SYNOPSIS REPORT

Measuring the Impact of Localized Marketing Campaign on Diagnostic Service Utilization

at

ADEH Care Facilities Pvt. Ltd., Raebareli

Name – Deepak Kumar

Batch – 2023-2025

Enrollment No – IIHMRU/01/1700

Faculty Guide –

Dr. Jagajeet Prasad Singh

Professor

Institute of Health Management Research

1. Introduction:

India's healthcare delivery system has experienced a significant transformation over the past two decades, driven by policy reforms, technological advancements, and a shift in population health needs. Among the various components of healthcare, diagnostic services have emerged as a critical pillar, enabling early disease detection, guiding therapeutic decisions, and supporting disease surveillance efforts (Bhatia et al., 2020). Diagnostics are not only essential for effective individual patient care but also play a pivotal role in the overall efficiency and cost-effectiveness of healthcare systems.

The burden of non-communicable diseases (NCDs) such as diabetes, hypertension, cardiovascular disorders, and cancers is rising steadily in India, accounting for over 60% of all deaths in the country (WHO, 2021). Coupled with growing health awareness, increased life expectancy, and greater access to health insurance—especially through government schemes like Ayushman Bharat—the demand for timely, accurate, and affordable diagnostic services has never been higher (NITI Aayog, 2022).

Despite the growth of diagnostic infrastructure in urban centers, service underutilization remains a persistent challenge, particularly in Tier-2 and Tier-3 cities and semi-urban areas. Several barriers contribute to this underutilization, including lack of awareness, socio-cultural perceptions, cost concerns, and logistical challenges related to accessibility. Moreover, generic marketing approaches—often centralized and urban-focused—fail to connect with local population groups whose information needs and decision-making processes are deeply rooted in community dynamics (Rao et al., 2019).

In this context, localized marketing has emerged as a strategic imperative. Unlike conventional mass marketing, localized campaigns are customized based on local language, cultural values, socio-economic conditions, and geographic factors. They aim to build trust, improve information dissemination, and foster meaningful engagement at the grassroots level (Kotler & Keller, 2022). Health communication through channels like community health camps, door-to-door outreach, regional social media targeting, and partnerships with local healthcare providers has shown promise in enhancing service uptake (Kumar et al., 2021).

This study explores the impact of such localized marketing interventions on diagnostic service utilization at ADEH Care Facilities Pvt. Ltd., a private healthcare provider operating in Raebareli—a semi-urban district in Uttar Pradesh. Through a mixed-method approach, the study assesses the effectiveness of

specific outreach strategies including community awareness programs, free diagnostic camps, geo-targeted digital advertisements, and local referral networks. The objective is to determine whether these interventions have led to measurable increases in patient footfall, improved awareness, and enhanced perception of diagnostic services in the target population.

By generating empirical evidence on the effectiveness of localized healthcare marketing, this research contributes to the broader discourse on healthcare access equity and the need for context-sensitive communication strategies in India's evolving healthcare landscape.

2. Rationale of the Study:

Despite the growing investment in healthcare marketing across India, there is a noticeable paucity of empirical research evaluating the real-world effectiveness of localized marketing strategies, particularly within the diagnostic services segment. Most existing studies either focus on urban-centric campaigns or broadly examine digital healthcare marketing without adequately addressing the unique sociocultural and infrastructural dynamics of semi-urban and Tier-2/Tier-3 regions. This lack of context-specific evidence limits the ability of healthcare providers to tailor their outreach strategies for maximum impact.

ADEH Care Facilities Pvt. Ltd., based in Raebareli, Uttar Pradesh, offers a compelling case for such an investigation. Operating in a semi-urban district characterized by diverse population groups, moderate health literacy levels, and evolving healthcare-seeking behavior, ADEH has implemented several geography-specific and culturally attuned marketing interventions aimed at promoting the utilization of its diagnostic services. These include door-to-door awareness drives, regional media campaigns, local health camps, and referral collaborations with nearby clinics and practitioners.

Studying the impact of these initiatives can help bridge the current evidence gap and generate practical insights into what works—and why—when it comes to localized healthcare communication. More importantly, such research can inform evidence-based decision-making for healthcare marketers, public health policymakers, and hospital administrators seeking to optimize patient engagement and improve health service utilization in resource-constrained and underserved settings. Given India's ambitious goal of achieving universal health coverage, understanding the micro-level effectiveness of targeted communication in diagnostics becomes not only relevant but necessary for equitable healthcare access.

3. Review of Literature

The intersection of healthcare marketing and service utilization has been explored in various global contexts; however, India-specific studies—especially those centered around localized marketing—remain scarce.

Healthcare Marketing in India:

With increasing privatization and consumerism in healthcare, marketing has shifted from a peripheral function to a strategic imperative. According to Kotler and Keller (2022), successful healthcare marketing must align with the social, economic, and psychological factors that influence health behavior. In India, marketing approaches are often generic, failing to resonate with population-specific cultural or linguistic contexts (Kumar et al., 2021).

Diagnostics as a Growth Sector:

Diagnostics is one of the fastest-growing segments in India's healthcare sector, driven by epidemiological transitions and the emergence of lifestyle-related diseases (Bhatia et al., 2020). However, studies by the WHO (2021) and NITI Aayog (2022) report significant gaps in diagnostic access and awareness in Tier-2 and Tier-3 cities.

Localized Health Communication:

Localized marketing, as defined by Rao et al. (2019), involves customizing health messages and delivery channels to align with local dialects, literacy levels, and community health concerns. Evidence from low-income countries suggests that such approaches significantly increase screening and diagnostic uptake (Sundararaman et al., 2020).

Gaps in Existing Research:

While there is ample global literature on healthcare promotion, very few empirical studies measure the **ROI of localized campaigns** in the Indian diagnostic services landscape. Moreover, there is little clarity on how interventions like health camps, regional digital advertisements, and grassroots referral partnerships contribute to behavior change.

This study aims to fill these gaps by offering a **data-driven assessment of localized healthcare marketing**, focusing specifically on diagnostic services—a domain critical for early detection and disease control.

4. Research Questions

This study is guided by the following core research questions:

1. What are the key components and strategies involved in the localized marketing campaigns implemented by ADEH Care Facilities Pvt. Ltd.?
2. To what extent has diagnostic service utilization changed before and after the execution of these campaigns?
3. How do patients and internal stakeholders (e.g., marketing personnel, clinicians, operations staff) perceive the relevance, effectiveness, and reach of these localized marketing efforts?
4. What evidence-based recommendations can be derived to improve the efficiency, cost-effectiveness, and outreach of localized healthcare marketing in similar contexts?

5. Aim and Objectives

Aim:

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

Objectives:

- To systematically document the design, communication strategies, and implementation process of localized marketing campaigns initiated by ADEH Care Facilities.
- To quantify changes in patient footfall and diagnostic service utilization before and after the campaigns using service data.
- To explore patient and stakeholder perceptions related to campaign visibility, relevance, and influence on health-seeking behavior.
- To develop actionable recommendations aimed at enhancing marketing return on investment (ROI), outreach performance, and replicability of effective practices in similar semi-urban healthcare settings.

6. Hypotheses

Null Hypothesis (H_0):

Localized marketing campaigns have no significant impact on the utilization of diagnostic services at ADEH Care Facilities Pvt. Ltd.

Alternative Hypothesis (H_1):

Localized marketing campaigns have a statistically significant and positive impact on the utilization of diagnostic services at ADEH Care Facilities Pvt. Ltd.

7. Significance of the Study

The relevance of this study extends beyond academic inquiry and touches on practical, managerial, and policy-level implications. In India's semi-urban and rural healthcare landscape—where awareness, trust, and accessibility continue to be key bottlenecks—**targeted marketing** can serve as a powerful tool to influence health-seeking behavior and improve service delivery utilization.

