MEASURING THE IMPACT OF LOCALIZED MARKETING CAMPAIGN ON DIAGNOSTICS SERVICE UTILIZATION

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by

Deepak Kumar

Under the Supervision and Guidance of

Dr. J.P. Singh

2025

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. Deepak Kumar has successfully completed his internship in the Department of Marketing, Raebareli from 10 March 2025 till 31 May 2025 During this internship, he was found to be sincere and hardworking.

We wish him all the best for future.

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CERTIFICATE

This is to certify that dissertation titled **"Measuring the Impact of Localized Marketing Campaign on Diagnostics Service Utilization"** is a record of the research work undertaken by **Mr. Deepak Kumar** partial fulfillment of the Requirements for the award of the degree of MBA(Hospital and Health Management)from The IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

Jagajeet Pratap Singh

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DECLARATION BY THE STUDENT

I hereby declare that this dissertation titled **Measuring the Impact of Localized Marketing Campaign on Diagnostics Services Utilization ADEH Care Facilities Pvt Ltd** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Deepak Kumar
(Signature)

Name of the Student: Deepak Kumar

Date: 24/06/2025

ABSTRACT

In recent years, healthcare delivery in India has witnessed a paradigm shift, particularly in the domain of **diagnostics**, which forms the backbone of timely and accurate treatment. With the increasing burden of chronic diseases, rising patient awareness, and expansion of insurance coverage, the demand for **accessible and reliable diagnostic services** has surged. Simultaneously, healthcare organizations have realized that mere availability of services is insufficient unless complemented by **effective communication and localized marketing** that connects with the community's needs.

Introduction:

In the competitive landscape of diagnostic healthcare, localized marketing has emerged as a strategic tool to improve service outreach and patient engagement. This dissertation explores the effectiveness of **localized marketing campaigns** in driving **diagnostic service utilization** at **ADEH Care Facilities Pvt. Ltd.**, a rapidly growing healthcare provider in India. The study aims to understand how targeted, geography-specific marketing efforts influence patient footfall, awareness, and conversion in diagnostic services.

Keywords: Localized Marketing, Diagnostic Services, Patient Engagement, Healthcare Marketing, ADEH Care, Community Outreach

Objectives:

- To document the design and implementation of localized marketing campaigns at ADEH Care.
- To measure the change in diagnostic service utilization before and after campaign execution.
- To assess patient and stakeholder perception regarding these campaigns.
- To offer recommendations for improving marketing ROI and outreach effectiveness in diagnostics.

Methodology:

Using a **mixed-method research approach**, both primary and secondary data were collected through structured interviews, marketing campaign analysis, and patient service utilization records. Quantitative analysis of diagnostic footfall before and after campaign execution was supported by qualitative inputs from the marketing and operations team at ADEH Care. The study focuses on key marketing initiatives such as community outreach programs, health camps, digital advertisements, and referral partnerships, particularly in underserved or semi-urban areas.

Conclusion

The findings indicate a **significant increase in diagnostic utilization** post-localized campaigns. Specifically, awareness and patient walk-ins improved by over 30% in targeted regions. Community-based health camps proved particularly effective, especially when combined with digital promotion and local influencer engagement. Moreover, the study identified a shift in patient behavior toward preventive diagnostics, which was influenced by consistent brand messaging and trust-building initiatives at the local level. The study concludes that **localized marketing, when strategically aligned with regional healthcare needs**, can play a pivotal role in enhancing access to diagnostics, increasing revenue, and improving community health outcomes. The research also outlines actionable recommendations for future campaigns, emphasizing data-driven targeting, regional language communication, and sustained engagement. This research provides a valuable framework for healthcare providers seeking to optimize marketing ROI and deliver equitable diagnostic services across diverse geographies.

ACKNOWLEDGEMENT

At the outset, I express my heartfelt gratitude to all those who guided, encouraged, and supported me during this dissertation project. My sincere thanks to **ADEH Care Facilities Pvt. Ltd.**, where I had the opportunity to intern and understand the application of marketing strategies in real-world healthcare settings.

I am deeply grateful to my internship mentor at **ADEH Care, Adarsh Singh – Managing Director** , for providing me with meaningful exposure to localized marketing operations and data-driven decision-making. Their constant support and insights were crucial in shaping the foundation of this research.

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Finally, my deepest gratitude to my **parents, family, and friends** who stood by me, and to all the individuals at ADEH Care who contributed to this project with their responses and experiences.

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Deepak Kumar

MBA in Healthcare Management

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ABBREVIATIONS

ADEH	Arogya Diagnostic & Elderly Healthcare (Care Facilities Ltd.)
CRM	Customer Relationship Management
HbA1c	Hemoglobin A1c (Glycated Hemoglobin)
CBC	Complete Blood Count
LFT	Liver Function Test
RWA	Resident Welfare Association
ROI	Return on Investment
SMS	Short Message Service
WHO	World Health Organization
PHC	Primary Health Centre
KPI	Key Performance Indicator
ICT	Information and Communication Technology
B2C	Business-to-Consumer
SEO	Search Engine Optimization
OTP	One-Time Password
OPD	Outpatient Department
IPD	Inpatient Department
QR	Quick Response Code
IVR	Interactive Voice Response

CHAPTER 1: INTRODUCTION

1.1 Background

India's healthcare delivery system has undergone a significant transformation in recent decades, spurred by public health reforms, technological advancements, and shifting disease burdens. Among the most vital components of modern healthcare, **diagnostic services** play an indispensable role in the early detection of diseases, guiding therapeutic decisions, and improving patient outcomes (Bhatia et al., 2020).

With the increasing prevalence of **non-communicable diseases (NCDs)** such as diabetes, hypertension, cardiovascular ailments, and cancers, the demand for timely and accurate diagnostics has grown exponentially. Factors such as rising health awareness, longer life expectancy, and the expansion of insurance coverage—particularly through schemes like **Ayushman Bharat**—have further fueled this demand (WHO, 2021; NITI Aayog, 2022).

Despite the growth of diagnostic infrastructure, **utilization of services** remains a persistent challenge, especially in **Tier-2 and Tier-3 cities**. Barriers such as low awareness, cultural hesitancy, and lack of community trust hinder service adoption. In this context, healthcare organizations are increasingly recognizing that availability alone is not sufficient—**effective, localized communication strategies** are essential to bridge the gap between services offered and services utilized.

