



Women's Healthcare Education Initiative
Marketing Strategy Proposal

This proposed WHPEI marketing strategy is intended to give you a sneak-peek at what a lead generation-focused content funnel could look like with Bright Pink's unique mission in mind.

Here's what it isn't:

- A public relations strategy. While the ideas in this strategy can pair nicely with paid advertising campaigns, it only functions when educational goals take precedence.
- Concrete. The strategy will be subject to the whims of the 24-hour news cycle and (sometimes) the whims of editors at external publications that are having a bad day.

Here's what it IS:

- A roadmap for what COULD be if Bright Pink is interested in sharing more of its secret sauce - educational material supported by research - with its target audience on online platforms.
- A catalyst that, if used properly, can get more eyeballs on Bright Pink content using time but not money.
- Flexible. All article topics and target publications in this document are subject to change as long as they still fit within external editorial guidelines.
- A brainstorm of ideas that then comes to fruition through collaboration and conversation.

Let's dive in....

What makes Bright Pink such a force is our two-pronged approach. Both sides of the scale are balanced and addressed through our outreach and educational programs. One side can theoretically function without the other, but should it? We know that we make the most impact when we pair an empowered patient with an informed healthcare provider. While this strategy is intended to zero in on healthcare providers, it still covers the foundational intentions of both sides of the equation to create a holistic perspective.

Before we can leave an effective trail of content breadcrumbs for our target audiences, let's establish them.

The Empowered Patient, "Her"

Primary: **ALL young women ages 18-45** who haven't been diagnosed with breast or ovarian cancer. They have been ignored by the pink-saturated market. They can take action immediately to reduce their risk of developing cancer but may not know how to. They are women who feel confused about family history and how it actually applies to their own health. They may not even know how to properly define their level of risk for developing cancer or may not be thinking about it at all.

Secondary: Zeroing in on **moderate or high risk young women** within the above age range. Bright Pink has historically been a source of community and advice for women who may have an intense family history of breast and ovarian cancer or may have a genetic mutation that puts them at higher risk. While Bright Pink wants to focus on the broader "Her," we are still seen as a beacon for this group of women.

Tertiary: While not a primary focus, reaching **older women** (mothers, aunts, older sisters, and grandmothers) about issues of family medical history, genetics, and practicing a healthy lifestyle can have a trickle down effect and start positive conversations with loved ones.

The Informed Healthcare Provider

Primary: **OB/GYN residency program coordinators or leadership** are the people that give the final stamp of approval on Grand Rounds content or educational content that is dispersed in their program. By emphasizing them as our primary target, we are getting right to the heart of these programs where we can make a difference.

Secondary: **Family practice, DO, or nurse practitioner program coordinators or leadership**. These individuals are still seeing "her" in their everyday practice. By arming them with knowledge to properly stratify "her" risk and work to prevent it, they can make an impact.

Tertiary: **Residents and medical students** may not be the decision-makers in their respective institutions, but we can potentially create buzz across this audience that will compel them to advocate for our program at their institution.

In order to better understand each of these target audiences, let's look at a proposed embodiment of them in the following personas.



Meet Rose

How she feels about her health: Rose is 28 years old. She works out before work a few times each week and always goes out to bars with her friends on the weekend. She tries to eat healthy and reads health advice articles from time to time if they show up on her social news feeds. Her mother is a five-year breast cancer survivor and Rose knows that this could have implications for her own health, but she prefers not to think about that until it's time for her annual well woman exam. She acknowledges the possibility of risk, but doesn't have the education or relationship with her doctor to take actions in her life that could impact her chances of developing breast or ovarian cancer.

What she reads: SheKnows, BuzzFeed, BlogHer, Women's Health, theSkimm

Tone she prefers:

- Upbeat
- Conversational
- Approachable (no ten-dollar words)
- Informative
- Empathetic



Meet Dr. Coral

The challenge she faces: Dr. Coral has been a practicing OB/GYN for over ten years. She regularly advises patients who could be at risk for developing breast or ovarian cancer. And, sometimes they actually do. In some cases, had action been taken sooner they could've caught their cancer early or changed their lifestyle in a way that would've prevented it entirely. This keeps Dr. Coral up at night but she's not sure what she could be doing differently when advising them or, if she could even be doing anything differently at all. Dr. Coral is also routinely bombarded with new recommendations from industry health experts for how she should treat her patients. Dr. Coral doesn't know who to trust and needs some solid baseline recommendations to go off of when advising patients.