This research is significant for the following reasons:

- **For Healthcare Providers:** It will provide empirical insights into which outreach mechanisms are most effective in driving diagnostic uptake, enabling providers like ADEH Care to allocate resources more strategically.
- **For Policymakers:** The findings can inform public health communication campaigns in underserved regions, contributing to more equitable access to preventive and diagnostic services.
- **For Researchers:** It addresses a noticeable gap in the literature concerning the micro-level, real-world evaluation of healthcare marketing in low-resource settings.
- **For Marketing Professionals:** The results offer practical strategies for enhancing return on marketing investment (ROMI), brand trust, and long-term engagement.

By focusing on a semi-urban setting, this study adds nuance to the discourse on **localized health communication**, which is often overlooked in mainstream urban-centric marketing analyses.

8. Methodology

Study Design:

This study adopts a **convergent mixed-methods design**, integrating both **quantitative** and **qualitative** approaches to provide a comprehensive assessment of the impact of localized marketing on diagnostic service utilization. The design enables the triangulation of statistical trends with human perceptions and operational insights to enhance the validity and depth of findings.

Study Setting:

The research is conducted at **ADEH Care Facilities Pvt. Ltd.**, located in **Raebareli**, a semi-urban district in **Uttar Pradesh, India**. The setting represents a typical Tier-2 location, where health-seeking behavior, service accessibility, and localized interventions play crucial roles in healthcare delivery.

Study Population:

- **Patients:** Individuals who utilized diagnostic services at ADEH Care during the six months **prior to** and **after** the execution of the localized marketing campaigns.
- **Internal Stakeholders:** This includes **marketing personnel**, **operations managers**, **community outreach coordinators**, and **frontline staff** involved in the planning and delivery of the campaigns.

Data Collection:

Quantitative Data:

- Monthly footfall records for diagnostic services (e.g., pathology, radiology) over a 12-month period (6 months pre-campaign and 6 months post-campaign).
- Campaign expenditure data for ROI estimation.
- Data will be extracted from the facility's **health management information system (HMIS)** and financial logs.

Qualitative Data:

- **In-depth interviews** with 8–10 stakeholders including marketing heads, field coordinators, and operations staff using a semi-structured interview guide.
- **Structured patient feedback surveys** with both closed and open-ended questions to capture perceptions of campaign visibility, accessibility, and motivation for service use.
- Data collection tools will be pre-tested for face validity and reliability.

Marketing Interventions Assessed:

1. **Community Health Outreach Programs:** Door-to-door visits, school-based awareness drives, and local meetings.
2. **On-ground Health Camps:** Free check-up and awareness events organized in targeted localities.
3. **Geo-targeted Digital Advertisements:** Use of region-specific social media marketing (e.g., WhatsApp, Facebook) in Hindi and local dialects.

4. **Referral Partnership Programs:** Collaboration with local clinics, pharmacies, and community leaders to encourage diagnostic referrals.

Data Analysis Plan:

Quantitative Analysis:

- **Descriptive statistics** will be used to summarize changes in diagnostic footfall.
- **Inferential statistics** such as paired t-tests or Wilcoxon signed-rank tests (depending on normality) will compare service utilization pre- and post-campaign.
- **ROI Analysis:** ROI = (Revenue generated from incremental patient visits – Campaign cost) / Campaign cost.

Qualitative Analysis:

- **Thematic analysis** will be employed using Braun and Clarke's six-phase method to code and interpret interview transcripts.
- NVivo or Alasia software may be used for managing qualitative data.

Integration:

- Results from both data strands will be merged during interpretation to identify convergences, divergences, and contextual explanations for observed trends.

