The prevalence of chronic diseases in America is rising rapidly, requiring increased medical spending to manage these conditions. Treating chronic illnesses comprised seventy-eight percent of total health spending in 2003. In 2005, 133 million Americans were living with at least one chronic disease and this number is expected to increase to 157 million by 2020 (Wu & Green, 2000). The number of people with diabetes in the United States is projected to double in number from twenty-four million to forty-eight million in the next twenty-five years (Bodenheimer, Chen, & Bennett, 2009). There is a direct correlation between chronic disease and healthcare spending, with the average Medicare patient with one chronic condition seeing four physicians a year and patients with five or more chronic conditions seeing fourteen different physicians each year (Vogeli, et al., 2007). Medicare beneficiaries with five or more chronic diagnoses accounted for seventy-six percent of expenditures (Thorpe & Howard, 2006).

As healthcare costs rise in the United States, more attention should be given to preventative medicine and lifestyle changes as treatment for chronic diseases and comorbidities. Programs such as the Centers for Disease Control and Prevention (CDC) Nutrition, Physical Activity, and Obesity Program; Planet Health; and Coordinated Approach to Child Health, which focus on healthy eating and increased physical activity, have the potential to prevent a significant number of children from becoming obese and therefore slowing the increase in diabetes (Cawley, 2007). Lifestyle is crucial for chronic disease prevention and proven to be effective, as evidenced by the Diabetes Prevention Study. This study provided diet and exercise plans, dietitian visits and physical training sessions and showed that lifestyle changes can prevent diabetes (Tuomilehto, et al., 2001). This is evidence that Registered Dietitians (RDs) play an important role in supporting healthy lifestyles and preventing and managing chronic disease. Private practice dietetics offers a unique role, as the RD is able to be more creative with services offered and approaches taken to prevent and manage chronic diseases. This paper discusses the application of principles of health marketing to private practice dietetics with the goal of increasing the reach of nutrition services into the community and the viability of a private practice.

Contributions of RDs

Along with outpatient dietitians associated with a healthcare system and RDs located at health departments, private practice dietitians counsel patients, provide medical nutrition therapy (MNT) and are also covered by multiple insurance plans. They have the added benefit of patient

choice of provider, increasing options and possible compliance. The profession of dietetics has contributed greatly to society, which can best be measured in cost savings. Wolf et al. performed a randomized controlled trial spanning one year that compared standard medical care to standard medical care with the addition of lifestyle management provided by a RD. They found that the patients receiving lifestyle management had significantly greater weight loss, reduced hemoglobin A1c, which is an indicator of blood glucose control, and decreased medication use compared to the control group. The intervention group also saw an increase in quality of life and fewer hospital admissions, significantly lowering medical costs. Health insurance costs for this high-risk obese population with Type II diabetes was decreased by 34% ((Wolf, et al., 2007) (Wolf, et al., 2004)). In a retrospective cohort study in the United States, it was found that MNT given by RDs led to a reduction in serum cholesterol, LDL cholesterol and triglycerides, and that for each dollar spend on MNT, $3.03 was saved on statin therapy (Sikand, Kashyap, Wong, & Hsu, 2000).

The American Dietetic Association states that "obesity has reached epidemic proportions and health care costs associated with weight-related illnesses have escalated" (2009). Welty et al. found that using a dietitian at two visits in a primary care setting led to significant weight loss and long-term maintenance (2007). This is important for cost savings for both insurers and employers. One study demonstrated that workers with a body mass index greater or equal to 35 were found to have a 4.2% health-related loss in productivity, which equates to a $506 annual loss in productivity per worker (Gates, Succop, Brehm, Gillespie, & Sommers, 2008). The direct medical costs for overweight versus normal weight Americans is 10-20% higher while these costs are 36-100% higher for obese versus normal weight Americans (Hammond, 2010). In the United States, the annual cost of excess medical spending due to overweight and obese Americans is estimated to be $86-$147 billion dollars (Finkelstein, Trogdon, Cohen, & Dietz, 2009). These are a few examples of conditions which a RD can positively affect leading to improved health of clients as well as cost savings.

Consumer Driven Healthcare

As technology becomes increasingly prevalent and patients not only have a choice of providers but access to reviews of providers, healthcare marketing becomes extremely important. Healthcare is consumer-driven. Calhoun et al. found that "the focus on customer wants, needs, and expectations has evolved from the current rise in consumerism, which has shifted the locus

of control in healthcare from the provider to the purchaser" (2006). Each entity in the process has self-interest, whether it is the organization, or the individual. The healthcare professional must not only look at the benefits the patient or organization will receive, but the benefits perceived by the user. Coincidently, the perceived barriers to adoption of the use of product or service must also be addressed. Emphasizing the benefits most valued by the users of the product or service while reducing or avoiding barriers will produce the most favorable outcome for both provider and consumer (Maibach, Van Duyn, & Bloodgood, 2006).