What she reads: Contemporary OB/GYN, Professional newsletters, Becker's Hospital Review, The Scientist

Tone she prefers:

- Medically savvy
- Not too colloquial
- Thought-provoking
- Credible




Bright Pink is uniquely positioned in the nonprofit space to reach BOTH of these audiences on their turf in an authentic and well-meaning way. A lot of effort has been put behind reaching young women with great success. Now, as we expand our marketing mindset to give more thought to healthcare providers, here are the current advantages that we can leverage to help with this:

- Without a doubt, Bright Pink has **a strong social media presence**, especially when stacked against other similar organizations. For example, on Twitter, our average post typically gets at least 5 retweets. The average number of followers per user is 208, so we're extending our reach by about 1,050 each time we post. While the focus of social efforts has been on creating a positive and welcoming environment for young women in general, we are by extension still reaching some of our target audience in the healthcare space. Granted, we aren't always speaking to them on "professional terms" right now, but this is still an army of followers that we can take advantage of.
- Bright Pink has an existing program that is vetted and positively reviewed by over 80 medical institutions now. This includes highly prestigious programs like Harvard, Tufts, and Johns Hopkins to name a few. These **stamps of credibility** can be leveraged when pitching Bright Pink content to external sources.
- Even if the content didn't have flashy names like Harvard's behind it, the material is extremely solid. It was **developed by a team of medical professionals** spanning several disciplines. We also have a team of 30 medical professionals who have reviewed and believe in the content so much that they travel regularly across the country and put their name behind it when delivering the lecture.
- Our Chief Medical Officer, Dr. Deborah Lindner, has delivered the lecture not only at several institutions but at conferences as well. **Large audiences have seen her give the lecture** in its purest form and could recognize her name and message if it was seen elsewhere.
- On that note, over 4,600 medical professionals across the country have already seen the lecture given and can act as **advocates for the content** on our behalf.

Reading all of these strengths is EXCITING. Before we go charging forward though, we should acknowledge the challenges we have working against us so that we are better prepared to face them as needed:

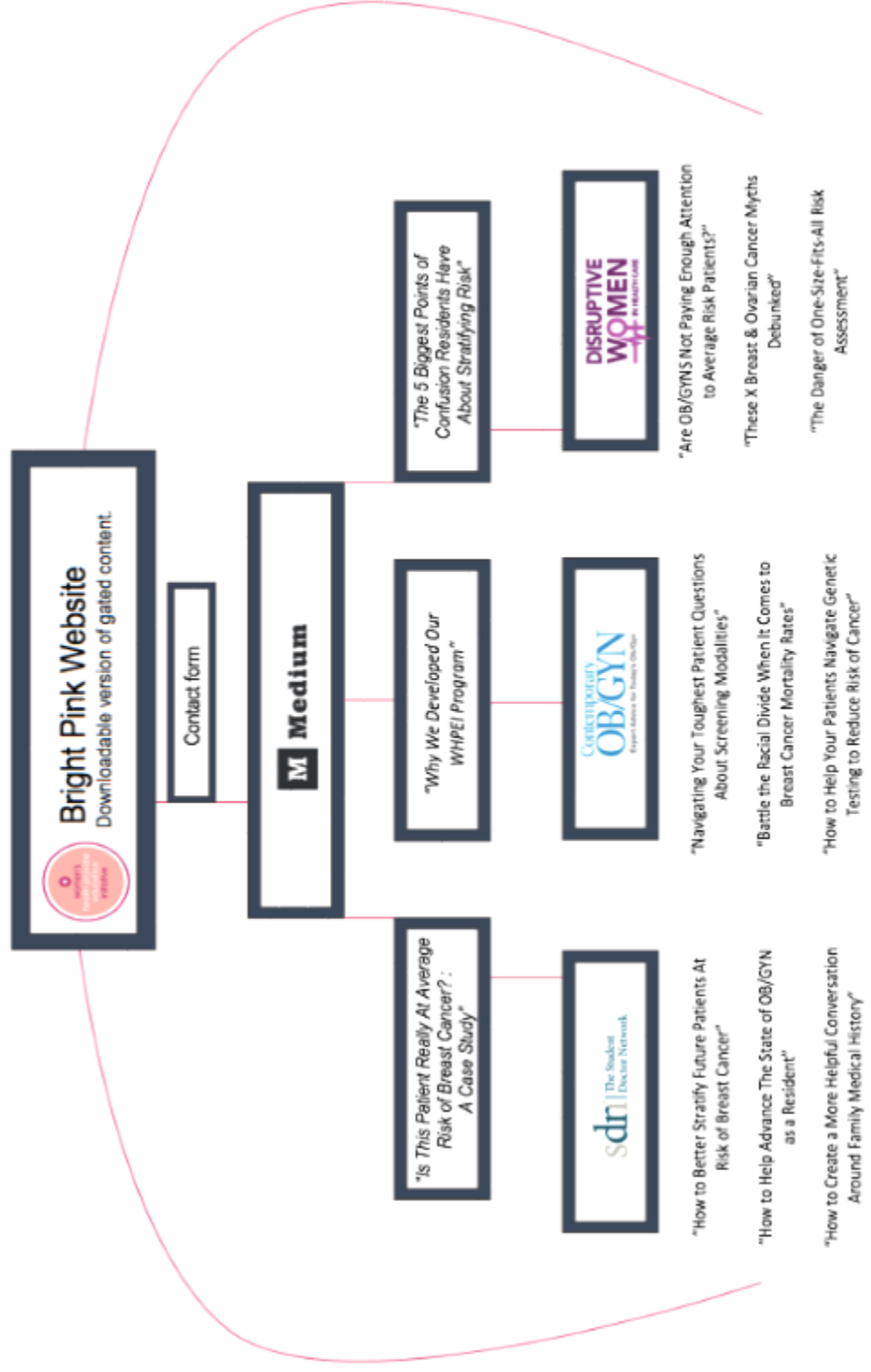
- The medical community can follow a very long “sales cycle” when it comes to the time that passes in between a first point of contact and actually confirming a scheduled lecture. If you don’t hit them at the most perfect moment, **they aren’t likely to act right away**. It takes a steady drip of connection before we become recognizable enough that they act on a request from us.
- The medical community can sometimes be very **skeptical of educational influence from outside of their institution**. “If I’m a reputable educational institution, why do I need a nonprofit to swoop in from the outside and tell me what I don’t know?” We must anticipate these reactions with our content and seek to address this question at the forefront so that we can hold their attention throughout.
- This content is going to be, at times, **very medically technical and require extensive review** in order to ensure we’re hitting the nail on the head each time.
- **This concept is novel** to the medical community. A nonprofit creating a revolutionary program that speaks directly to healthcare providers? With content that looks really good while doing it? This also doubles as a strength, but for initial points of contact, they may need to let this seep in a bit before they fully comprehend our mission and motives.

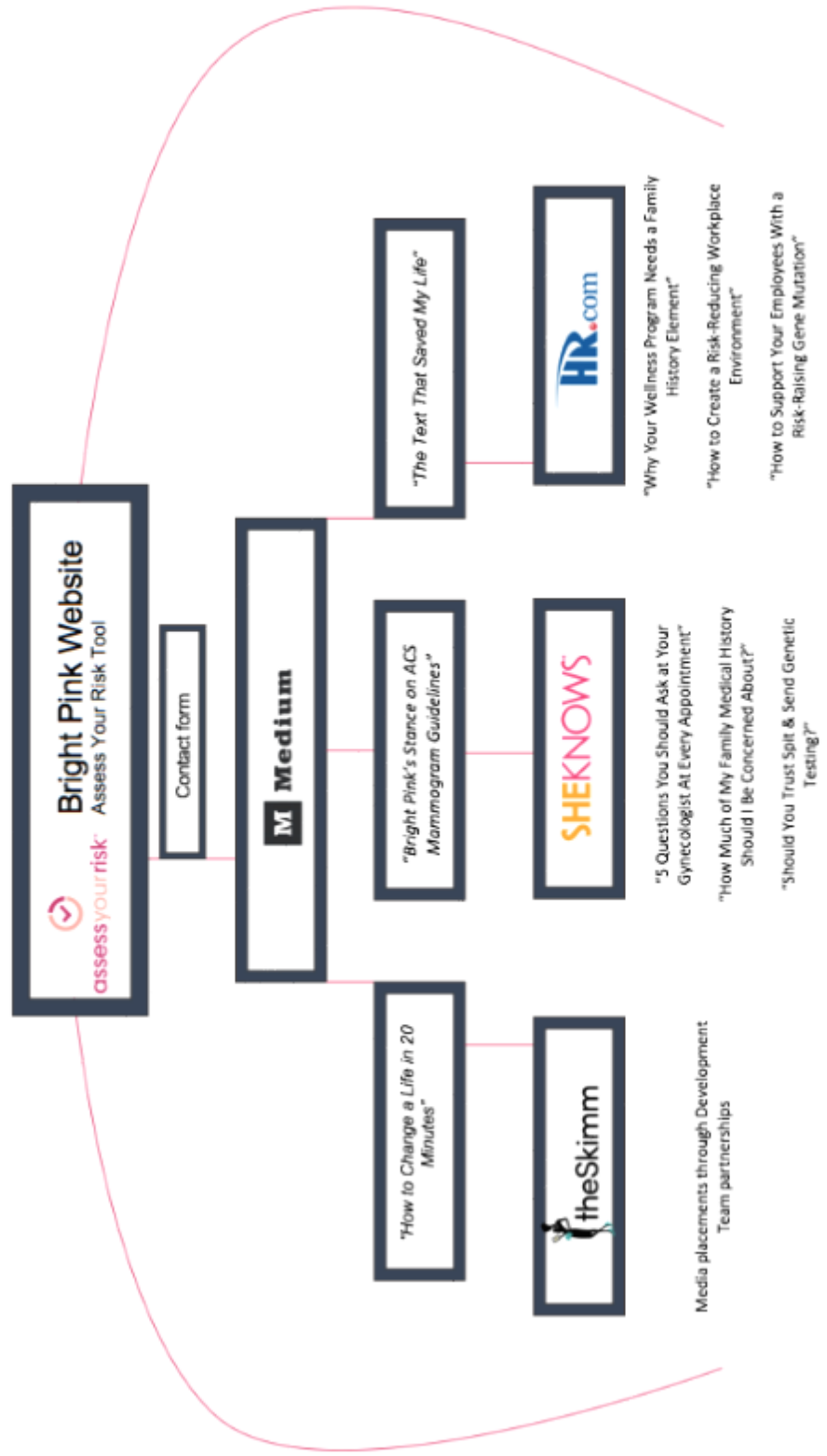
Novelty. This is what makes this program so impactful and inspiring for those that give us their time and really engage with the material. It's new, it's exciting, and it makes you feel like you can take the information in it right away and start making a difference. Our material stands alone, so we need to have a content marketing strategy behind it that stands alone too. As we formulate this, it can be helpful to have an idea of what competitors are doing in this sphere.

	Social presence (over 10k combined followers)	Executive thought leader positioning	On or offsite blog content	Gated content
	X		X	
	X	X		X
			X	

We've reinforced who we want to speak to. We've dipped our toes in how we want to speak to them. We've taken a look at what we have working both in and out of our favor. But, **what this looks like in practice?**

As you look at the following webs, **start from the bottom as though you are a reader of that magazine.** You read through an article you agree with on Contemporary OB/GYN and see a link at the end to a piece by Dr. Lindner on Medium. You click through and learn a little more about what Bright Pink does, not just the views of the organization that were expressed in the first article. It resonates with you and you see a call to action prompting you to visit the Bright Pink website. By now, you're educated and highly interested in the gated piece of content that was teased in the call to action. **You enter your information and get a gift of content... And, you become part of the Bright Pink family.**