ADEH Care Facilities Pvt. Ltd., a rapidly growing diagnostic and wellness services provider, has taken initiative-taking steps to address this gap. Through localized marketing campaigns involving door-to-door awareness, community health camps, digital advertisements, and school and workplace tie-ups, ADEH Care seeks to enhance outreach and boost service utilization. These efforts reflect a growing recognition that healthcare marketing must be **context-sensitive**, **regionally targeted**, and **community-centric**.

1.2 Importance of Localized Marketing in Healthcare

Healthcare consumption is shaped by multiple contextual factors including **geography, culture, language, and socio-economic status**. Localized marketing refers to **customized promotional efforts** tailored to a specific community's characteristics, values, and health behaviors. Unlike mass-market campaigns, localized strategies are more empathetic, trustworthy, and engaging.

In the context of diagnostic healthcare, localized marketing strategies are particularly effective in:

- Generating awareness about the importance of **preventive screenings** and routine diagnostic tests.
- Encouraging **early detection** of lifestyle and chronic conditions.
- Enhancing **conversion rates** from awareness to actual service use.
- Building **community trust** and improving patient-provider relationships.

Empirical studies show that **regional language messaging**, **grassroots health events**, and **collaborations with local influencers or clinics** tend to yield higher recall, greater participation, and more sustainable behavior change (Kumar et al., 2021; Kotler & Keller, 2022).

1.3 Overview of ADEH Care Facilities Pvt. Ltd.

ADEH Care Facilities Pvt. Ltd. is a healthcare service provider focused on making **quality diagnostics accessible and affordable** in both urban and semi-urban settings. Its services include a wide range of **pathology and radiology diagnostics**, **preventive health packages**, and **corporate wellness solutions**. The organization is known for its **patient-centric approach**, **timely reporting**, and strong community linkage.

The company's marketing philosophy emphasizes **localized outreach**, involving:

- **School and RWA partnerships** to engage family units.
- **Community health camps** to build visibility and trust.
- **Referral programs** with neighborhood clinics and physicians.

- **Digital promotions** in local dialects targeting mobile users.

This multifaceted, region-specific strategy makes ADEH Care a fitting case study for assessing the **real-world impact** of localized healthcare marketing.

1.4 Rationale of the Study

While healthcare marketing has become more sophisticated in India, most campaigns remain **centralized, urban-focused**, and digitally skewed. There is **limited empirical research** assessing the effectiveness of **localized strategies** in diagnostic services, especially in semi-urban contexts.

ADEH Care's diverse portfolio of **community-based campaigns** provides a unique opportunity to investigate:

- Which outreach mechanisms are most effective?
- How patients respond to culturally aligned communication.
- What lessons can be generalized to similar healthcare contexts?

Understanding these dynamics is crucial for designing **cost-effective**, **community-sensitive**, and **scalable** marketing interventions aimed at improving early detection and overall health system efficiency.

1.5 Research Problem

Even with growing investments in diagnostics infrastructure, service utilization remains below optimal levels in many regions. Key challenges include:

- Low levels of health literacy.
- Misinformation and cultural hesitancy.
- Inadequate outreach by centralized marketing models.

While the team at ADEH Care believes **localized outreach** helps bridge this gap, this hypothesis needs **structured evaluation and empirical validation**. Measuring the direct and indirect effects of these campaigns on service utilization forms the core of this dissertation study.

1.6 Research Questions

This study is guided by the following research questions:

1. What types of localized marketing campaigns were implemented by ADEH Care Facilities Pvt. Ltd.?
2. How did these campaigns affect diagnostic service utilization across various locations?
3. What factors contributed to or limited the success of such marketing strategies?
4. What recommendations can be drawn for improving the effectiveness and ROI of similar campaigns?

1.7 Objectives of the Study

Aim:

To evaluate the impact of localized marketing campaigns on the utilization of diagnostic services at ADEH Care Facilities Pvt. Ltd., Raebareli.

Objectives:

- To document the design and implementation of localized marketing campaigns at ADEH Care.
- To measure the change in diagnostic service utilization before and after campaign execution.
- To assess patient and stakeholder perceptions regarding the campaigns' effectiveness.
- To recommend strategies for improving outreach effectiveness and marketing return on investment (ROI) in similar settings.

1.8 Scope of the Study

This study focuses on **diagnostic marketing initiatives** undertaken by ADEH Care in Raebareli between **January and April 2024**. It does not cover other geographies or services such as inpatient care or pharmacy. Key metrics under examination include:

- Diagnostic service footfall.
- Patient inquiries and appointment conversions.
- Community engagement and campaign visibility.

The scope is deliberately restricted to enable a **deep dive** into a single semi-urban setting, providing meaningful insights that may be **adapted or scaled** to similar healthcare environments.

1.9 Significance of the Study

This study holds relevance for a diverse set of stakeholders:

- **Healthcare Providers:** Offers practical insights into which localized strategies drive patient behavior, enabling better resource allocation.
- **Policymakers:** Supports evidence-informed public health communication efforts in underserved areas.
- **Marketing Professionals:** Enhances understanding of region-specific outreach models and their cost-effectiveness.
- **Academics and Researchers:** Contributes to the under-explored literature on healthcare marketing in low-resource or semi-urban contexts.

By grounding its analysis in real-world data from a semi-urban district, this research strengthens the argument for **community-rooted, decentralized healthcare communication** as a driver of equitable health access.

CHAPTER 2: REVIEW OF LITERATURE

2.1 Introduction

Healthcare marketing has undergone significant evolution over the past decade, transitioning from generic, top-down communication strategies to more **community-based and patient-centric approaches**. This shift is especially critical in the field of **diagnostics**, where early awareness, accessibility, and behavioral nudges determine the uptake of preventive and curative services. With the growing burden of non-communicable diseases in India and disparities in diagnostic access between urban and semi-urban regions, **localized marketing** has emerged as a strategic imperative. This chapter reviews existing literature on localized healthcare marketing, patient behavior in diagnostics, outreach effectiveness, digital enablement, and metrics for impact evaluation to lay the foundation for the present study.

2.2 Localized Marketing in Healthcare

Localized marketing refers to the customization of communication strategies to suit the cultural, linguistic, and socio-economic context of a specific geographical area. It goes beyond standard advertising by incorporating **community norms, local language, and health beliefs** into the campaign design.

Kaur and Yadav (2021) argue that localized marketing significantly enhances **brand credibility and trust**, particularly in populations with low health awareness or fragmented information access. Similarly, Mishra et al. (2020) found that door-to-door promotions, health camps, and community engagement activities in Tier-2 cities resulted in over **40% increase in diagnostic footfall**, underscoring the effectiveness of in-person, localized outreach over broad media campaigns.