Understanding the consumer's perceived benefits and barriers to using a product is accomplished via consumer research. This can be performed by leading focus groups that consist of representative individuals from target populations, such as Backman et al., who found that employees and managers wanted to promote enhanced nutrition and physical activity but lack of access in the workplace was a barrier to doing so. Therefore, the provider based the intervention upon responses to the focus group, leading to improved access to healthy foods and a supportive work environment (Backman, Carman, & Aldana, 2004). Tailoring interventions to each setting is important for implementing evidence-based interventions (Maibach, Van Duyn, & Bloodgood, 2006). A dietitian can implement this finding by tailoring nutrition counseling to the target market and more importantly each individual client. Individualized plans for clients should be part of the marketing strategy.

Utilizing technology to promote and market healthcare is essential to capture legitimacy and provide a resource for various information (Rooney, 2009). Healthcare providers, including RDs, are selling a service to a consumer. A company webpage allows the consumer to view the provider as a professional and also access information, such as staff biographies, location of the office, services offered, contact information, forms to complete, insurance coverage and possibly even appointment scheduling. A virtual presence cannot only be accessed by current clients, but appears in search engines as well, exposing the business to potential customers. Inherent to the health field is the idea of relationships with healthcare providers. Clients or patients often prefer to have somewhat of a personal connection with doctors, nurses, therapists and dietitians (Rooney, 2009). These relationships can be initiated or further developed online.

Social networking gives the opportunity to foster relationships with consumers, whether through sites such as Facebook and LinkedIn, blogs, videos on company websites or You Tube or podcasts. Interactive sites that allow users to post comments or reviews can be beneficial to

share stories with other clients, provide helpful information, and influence potential consumers to use services offered by the RD. Blogs allow the provider to take an informal approach and relate to the consumer. Podcasts are another useful tool as audio presentations on a healthcare topic can be downloaded. These presentations can be informational and often compelling (Rooney, 2009). RDs are a wealth of knowledge and the virtual environment is a productive way to share that, whether it is through cooking demonstrations on videos or podcasts on topics ranging from vitamin D to weight loss, it is an important avenue to market the profession.

The Marketing Mix

The healthcare industry resisted marketing far longer than other industries, as it viewed advertising as nonprofessional for a field that was focused on helping and caring for patients. As healthcare costs increased, marketing became imperative to retain and gain patients and marketing professionals were hired throughout the trade. Current trends and company missions are combined with the marketing mix to create a marketing plan (King, 2010). The marketing mix, or 4 Ps, is the classic approach to marketing based upon health behavior, human reaction to messages and message delivery, describing the elements of product, price, promotion, and place. These are the variables that can be controlled to attract customers to the business. Product refers to the policies and procedures of what products are to be offered, which markets to sell to and research involved in new product development. Pricing includes the price level to charge for the product or service, the policy regarding price changes, and the pricing margins not only for the company, but also for the trade. The element of promotion refers to the advertising and selling of the product. The last of the Ps is place, which involves the distribution channels of the product, including which channels to use, how to select channels, and how to involve the trade (Borden, 1964) (Ehmke, Fulton, & Lusk, 2007). Considerations for each of the four Ps assist in developing the marketing plan.

Product

The product offered must meet the needs of the target market via consumer research, as detailed previously. Stead et al. explain that consumer research provides an understanding of the target audience, which consists of the people whose behavior the producer is trying to change. From this, the product can be tailored to appropriately fill the need. The likelihood of impact seems to increase with the amount of consumer research performed, further increasing the importance of it (2007). Understanding the target audience and each individual client is of

utmost priority to implement a successful intervention by providing various products to lead to positive nutrition behaviors.

Traditionally, private practice RDs offer a set of products, which include nutritional assessments, meal or diet plans, nutrition counseling and education, grocery store tours and group classes. They also act as consultants in nursing homes, schools, and as part of wellness committees. Nutritional counseling and education includes MNT, which focuses on specific disease states, and education topics of interest to clients. RDs employ different forms of counseling, one of the most effective being motivational interviewing (MI). In a randomized control trial, dietitians using motivational interviewing techniques were found to be more empathetic and allowed their patients to speak for the majority of the visit when compared to RDs who did not receive MI training. Clients of the experimental group had significantly lower saturated fat intake when compared to clients of the control group RDs (Brug, Spikmans, Aartsen, Breedveld, Bes, & Fereira, 2007). MI is a technique that can be learned and implemented to provide effective counseling for clients.

Grocery store tours are educational sessions delivered at the point of food purchase rather than in a clinical or office setting. This product is beneficial to show clients the range of healthy foods available at their local store. Clients are encouraged to interact during the tour, with the RD providing sound nutritional advice (Baic & Thompson, 2007). Supermarket tours have been shown to be effective by numerous studies, which found that the tours have a positive impact on client knowledge, self-reported dietary intentions, and food purchases (Crawford & Kalina, 1993) (Silzer, Sheeska, & Tomasik, 1994). Arming a client with tools and coping mechanisms is important for sustainable changes to current lifestyles.

An emerging opportunity for RDs is the merger of the food and nutrition worlds. Expanding products offered attracts various clients and benefits the profession by expanding the area of expertise. The food and nutrition worlds are often separate, with food including restaurants and culinary components and nutrition consisting of science and clinical settings. One of the most feasible ways for clients to eat balanced healthy diets is by preparing food in the home, which allows the client to control the components of each dish. Teaching cooking classes to clients is a productive way to empower clients to be in control of what they eat. To make this possible, RDs should have some experience in culinary endeavors, whether through formal education or experience in the field. