this works and how we can make our work more effective through use of these methods. If we do some articles, they can be used to sell your work to other health departments at both state and local levels.  
  
I am beginning to adapt health planning models by adding ToP processes to improve their effectiveness. I have been describing this blending to some national leaders and am getting some traction around the concepts. So if I can begin doing presentations and demonstrate the use, we might be able to build a market in this public health sector.  
  
One of the reasons this sector is harder than other business or not for profits is because of the specific and scientific and special work of public health. For much of what they do they have to work in a very specific way because the science dictates the art. At the same time, they have to be transparent and engage the public in the work, so that creates the need for facilitation processes.  
  
As public health is creating a new set of national performance standards the emphasis and focus is more and more on community planning, community engagement and careful future planning. This movement that is just beginning will demand facilitated processes and I expect more interest in our type of facilitation as well. We are building facilitative processes into our standards here at the state level and using that standard to teach our staff about ToP methods. It will become our standard of practice one day. Other states are beginning as well -- it is one of our goals to add facilitation to the curriculums of public health colleges.  
  
At public health you would market to the local or state director or commissioner of health. While they would not be the champion, they would lead you to the person who would be champion and they have to sanction the work anyway.  
  
If there is any way that we can collaborate in this work along the way, it might help us all. The TTN network is of course interested in the larger contract opportunities that would serve all of us interested in the field. At the local level, folks with a background in public health might be very strong co-facilitator for statewide events and broad planning efforts.  
  
I look forward to hearing more about what you are interested in going for and what background you feel necessary for this.  
J  
  
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**Kim Behrens**

* Tue, Oct 19, 2010 8:33 AM

Jane and Deb,

Thank you for sharing this with the Network. I would like to use this opportunity to align your well-written, concise summary with the common language framework around marketing that was shared earlier this year.

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**First,** we have defined marketing for ToP as "the strategies and tactics used to identify, create and maintain satisfying long-term relationships with customers that result in value for both the customer and the marketer (trainer, facilitator, etc.)."

Jane describes it well in these examples:

*.... one might market facilitation related to system planning and evaluation as well as meeting efficiency and team building.*

*... sell the concept of not only more efficient meetings, but of meetings that could manage the conflict that arises in these settings.*

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**Second,** we defined a **target audience** as a defined group within the population to which a particular product or service is relevant.

Example: *- Health Care Institutions*

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**Third,** we defined a **segment** as a sub-set of the target audience that shares one or more characteristics.

Examples: *- health systems  
- hospital chains  
- primary care associations  
- health insurance companies  
- Association of Community Health Improvement  
- Health and Human Services  
- Centers for Disease Control*

*------------------------------------------------------*

**Fourth*,*** we defined a **customer** as a person, company, or other entity which buys goods and services produced by another person, company, or other entity.

Examples:

- *Insurance companies and hospital networks will have an external communications person who might be the start point or the entrance into the company and they would lead you to an internal trainer or a corporate relations office where there would be people responsible for employee training and for planning events and meetings.*  
  
- *At public health you would market to the local or state director or commissioner of health. While they would not be the champion, they would lead you to the person who would be champion and they have to sanction the work anyway.*

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In closing, let's continue as a Network to demystify marketing. Just as the language of ToP is critical to understanding our methods, so too is the language of marketing. Remember in your day-to-day business, you focus on what your customers need and how you can provide them with that. That is what your marketing should focus on too.

**Relationships** are the connection between two or more people or groups and their involvement with one another, especially as regards the way they behave toward and feel about one another.

**Strategy** is a detailed plan for achieving success in situations, or the skill of planning for such situations. The overall means and plan for achieving an outcome.

**Tactics** are a planned way of doing something; employing available means to accomplish an end.

Thank you Jane for this wonderful example to apply these concepts.

Kind regards,

 KimBehrens  
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**Kathy McGrane**

* Fri, Oct 22, 2010 4:24 AM
* [*Actions ▼*](https://ttn.groupsite.com/beta/group/allttn/discussion/topics/379785/messages#mactions-505592)

Kim this is great and all!

Kathy McGrane

**Sheila**

* Fri, Oct 22, 2010 9:19 AM

Thanks to both Deb and Kim for sharing their expertise in a thoughtful manner with all of us!

*Sheila LeGeros*

**Edited** Fri, Oct 22, 2010 9:20 AM

**Jane Schadle**

* Mon, Oct 25, 2010 3:45 PM

It strikes me that our dialog about marketing to the health care sector has the opportunity to build clarity and design approaches that are more likely successful.  We know that if an organization has an internal champion to support our processes, it is more likely that we can "sell" our services and training.  But we have often made our case in terms of the people we facilitate and the meeting efficiencies we achieve.  What if we found a way to evaluate in terms of value to the organization.  That means a different focus for us, but the value added, time savings, decision quality, etc can all be turned into cost savings from that organizational point of view.  We may not be able to come with an economic indicator that helps prove that our services save time and money -- but with a little ingenuity, I bet we can make the business case.  I truly believe that the cost of facilitation is ofset by more efficient business practices.

Jane