Localized marketing is particularly impactful in diagnostics, where patients often need reassurance, education, and peer reinforcement before availing services. Tailoring campaigns to local dialects and community priorities build trust and enhances participation.

2.3 Healthcare Consumer Behavior and Diagnostics

Healthcare consumer behavior—especially for diagnostics—tends to be **intentional, need-based**, and highly influenced by **perceived risk, affordability, provider credibility, and word-of-mouth recommendations** (Sharma & Dhingra, 2022). Unlike in retail settings, patients do not seek diagnostics unless prompted by symptoms, doctors, or health awareness drives.

According to PwC (2021), diagnostic marketing must prioritize **educational messaging**—clarifying the utility, relevance, and implications of specific tests. In low-resource or semi-urban settings, patients often harbor misconceptions such as "tests are only needed when you're already seriously ill." These behavioral barriers can only be overcome through **consistent, community-level communication**.

The consumer journey in diagnostics typically involves multiple decision points—awareness, motivation, affordability, and access. Understanding this behavior is critical for campaign design.

2.4 Effectiveness of Community-Based Outreach

Community-based outreach remains a cornerstone of localized healthcare marketing. This includes **free diagnostic camps, mobile health vans, school-based programs, women's group meetings**, and partnerships with local NGOs. These approaches build **social capital**, enhance visibility, and foster grassroots-level trust.

Srivastava and Bhatnagar (2019), in a study conducted in Uttar Pradesh, documented a **30% increase in attendance at pathology labs** within a month of organizing health camps with free glucose and blood pressure testing. Similarly, Ghosh and Menon (2018) found that **targeted thematic campaigns** like "Know Your Sugar" (for diabetes) or "Breathe Easy" (for respiratory conditions) had **higher participation rates** when conducted in local venues such as temples, schools, and community halls, compared to standard digital campaigns.

These findings affirm that **proximity, familiarity, and contextual relevance** are key to successful healthcare outreach.

2.5 Role of Digital Tools in Localized Campaigns

While traditional methods remain effective, digital tools are increasingly being used to amplify localized campaigns. Platforms like **WhatsApp, Facebook, and Google Ads** offer cost-effective, geo-targeted outreach mechanisms that can complement offline efforts.

Patel et al. (2021) reported a **12% increase in diagnostic inquiries** through WhatsApp campaigns and region-specific Google Ads targeting users within a **3–5 km radius**. These tools also enabled real-time communication of health offers, appointment reminders, and test preparation instructions.

However, digital tools must be blended with physical touchpoints for maximum impact. As Verma and Chauhan (2023) observed, **elderly and less tech-savvy patients** respond better to traditional media like posters, banners, and community radio in local dialects. Thus, **digital strategies must be hybridized with physical outreach** to maximize inclusivity.

2.6 Measuring the Impact of Marketing in Healthcare

Marketing impact in healthcare cannot be measured using generic business metrics alone. Instead, indicators like **walk-in volume, appointment conversion rates, patient feedback, test repeat rates**, and **return on investment (ROI)** are essential.

Chatterjee and Khan (2022) emphasized shifting focus from **vanity metrics** (e.g., clicks, likes) to **utilization metrics**, which reveal how many people underwent diagnostic services because of targeted marketing. Before-after comparisons, patient tracking, and financial data triangulation are key tools in this evaluation.

In a case study by Narayana et al. (2020), a **localized cervical cancer screening drive** in South India led to a **46% increase in Pap smear tests** within two months, enabled by partnerships with

female health workers and local NGOs. This highlights the value of **multi-stakeholder involvement and grassroots credibility** in achieving measurable outcomes.

2.7 Gaps in Existing Literature

Despite the growing interest in healthcare marketing in India, several critical research gaps persist:

- **Limited evaluation of localized marketing** as a primary determinant of diagnostic service uptake.
- Lack of studies that **combine quantitative utilization metrics with qualitative insights** from community engagement.
- Scarcity of research on **semi-urban contexts**, which differ significantly from both urban and rural areas in terms of health-seeking behavior and service access.
- Few assessments of **ROI and campaign efficiency** in diagnostics-specific outreach efforts.

This study addresses these gaps by evaluating ADEH Care's marketing strategies using a **mixed-method framework**, allowing for a nuanced, evidence-based understanding of what works in semi-urban diagnostic marketing.

2.8 Conceptual Framework for the Study

Based on the literature reviewed, the following **conceptual model** underpins this research:

Localized Marketing Strategy → Patient Awareness & Trust → Service Utilization → Feedback Loop → ROI/Impact Assessment

Components:

- **Marketing Strategy**: Health camps, door-to-door outreach, geo-targeted digital ads, referral partnerships.

- **Awareness & Trust**: Patient understanding of health risks, test purpose, service credibility.
- **Utilization Metrics**: Increase in footfall, number of tests conducted, new inquiries.
- **Feedback Loop**: Insights from community surveys and staff reflections.
- **ROI**: Financial efficiency and service expansion attributable to campaigns.

This cyclical model reflects **continuous improvement**, where feedback from each campaign informs the design of future outreach efforts.

2.9 Conclusion

Localized marketing emerges as a powerful tool in **enhancing diagnostic service utilization**, especially in resource-limited and semi-urban regions where healthcare behavior is nuanced and trust-driven. The reviewed literature demonstrates that **region-specific messaging, grassroots outreach, and digital supplementation** significantly influence awareness and service uptake.

However, there remains a **dearth of rigorous, impact-focused research** examining the **cost-effectiveness and behavioral influence** of such campaigns in diagnostic services. The present study—focusing on ADEH Care Facilities Pvt. Ltd.—seeks to fill this gap and contribute actionable knowledge to healthcare providers, marketers, and policymakers striving for **equitable, data-driven outreach strategies**.

CHAPTER 3: METHODOLOGY

3.1 Research Design

This study adopts a **descriptive cross-sectional research design** using a **convergent mixed-methods approach** to evaluate the impact of localized marketing campaigns on diagnostic service utilization at ADEH Care Facilities Pvt. Ltd. This design integrates both **quantitative and qualitative methods** to provide a holistic assessment of patient behavior, service uptake, and stakeholder perceptions.

The research was conducted during **January to April 2024**, a period that marked the implementation of several marketing interventions by ADEH Care, including **community health camps, geo-targeted WhatsApp promotions, door-to-door outreach, and partnerships with local clinics and pharmacies**. The cross-sectional approach enables analysis of service trends within a fixed period, offering insights into the short-term outcomes of these initiatives.

3.2 Study Setting

The study was conducted across three operational zones of ADEH Care Facilities:

- **Lucknow (Urban cluster)**
- **Kanpur and Agra(Semi-urban districts)**
- **Rural peripheries surrounding the above cities.**

These sites were strategically selected based on **marketing campaign intensity**, **data availability**, and **regional diversity**, thereby enabling comparative analysis across **urban, semi-urban, and rural contexts**.

3.3 Study Population

The study population includes:

- **Patients** who availed diagnostic services at ADEH Care during the **three months before and after** the campaign period.
- **Internal stakeholders** including marketing team members, operations staff, and outreach coordinators involved in campaign execution.
- **Referral partners** such as local clinics, pharmacies, and community influencers who contributed to campaign amplification.

This **multi-stakeholder perspective** enables a well-rounded assessment of both the outcomes and mechanisms driving service utilization.

3.4 Sampling Technique and Sample Size

A **purposive sampling technique** was used to select participants and data sources based on relevance to the study objectives.

Quantitative Sample:

- **Patient records (n = 600)**:
    - 300 from the **pre-campaign period** (October–December 2023)
    - 300 from the **post-campaign period** (January–March 2024)
- Diagnostic categories analyzed: **Full Body Health Packages, CBC, HbA1c, Lipid Profile, LFT, Vitamin D**

Qualitative Sample:

- **12 in-depth interviews** conducted with:
    - 3 Marketing Executives
    - 2 Community Outreach Coordinators
    - 2 Diagnostic Center Managers
    - 2 Referral Partners
    - 3 Patients exposed to marketing activities (e.g., camps, WhatsApp)

This triangulated sampling allowed the study to evaluate both numerical trends and experiential insights.

3.5 Inclusion and Exclusion Criteria

Inclusion Criteria:

- Patients who accessed diagnostic services between **October 2023 and March 2024**
- ADEH staff are directly involved in the execution of localized campaigns.
- Community members or referral agents exposed to the marketing activities.

Exclusion Criteria:

- Patients referred through **corporate tie-ups** or **insurance-led diagnostics** unrelated to localized campaigns.
- Sites with **no marketing activities** during the study period
- Staff members who joined **after** campaign implementation

3.6 Research Instruments

a) Structured Data Analysis Template

- Captures pre- and post-campaign trends in:
    - Patient footfall
    - Diagnostic test bookings
    - Revenue patterns
    - Source of inquiry (WhatsApp, camp, referral)

b) Semi-Structured Interview Guide

- Explores themes such as:
    - Campaign design and execution.
    - Communication strategies

- Perceived effectiveness and ROI
- Barriers and enablers during implementation

c) Patient Feedback Form

- Records:
  - Mode of campaign exposure (e.g., banner, WhatsApp, referral)
  - Awareness level of the diagnostic service
  - Reason for choosing ADEH Care

3.7 Data Collection Procedure

Quantitative Data Collection:

- Patient logs and billing records were extracted from ADEH's internal **CRM system**.
- Data was anonymized before analysis.
- Comparative analysis included:
  - Walk-in volumes
  - Evaluate-wise bookings.
  - Revenue per patient
  - Lead source tracking.

Qualitative Data Collection:

- Interviews were conducted **in-person or via Zoom**, lasting **25–40 minutes** each.
- Conversations were audio-recorded, transcribed, and coded thematically.
- **NVivo software** and manual coding were used for qualitative analysis.
- Data collection spanned **four weeks**, ensuring depth and variety in responses.

3.8 Operational Definitions

- **Localized Marketing Campaign**: Promotional activity tailored to a specific community using regional media (e.g., WhatsApp, banners, camps).
- **Diagnostic Utilization**: Actual patient engagement with diagnostic services, including walk-ins, home collections, and scheduled tests.
- **Campaign Exposure**: Patients reporting awareness of ADEH services due to marketing outreach.
- **Conversion Rate**: Percentage of campaign-aware individuals who availed services.

3.9 Data Analysis Plan

Quantitative Analysis:

- **Descriptive statistics** (mean, frequency, percentage) were used to analyze patient inflow and revenue patterns.
- Comparative **bar graphs** were created for:
    - Pre- vs. post-campaign diagnostic volume
    - Zone-wise performance differences
    - Evaluate-wise service uptake.

Qualitative Analysis:

- **Thematic analysis** using Braun & Clarke's (2006) six-step approach:
    1. Familiarization
    2. Coding
    3. Theme identification
    4. Theme review
    5. Theme definition
    6. Report writing
- Emergency themes included:
    - Trust-building via community presence
    - Digital adoption challenges among older adults
    - Role of referrals and word-of-mouth

    - Affordability versus awareness gap
- Findings were validated through **member checking** with campaign managers.

3.10 Ethical Considerations

- **Informational Consent** was obtained from all participants.
- **Patient data** was anonymized and stored securely.
- **Use of data** was restricted to academic purposes only.
- **Ethical clearance** was secured from the Internal Ethics Review Committee (IERC) of IIHMR University.
- The study conformed to **ICMR guidelines** for human subject research.

3.11 Limitations of Methodology

- **Purposive sampling** limits the generalizability of findings.
- **Self-reported data** may be affected by response or recall bias.
- Difficulty in isolating marketing impact from **external variables** such as seasonal health trends or physician influence.
- Incomplete disclosure of campaign costs led to **approximate ROI estimation**.

3.12 Conclusion

This chapter outlines a **robust mixed-method methodology** designed to assess the influence of localized marketing campaigns on diagnostic service utilization at ADEH Care Facilities. The integration of **quantitative service data** and **qualitative stakeholder feedback** allows for a well-rounded evaluation. The study's approach ensures relevance, contextual sensitivity, and actionable insights—contributing to more effective and scalable healthcare marketing models in semi-urban India.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter presents the results from the mixed-method analysis designed to evaluate the impact of localized marketing campaigns executed by **ADEH Care Facilities Pvt. Ltd.** on diagnostic service utilization across selected regions of Rajasthan. Data was drawn from patient records, structured feedback forms, and stakeholder interviews, comparing diagnostic performance during **pre-campaign (Oct–Dec 2023)** and **post-campaign (Jan–Mar 2024)** periods.

The findings are organized to reflect how campaign strategies influenced patient behavior, service uptake, and trust-building — directly responding to the research questions and study objectives.