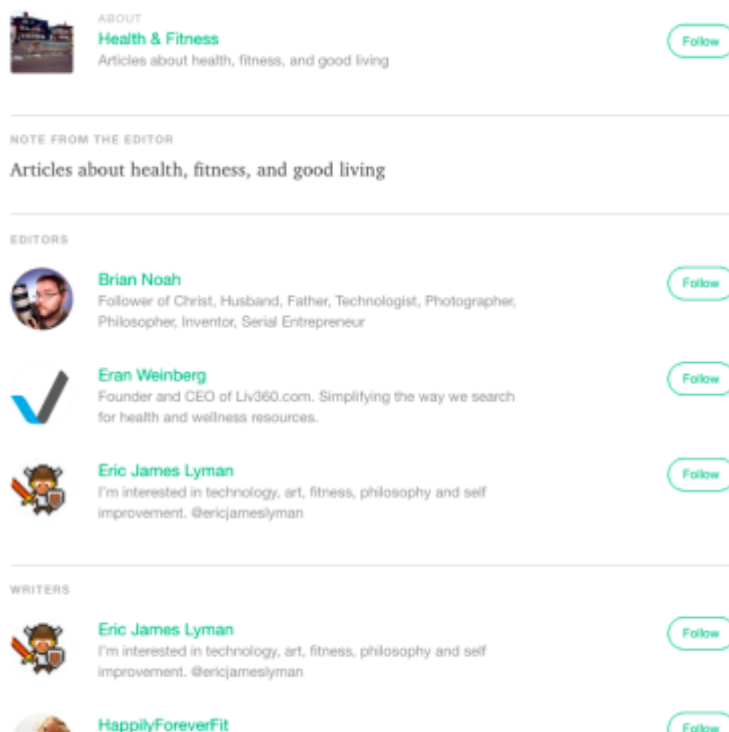


Broken Down....

Entry Point: Readers will find externally published content via our social media efforts and the publicity efforts of that publication. Or, as we share it out with interested institutions via email or brought up in conversation. The Development Team can also use these articles as “sales enablement” tools to establish credibility and to reignite conversations that have gone cold.

Top of the Funnel: Articles bylined under Deb on an external publication (Examples: ContemporaryOB/GYN, Disruptive Women, Student Doctor Network). In the bio of these articles, we have a link to our Medium publication and a direct link to the gated piece of content so that readers can either continue to follow the funnel to learn more or become more educated on the subject.

Middle of the Funnel: Readers click through to our Medium publication, specifically the content published under Dr. Lindner. From there, they are getting specific WHPEI-related information but if they want to learn more, they have easy access to the other stories we tell. See below for [an example](#) of how a Medium publication is structured. We currently have a Medium blog, but not a publication set up.:



Bottom of the Funnel: Readers have traveled through the story we want to tell about the program and become very educated about our intent and call to action. They click through to

the gated piece of content (relating to the lecture in some way). They respond to the call to action by filling out the contact form on our site to download the content.

This looks hefty. What will it really result in? Why is it worth our effort when there is so much other work that can be done?

Content marketing is relatively, a newer concept. But, we've seen through existing Medium content that it is effective, and the stats support that:

- 82% of consumers feel more positive about a company after reading custom content. (Demand Metric, 2014)
- 90% of consumers find custom content useful. (Demand Metric, 2014)
- 61% of consumers say they feel better about, and are more likely to buy from, a company that delivers custom content. (Custom Content Council, 2011)
- Interesting content is one of the main reasons people follow brands on social media. (Demand Metric, 2014)
- 60% of people are inspired to seek a product after reading content about it. (Demand Metric, 2014)
- Millennials expect brands to develop content for them, with 80% wanting to be directly entertained through content marketing. (Edelman, 2012)

Oftentimes, the question of ROI pops up after content has already been published and then that time feels wasteful in hindsight. Or, content marketing is immediately associated with public relations. While they compliment each other nicely, **they should be treated differently:**

- The content we produce must be more about "Her" than ever before. Readers can sniff out an agenda and respond most positively to content when it is created with educational intent. This means that in order to publish content externally on some credibility-boosting platforms, we must be willing to talk about "Her" and not what we are doing for "Her." But, because we will do this, we will continue to be seen by her as a trusted source and advocate. And on the flipside, we will be seen by healthcare providers as an organization that follows the same code they swear by - to help and not hinder.
- In order to reach some external publications for free, we have to meet them on their turf by making editorial concessions (word count, disclosures, etc.) without costing money.
- A piece of content with this strategy shouldn't have any "one hit wonders." This will be about creating a ripple effect so that readers gradually come to familiarize themselves with Bright Pink. By the time we get their contact information, they should have a good grasp of our cause perspective and be high-quality leads.

How these efforts will be measured...