9. Operational Definitions

- **Localized Marketing:** A marketing approach that customizes content, communication channels, and outreach strategies to align with the socio-cultural, economic, and linguistic characteristics of a specific geographic area.
- **Diagnostic Service Utilization:** The number of unique patients who accessed one or more diagnostic services (e.g., blood tests, imaging, etc.) at ADEH Care within a specified time frame.
- **Campaign Effectiveness:** The degree to which the marketing interventions result in increased patient engagement, as evidenced by changes in diagnostic footfall and improved awareness or satisfaction reported by patients and stakeholders.
- **Return on Investment (ROI):** A financial metric calculated as the ratio of net income derived from increased service use to the total cost of campaign execution, indicating marketing efficiency.

10. Scope of the Study

This study is focused exclusively on the **Raebareli unit of ADEH Care Facilities Pvt. Ltd.** and is limited to a 12-month evaluation window centered on a specific suite of localized marketing initiatives. The scope includes:

- Assessment of diagnostic service utilization trends pre- and post-campaign.
- Perceptions of patients and internal staff regarding the outreach efforts.
- Recommendations are grounded in both qualitative and quantitative findings.

While the findings offer deep insights into **semi-urban healthcare marketing**, they may not be directly generalized to urban or rural extremes, or to other health services such as inpatient or surgical care.

11. Limitations of the Study

- **Geographic Limitation:** Results are context-specific and may not generalize to urban or rural areas or other healthcare facilities.
- **Attribution Bias:** The presence of other external factors (e.g., seasonal illness trends, new doctors joining the facility, competing campaigns) may influence diagnostic service uptake, complicating attribution.
- **Short-term Outcome Focus:** The study evaluates only the short-term impact of marketing campaigns and does not capture **sustained behavior change** or long-term retention.
- **Response Bias in Interviews:** Stakeholder and patient responses may be influenced by social desirability or organizational loyalty.

12. Ethical Considerations

- **Informed Consent:** Written informed consent will be obtained from all study participants prior to data collection. Participants will be briefed on the study's purpose, procedures, and their rights, including the right to withdraw at any time.
- **Confidentiality:** All data will be anonymized and stored securely. Identifiable information will be removed from transcripts and data files to ensure participant privacy.
- **Institutional Permissions:** Formal approvals will be obtained from ADEH Care’s management and ethical oversight board before commencement of the study.

- **Compliance with Ethical Standards:** The research will adhere to ethical guidelines as prescribed by the Indian Council of Medical Research (ICMR) and relevant institutional review board protocols.

13. References

Bhatia, R., Abraham, P., & Sood, R. (2020). Role of diagnostics in the COVID-19 pandemic: India's response. *Indian Journal of Medical Research, 152*(1), 1–4. https://doi.org/10.4103/ijmr.IJMR_1035_20

Kotler, P., & Keller, K. L. (2022). *Marketing management* (16th ed.). Pearson Education.

Kumar, V., Rahman, Z., & Kazmi, A. A. (2021). Effective healthcare marketing strategies in emerging markets: A case study approach. *Journal of Health Management, 23*(1), 45–58. https://doi.org/10.1177/0972063420983129

NITI Aayog. (2022). *Health systems for a new India: Building blocks—Potential pathways to reforms*. Government of India. https://www.niti.gov.in/sites/default/files/2022-07/HealthSystemforNewIndia_0.pdf

Rao, M., Rao, K. D., Kumar, A. K. S., & Chatterjee, M. (2019). India's health workforce: Current status and the way forward. *The Lancet, 385*(9974), 1794–1806. https://doi.org/10.1016/S0140-6736(15)60294-2

Sundararaman, T., Reddy, K. S., & Rao, K. D. (2020). Health communication strategies to improve health equity in India. *Indian Journal of Public Health, 64*(3), 233–239. https://doi.org/10.4103/ijph.IJPH_631_19

World Health Organization. (2021). *Noncommunicable diseases country profiles 2021: India*. https://www.who.int/publications/i/item/9789240032341