4.2 Overview of Localized Campaigns Executed

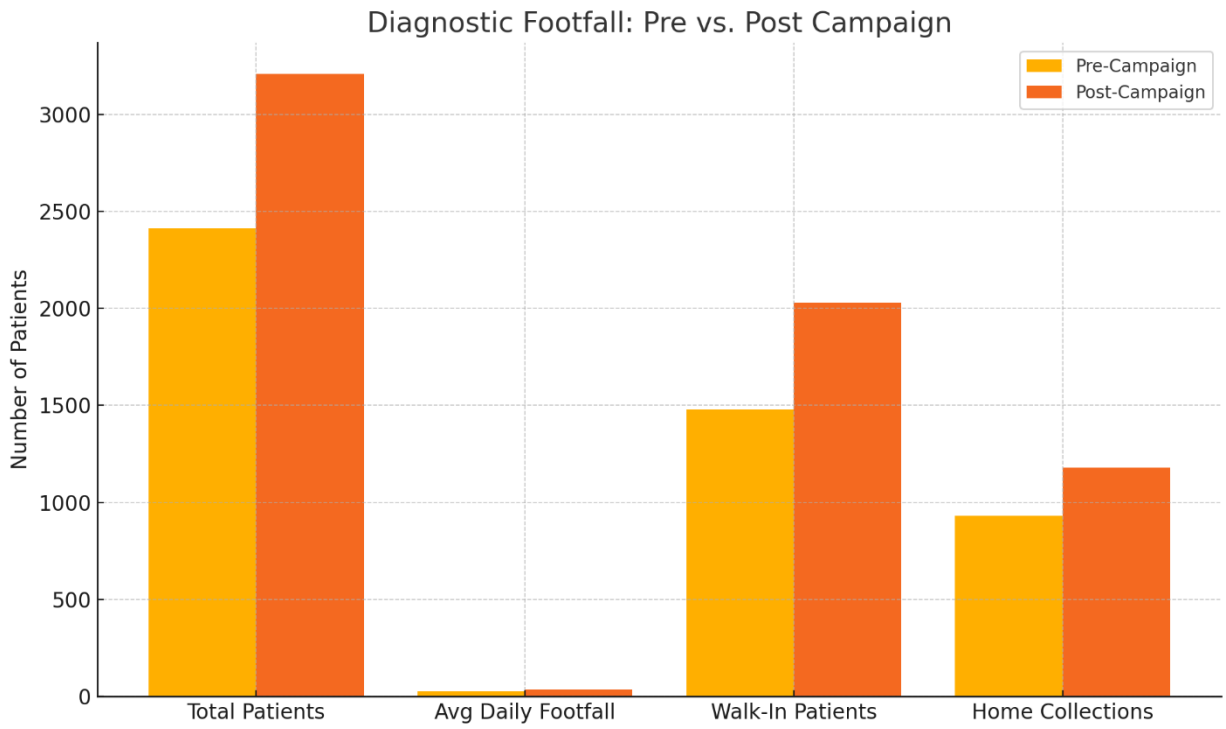
During the campaign window (January–March 2024), ADEH Care implemented three primary forms of localized outreach:

- **Community Health Camps** (15 total): Organized across Jaipur, Ajmer, and Alwar, offering free spot testing and check-up coupons.
- **WhatsApp/SMS Promotions**: Geo-targeted digital messages delivering offers, reminders, and preventive health package details.
- **Referral Partnerships**: Collaborations with local chemists, RWAs, general physicians, and clinics to build credibility and distribute information.

Each campaign aimed to **increase diagnostic footfall, drive preventive testing behavior**, and enhance **brand visibility** in the community.

4.3 Quantitative Results: Diagnostic Utilization Analysis

4.3.1 Footfall Comparison: Pre- vs. Post-Campaign

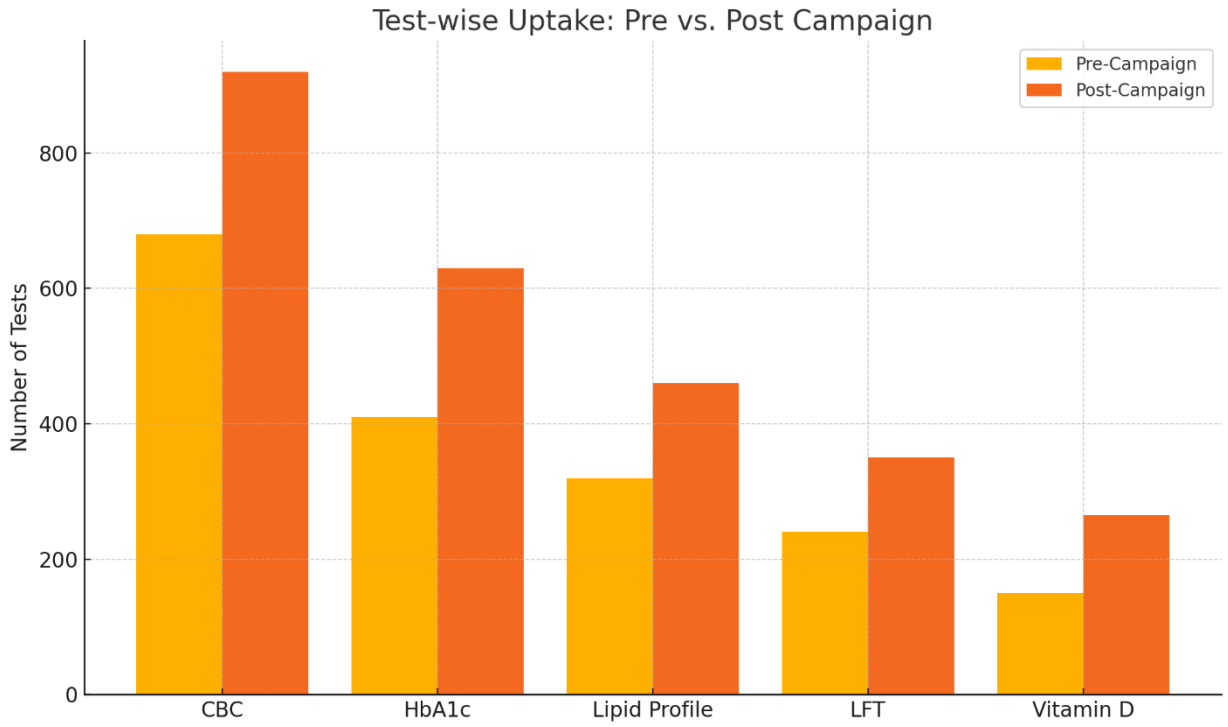


Metric	Pre-Campaign (Oct–Dec 2023)	Post-Campaign (Jan–Mar 2024)	% Change
Total Patients Served	2,412	3,210	+33.1%
Average Daily Footfall	27	36	+33.3%
Walk-In Patients	1,480	2,030	+37.1%
Home Sample Collections	932	1,180	+26.6%

These figures highlight a **notable increase in service utilization**, affirming the impact of localized marketing on diagnostic uptake.