Qualitative

- Boosted credibility for Dr. Lindner as a thought leader in the OB/GYN realm.
- Boosted credibility for the lecture content as a vetted source of medically accurate material.
- Publicity for the program and Bright Pink overall without spending marketing budget dollars.
- We start to silo out our marketing efforts so that each program has its own reach strategy, but in a way that still ties to overall organizational goals.

Quantitative

- Percentage of accepted pieces at external publications.
- Social shares of articles published at external publications.
- Read ratio percentage of posts published under Dr. Lindner on Medium.
- Social shares of posts published on Medium.
- Click-through rate of people that visit our website from an externally published article or a post published on Medium.

And, most importantly,

- The number of sign ups we get to download lecture-based material on our website.
- And, additionally, the information we get from asking research questions on the contact form when people are signing up.

For example, let's say we ask the following in the contact form when people visit our site to learn more about the lecture:

1. Your Name
2. Are you a.... (Medical Student, Resident Physician, Attending Physician, Genetic Counselor)
3. Department (OB/GYN, Family Medicine, DO)
4. Name of Institution (Will help us track our reach across the country and can help us get to institutions we haven't visited yet with an introduction)
5. Other research-driven questions (How often do you refer patients to a genetic counselor when they fit this description? Would your institution be open to hosting a virtual presentation of Grand Rounds content? etc.)

The stories that this information could tell at Impact Hour...

“Through our tracking, we know that 50 residents from 20 institutions in 18 states downloaded our educational material that can help them better identify their patients’ risk levels.”

“This quarter, 3 of the medical professionals that downloaded our content online went on to order high risk cards for their patients.”

“Through our program marketing strategy, we received introductions to 12 institutions that we had not yet presented to. From those introductions, 8 lectures have been scheduled.”

“2 medical professionals that reached out to us initially about our WHPEI program have now gone on to become Team Bright Pink members through our outreach efforts.”

“We know that, before downloading content from our website, only 20% of interested medical professionals actually refer patients to a genetic counselor when they should have done so.”

Email Drip Campaigns

Through clarifying an individual’s area of expertise in the contact form, we can also eventually consider setting up email drip campaigns that are targeted specifically to them (potentially through Salesforce or Mailchimp). These campaigns will keep medical professionals regularly connected to Bright Pink by contacting them at predetermined intervals.

- Whenever we publish an update to a handout they could be giving to patients, they are notified.
- Whenever we want to introduce initiatives or tools from the “other side” of the two-pronged approach, we can do this using messaging that applies directly to their profession and how they came in contact with us.
- When we want to do a fundraising push through the new Senior Growth Marketing Manager’s efforts, we can use this stream of communication.
- We can ensure that content that is relevant to genetic counselors, nurse practitioners, and OB/GYN doctors are segmented accordingly.

Monetization

If we decide to begin charging a fee for downloading packaged educational content (similar to how some professional societies are doing), these tactics set up a sales funnel driving people to that content from multiple directions.

Enacting a strategy like this could reap impressive results and be used to benefit different areas of the company. But, bandwidth is always a factor. Here's how it could look when rolled out over the course of a quarter:

Weeks 1-3

- Establish format for gated piece of content on site.
 - Edit a pre-recorded lecture of Deb and post?
 - Reformat presenter workbook into an abbreviated whitepaper version of lecture?
 - Repackage half or main points of lecture so that it is downloadable but not all content is released?
- Establish desired contact form questions.

Weeks 4-6

- Create gated piece of content depending on predetermined format.
- Build out gated content home and contact form on website.
- Establish initial point of contact with external publications.
- Reformat Bright Pink's current structure on Medium as a publication instead of an individual blog.

Weeks 7-9

- Write the WHPEI "Origin Story" post under Dr. Lindner's name for Medium.
- Create Bright Pink-branded social platforms for Dr. Lindner. Begin posting a few times weekly about current lectures and connect back to main Bright Pink social platforms.
- Launch gated piece of content on website.

Weeks 10-12

- Begin work on first external piece of content once topic is determined.
- Launch WHPEI "Origin Story" on Medium (linking back to gated piece of content) and promote via social platforms.
- Begin work on second piece of Medium content.

Future

- Monitor traffic back to gated piece of content as more pieces of connected content are published (continue to adjust and test based on what works and doesn't work).
- Establish rhythm for regular posting on Medium.
- Aim for publishing externally under Dr. Lindner's byline once per quarter.

