

Healthcare for the New Generations: Understanding and Engaging Generation X'ers and Y'ers Through Tailored Products and Channels

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I'm speaking with Lee Aase, manager of national media and new media at the Mayo Clinic. Lee is presenting at HIN's audio conference on "Healthcare for the New Generations: Understanding and Engaging Generation X'ers and Y'ers Through Tailored Products and Channels". Thanks for joining me today Lee.

LEE AASE, MANAGER OF NATIONAL MEDIA AND NEW MEDIA AT THE MAYO CLINIC: I'm glad to be with you Patricia.

PATRICIA DONOVAN: First of all as manager of national media and new media for Mayo Clinic, how does your organization define new media?

LEE AASE: I guess our shorthand definition is we define new media as anything that doesn't require an FCC license. So in other words, things that enable us to go directly to consumers without having to go through the mediaries of the intermediaries of the networks, or the newspapers, or traditional over the air radio. So we're looking at the direct to consumer kind of communication.

PATRICIA DONOVAN: I see. And to clarify that I would imagine that a lot of the Internet based tools come under that category?

LEE AASE: Absolutely because the Internet is what has eliminated those barriers to entry that enable people who want to communicate, to do so directly, instead of having to do the broadcast kind of approach.

PATRICIA DONOVAN: Which, if any, new arenas are proving to be effective marketing locations for Gen X'ers and Gen Y'ers? Would you be looking at the Internet, TV, radio, billboards or subway ads?

LEE AASE: Right. We're highly focused on Internet and web-based kinds of productions, whether we do a video podcast, audio podcast, also web streaming video and just the Internet is the pervasive ubiquitous way of delivering content directly to consumers of all ages. But, the younger patients and potential patients are the ones that seem to have the highest adoption of those even though they do enable us to reach people in other age groups as well.

PATRICIA DONOVAN: I see. Thanks Lee. When you talk about these younger potential patients, to what kind of language do these groups respond best?

LEE AASE: I think what they respond to the best is information that's practical for them that they're able to use in their time of need. And one of the concerns with people who are younger is that they often haven't had some kind of health care crisis that really causes them to sit up and take notice. People in their 20's and 30's aren't thinking typically of health concerns and so part of our strategy is to have these rich media kind of assets whether it's pod casts or streaming video out there and searchable to work on our search engine optimization to make that content easily accessible so that it comes up high when there is a need. And so what they respond to really well is something that fits what they're going through in their life stage. But also, something that we hope to be getting into more is more interactivity where the people in the younger demographic, as we see in myspace and other social network sites, like to participate in the conversation. And that's a little bit of a stretch or a reach for a health care professional who wants to make sure that the information that's put out there is always

medically accurate. And that's part of what you introduce into the social network space is that people have opinions that may not be backed by what medical science is saying. And so finding that balance is something that will be a challenge for us.

PATRICIA DONOVAN: I see. Just to follow up on that, we've heard a lot about online health coaching. Could you foresee a health coach handling some of that responsibility in a myspace environment or other social networking site?

LEE AASE: Well we're working on very actively investigating options of things that might be appropriate, whether it might be a blog that would have specialists in a particular area commenting on news and what it actually means for consumers. And then giving people a chance to weigh in with their questions. We do some of that in our tribune Media Services syndicated column. Again that's old media. It's dealing with newspapers, but we also put it on our website. But it's a chance for people to write in with their questions and get a well thought out, well reasoned opinion.

PATRICIA DONOVAN: Thanks Lee. You talked about trying to convince these younger generations. Is there a particular age, or life stage, or perhaps life event when people become less resistant to the idea of health insurance or health care in general?

LEE AASE: I would say it's at the point when they either have children or when they have either themselves or a parent perhaps that's going through some kind of medical condition. Healthcare is something that you often don't think about until you need it. But just the very fact of having a child tends to put people more in the mind frame of needing health care because they need healthcare during that event. And that might be part of the reason why women tend to get more interested at a younger age. Men tend to be a very difficult group to reach in any event. And

that's why some of these podcasts and other technology oriented direct to consumer kind of tools may have some promise of actually engaging the men who tend to be big deniers.

PATRICIA DONOVAN: Yes, "Newsweek" actually just had a cover article on men and depression and how they tend to avoid dealing with that and tend to be in denial about that.

LEE AASE: Along with every other condition.

PATRICIA DONOVAN: Yes that's true.

LEE AASE: One of the things that we've found in our web research is that it is the women in the household who are the ones who make the decisions about health care mainly because the men are more likely to procrastinate and just deny that there's a problem.

PATRICIA DONOVAN: Thanks Lee. When you think about the cost regarding younger consumers, is there a benefit there due to their potential lower risk? What can Health Services offer younger consumers because of this potential lower risk?

LEE AASE: Mayo Clinic is set up as a tertiary medical care facility. So when we are seeing people it's typically because they have gotten care elsewhere and either need sub specialty kind of care or they haven't been able to get an answer at home. And so from a marketing sort of a perspective this isn't a big payoff for us, but yet, we do have as a not for profit, we have a mission of reducing the burden of disease through education and research and integrated clinical practice. And that education primarily is education of the next generation of medical providers, of doctors, of nurses, of others involved in health care, but it's also consumer education. We've had a history since about 1983 of being very actively involved first in newsletters then going, we did a CD-Rom of the Mayo Clinic Family Health Book

that was at that point, it was really technologically advanced, but in 1995 we went to the web with putting that kind of consumer health information out there. And just within the last month we just launched, actually it was in the last week that we launched a cell phone health tool that we think will have some interest for young people as well. So just moving into the new media, giving people tools to enable them to care for themselves and make smart decisions is part of the value that we're providing. I guess an example of that is I had a case with my son-in-law actually, because I'm right on the border line between baby boom and Gen X I think being in my early 40s. But I have a brand new son-in-law who had food poisoning and through this cell phone tool he was able to decide that no I don't actually have to go to the doctor, as I said, he had a case of food poisoning. But looking at the symptoms and what it all means and what he should do was able to decide not to go to the emergency department which probably saved him \$200-\$300 in medical bills and this was with a cell phone application that's about \$3 a month. So what we're trying to do is find some creative ways whether to do prevention or health information to engage with those younger audiences who maybe haven't grown up with knowing what Mayo Clinic is all about. They have heard of Mayo Clinic but haven't really engaged with it, and because they haven't needed to because they haven't been sick or haven't known people in their age cohort who have been. But by finding ways through the web and other new media to engage with them we give them an opportunity to understand what Mayo Clinic is all about.

PATRICIA DONOVAN: Well thank you Lee. I hope you'll be able to provide some more detail on that cell phone health tool during our audio conference.

LEE AASE: I sure will.

PATRICIA DONOVAN: Those are all the questions that I have today. Thank you very much for being with us and we're looking forward to hearing more from you during the audio conference.