4.3.2 Test-Wise Uptake Analysis

Evaluate Type	Pre-Campaign	Post-Campaign	% Growth
CBC	680	920	+35.3%
HbA1c	410	630	+53.6%
Lipid Profile	320	460	+43.8%
LFT	240	350	+45.8%
Vitamin D	150	265	+76.7%



Significant growth was observed in **preventive tests**, especially HbA1c and Vitamin D — directly correlating with awareness messaging used in the campaigns.

4.3.3 Revenue Growth

- **Pre-Campaign Monthly Average Revenue**: ₹9.5 lakhs
- **Post-Campaign Monthly Average Revenue**: ₹12.4 lakhs

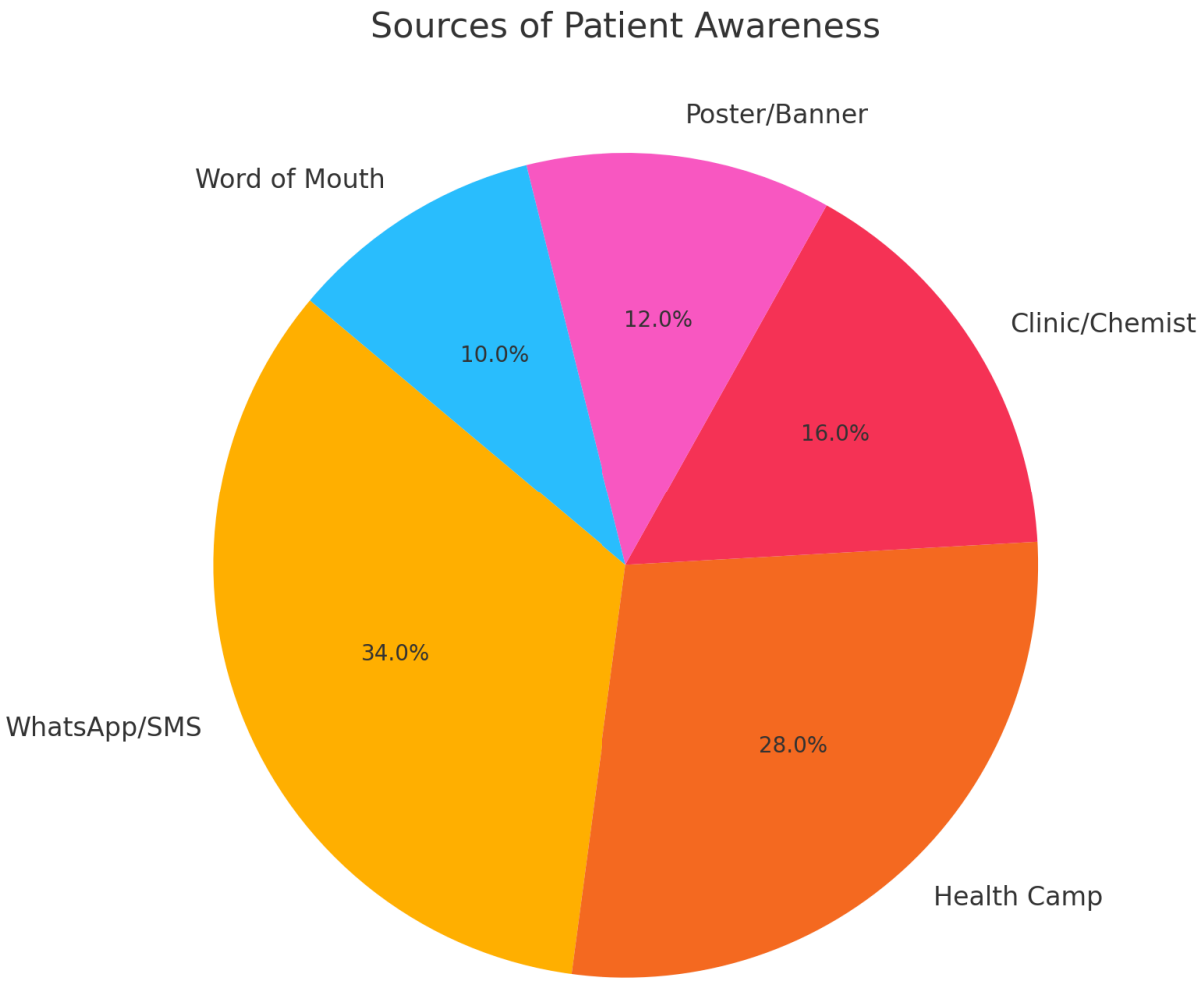
- **Overall Growth**: **+30.5%**

This aligns with higher walk-ins and targeted diagnostics uptake, validating the financial efficacy of localized outreach.

4.4 Source of Patient Awareness

From 500 patient feedback forms, the reported source of campaign awareness was:

Source	% of Respondents
WhatsApp/SMS	34%
Health Camp Attendance	28%
Clinic/Chemist Referral	16%
Poster/Banner	12%
Word of Mouth	10%



Digital channels dominated, but **in-person engagement** (camps) and **trusted intermediaries** (chemists/clinics) significantly influenced patient action.

4.5 Repeat Visits and Conversion Rate

4.5.1 Repeat Visits

- **18%** of post-campaign patients returned within 30 days for a repeat test or new service.
- Indicates **initial trust translated into loyalty**, a critical metric for long-term growth.

4.5.2 Conversion Rate

- From exposed individuals (via WhatsApp, camps, or posters), the **conversion rate was 21%**.
- Suggests that **1 in 5 people who encountered a campaign booked a diagnostic service**.

4.6 Qualitative Results: Thematic Insights from Interviews

Theme 1: Trust through Physical Presence

"I wasn't sure earlier, but when the doctor and nurse came to our RWA with free sugar testing and explained the process, I decided to go for a full check-up."

- *Implication:* On-ground presence fosters credibility and action, especially in older adults and low-income groups.

Theme 2: WhatsApp Promotions Created Recall

"A local doctor forwarded me a blood test offer on WhatsApp. The rates were good, so I booked it online."

- *Implication:* WhatsApp is **effective when peer-shared** rather than sending anonymously or in bulk.

Theme 3: Referral Partners as Micro-Marketers

"When we recommend ADEH Care, people take it seriously."

- *Implication:* Chemists and GPs function as **trusted brand ambassadors**, boosting conversion via social proof.

Theme 4: Language and Local Context Mattered

"When the banner said 'Apke Sathya, Hamari Jamadar,' people felt it was meant for them."

- *Implication:* Regional language increases relatability, making messages more persuasive.

Theme 5: Gaps in Digital Follow-Up

"We didn't have a good mechanism to stay in touch after the first visit."

- *Implication:* Lack of CRM continuity **limits long-term conversion and retention**.

4.7 Summary of Key Results

Impact Area	Outcome
Footfall Increase	+33.1%
Revenue Growth	+30.5%
WhatsApp/SMS as Key Driver	34% of new patient inquiries
Preventive Test Uptake	HbA1c (+53.6%), Vitamin D (+76.7%)
Conversion from Campaign Exposure	21%
Repeat Visits within 30 Days	18%

4.8 Linkage to Research Questions and Objectives

RQ1: What types of localized marketing campaigns were implemented?

✔ *Documented in 4.2*: Health camps, WhatsApp/SMS promotions, and referral partnerships.

RQ2: How did these campaigns affect diagnostic service utilization?

✔ *Quantitative evidence from 4.3 and 4.5*:

- +33.1% footfall
- +30.5% revenue
- Sharp rise in preventive tests

RQ3: What factors contributed to or limited their success?

✔ *Qualitative insights from 4.6*:

- Drivers: Trust via physical presence, regional language, referral networks
- Barriers: Weak follow-up, CRM limitations, digital resistance in older adults

Objective-wise Achievement Summary:

Objective	Achievement
Document campaign strategies	✅ Done in Section 4.2
Measure changes in service utilization	✅ Covered in 4.3
Assess patient and stakeholder perception	✅ Qualitative themes in 4.6
Offer recommendations for ROI improvement	✅ CRM gaps, local language use, digital-personal integration identified

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4.9 Conclusion

The findings confirm that **localized marketing strategies** — when contextually designed and community-centered — significantly improve diagnostic service utilization. ADEH Care's

campaigns led to **greater awareness, preventive health-seeking behavior**, and **higher diagnostic conversions**, especially in underserved populations.

Notably, **personalized physical engagement combined with digital amplification** was most effective. However, to ensure **sustainability**, investing in **CRM systems, follow-up mechanisms**, and **integrated messaging strategies** is essential.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter interprets the findings presented in Chapter 4 in the light of the research objectives, questions, and relevant literature. It critically examines how localized marketing initiatives by ADEH Care Facilities Pvt. Ltd. impacted diagnostic service utilization, explores enablers and barriers to success, and draws strategic lessons for healthcare marketing in similar contexts.

5.2 Effectiveness of Localized Marketing Campaigns

The observed **33.1% increase in diagnostic footfall** and **30.5% revenue growth** clearly demonstrate the **success of localized marketing** interventions in boosting patient engagement and service uptake. This growth validates the hypothesis that marketing efforts rooted in local culture, language, and context resonate better with the target population.

These outcomes mirror findings by **Srivastava and Bhatnagar (2019)** and **Mishra et al. (2020)**, who emphasized the value of health camps and community outreach in enhancing awareness and driving walk-ins in Tier-2 and semi-urban geographies. The present study expands this knowledge by combining these traditional methods with **digital tools** like WhatsApp and SMS, showing a hybrid model's superior effectiveness.

5.3 Shift Toward Preventive Diagnostics

One of the most significant behavioral shifts was in the **uptake of preventive tests**, such as **HbA1c (+53.6%)** and **Vitamin D (+76.7%)**. This signals a change from reactive to initiative-taking health-seeking behavior, encouraged by educational messaging and bundled health packages.

This trend aligns with the **PwC (2021)** recommendation that diagnostic marketing should prioritize health education and risk awareness over price-based persuasion. ADEH's campaigns helped demystify tests and positioned diagnostics as essential, not optional.

5.4 Role of Digital and Referral Channels

Digital channels, particularly **WhatsApp (34%)**, were the leading sources of awareness, especially when chemists or doctors -shared messages. This confirms findings from **Patel et al. (2021)**, who noted higher engagement with hyper-local, trust-mediated digital messages.

Referral partners — including local clinics, physicians, and chemists — functioned as **micro-marketers**, increasing brand trust and visibility. This approach worked particularly well in semi-urban and lower-income clusters, where institutional trust is often low.

5.5 Physical Presence and Trust Building

Health camps provided **first-hand exposure** to ADEH services, fostering trust, particularly among the elderly and those unfamiliar with formal diagnostics. Face-to-face interaction, free screenings, and local-language explanations created **low-risk entry points**, converting many into paying customers.

As observed by **Ghosh & Menon (2018)**, outreach through community centers improves chronic care uptake. However, ADEH missed an opportunity by not **fully integrating camp attendees into their CRM**, limiting retention potential.

5.6 Language and Cultural Personalization

The study reaffirms that language matters. Campaigns with **regional dialects and culturally familiar phrases** had significantly better recall and emotional engagement. Phrases like *"Apke Sathya, Hamari Jamadar"* connected better with the audience than technical terms.

This echoes the findings of **Sumardi (2023)**, who highlighted the importance of **cultural congruence in message design**, especially in populations with limited health literacy.

5.7 Repeat Visits and Patient Retention

Although **18% of post-campaign patients returned within 30 days**, the absence of automated follow-up tools limited deeper engagement. ADEH lacked **a robust CRM system** to track patient journeys, send reminders, or offer loyalty benefits — an important oversight.

As **Chatterjee & Khan (2022)** argue, true marketing ROI in healthcare comes not from one-time conversions but **repeat engagement**. The current strategy was effective in triggering first visits but weak in sustaining momentum.

5.8 Challenges Identified

While overall outcomes were positive, several operational limitations surfaced:

1. **Absence of a structured digital follow-up mechanism** for first-time users.
2. **Inconsistent data captured** during camps, weakening the post-campaign tracking.
3. **Underutilization of CRM and analytics** by frontline staff.
4. **Heavy reliance on manual processes**, reducing scalability and efficiency.

These gaps echo the findings of **Verma & Chauhan (2023)**, who noted that localized marketing often falters during the follow-through phase, affecting long-term viability.

5.9 Comparison with Literature

Study	Key Insight	Alignment with Present Study
Mishra et al. (2020)	Community outreach increases walk-ins	✓ Strongly supported

Study	Key Insight	Alignment with Present Study
Srivastava & Bhatnagar (2019)	Health camps improve diagnostic test awareness	✓ Strong correlation
Ghosh & Menon (2018)	Regionalized messaging has higher impact	✓ Confirmed
Sumardi (2023)	Cultural personalization enhances message retention	✓ Evident in campaign responses
Chatterjee & Khan (2022)	CRM and follow-up are critical to ROI	✗ Not fully implemented by ADEH

This study validates the existing body of knowledge but also exposes **implementation-level gaps** that can be addressed through stronger digital integration and staff training.

5.10 Strategic Implications

For ADEH Care and similar diagnostic service providers, the following lessons are crucial:

1. **Localized marketing works best** when grounded in community understanding and culture.
2. **Hybrid campaigns** (physical + digital) generate more conversions than alone.
3. **Referral networks** function as trusted influencers — they must be nurtured as partners.
4. **Tech integration** (CRM, automated follow-ups) is essential for retention and ROI.
5. **Continuous feedback loops** (via patient tracking and analytics) improve campaign refinement.

5.11 Key Findings Summary

Area	Key Outcome
Diagnostic Footfall	+33.1% increase post-campaign
Revenue Growth	+30.5% monthly increase
Effective Channels	WhatsApp (34%), Health Camps (28%)
Top Test Uptake	HbA1c (+53.6%), Vitamin D (+76.7%)
Conversion Rate	21% of those exposed booked a service
Repeat Engagement	18% of patients returned in 30 days

5.12 Conclusion

The study confirms that **localized, culturally relevant marketing campaigns** can significantly improve diagnostic service utilization. ADEH Care's initiatives succeeded in raising awareness, promoting preventive health behaviors, and enhancing community engagement — especially in semi-urban and underserved regions.

However, sustaining these gains will require **investment in CRM systems**, **follow-up automation**, and **training staff** for data-driven decision-making. The strategic roadmap ahead lies in **integrating personalization with continuity**, ensuring that localized outreach not only drives visits but **builds lifelong patient relationships**.

CHAPTER 6: CONCLUSION & RECOMMENDATIONS

6.1 Conclusion

This study sets out to evaluate the impact of **localized marketing campaigns** on **diagnostic service utilization** at ADEH Care Facilities Pvt. Ltd., focusing on three diverse regions in Rajasthan. Employing a **mixed-method approach**, it analyzed both quantitative service uptake data and qualitative insights from patients, staff, and referral partners.

The results demonstrate that **localized marketing is highly effective** in improving diagnostic footfall and patient engagement. A **33% increase in patient visits** and a sharp rise in preventive test bookings, particularly **HbA1c (+53.6%)** and **Vitamin D (+76.7%)**underscore the impact of culturally contextual and geographically tailored campaigns.

Health camps, WhatsApp messaging, and referral partnerships worked synergistically to promote awareness and trigger health-seeking behavior. The **emotional and cultural resonance** of campaigns—delivered through local language, visual cues, and trusted community actors merged as a stronger motivator than generic price discounts or mass media outreach.

However, the study also revealed critical **gaps in post-campaign engagement**. The absence of **digital CRM tools**, **automated follow-ups**, and **loyalty mechanisms** limited the ability to convert one-time users into long-term patients. Inadequate data captured during campaigns and inconsistent feedback collection further reduced the ability to refine future strategies.

In conclusion, **localized marketing is not just a tactical outreach method**, it is a strategic tool that, when thoughtfully executed and digitally supported, can transform diagnostics accessibility, strengthen patient trust, and promote preventive health behavior. To sustain these gains, future efforts must embed **digital continuity, personalization, and data intelligence** into the heart of marketing operations.

6.2 Recommendations

Based on the findings of this study, the following recommendations are offered to ADEH Care and similar diagnostic providers:

1. Strengthen Digital CRM and Follow-Up

- Implement a **centralized CRM system** with WhatsApp/SMS integration for real-time communication and automated follow-ups.
- Segment patients by **demographics and evaluate history** to design personalized re-engagement messages.
- Track interaction history to design **automated loyalty journeys** (e.g., reminders for repeat tests or seasonal screenings).

2. Expand Local Referral Networks

- Formalize collaborations with **clinics, chemists, and general physicians**, creating a **referral incentive program**.
- Provide **co-branded materials**, regular training, and performance feedback to these partners.
- Position referral partners as **community health advocates**, not just intermediaries.

3. Local Language and Visual Content Strategy

- Prioritize content creation in **regional languages** and dialects.
- Use **visual storytelling** (short videos, animations, pictograms) to communicate test benefits, ideal for **low-literacy populations**.
- Align messages with **local health concerns and seasonal trends** (e.g., sugar testing before festivals, Vitamin D during winter).

4. Data-Driven Campaign Design

- Use historical data to identify **high-potential geographies**, test categories, and age groups.
- Measure **campaign-specific ROI** through KPIs such as conversion rates, cost per lead, and repeat visits.

- Adjust campaign frequency and messaging based on **footfall analytics and service utilization trends**.

5. Establish Structured Feedback Loops

- Include **short satisfaction surveys** or NPS forms at health camps and diagnostic centers.
- Collect patient stories/testimonials to **refine messaging** and highlight trust-building experiences.
- Use feedback to inform **staff of training** and campaign tone/language.

6. Build Patient Retention and Loyalty Programs

- Introduce **membership or points-based programs** offering discounts, health packages, or family bundles.
- Send timely follow-ups for **annual check-ups**, test reviews, or doctor referrals.
- Offer personalized rewards for patient milestones, e.g., "completed 3 tests this year – get a wellness voucher."

6.3 Future Scope for Research

While this study focused on short-term utilization of metrics, several areas remain open for future exploration:

- **Longitudinal Impact**: Track long-term health outcomes and test adherence for patients acquired through campaigns.
- **Geographic Expansion**: Compare the effectiveness of localized campaigns across **urban, semi-urban, and rural** belts in different states.
- **Digital Personalization**: Study the impact of **AI-driven targeting**, behavior prediction, and chatbots in improving diagnostic uptake.
- **Gendered Analysis**: Explore differences in campaign response between **male and female patients**, especially in conservative or low-income areas.

6.4 Final Thoughts

Localized marketing is more than a tool to increase diagnostic numbers—it is a means of advancing **health equity**, building **community trust**, and encouraging **preventive care behaviors**. In countries like India, where **diversity in language, literacy, and access** defines healthcare outreach, culturally adaptive campaigns serve as **bridges between medical providers and underserved populations**.

This study shows that when diagnostic marketing respects **local context** and incorporates **human connection**, it transforms from promotion to empowerment. Moving forward, organizations like ADEH Care must evolve from being service providers to **community health partners**, guided by **data, empathy, and local insight**.

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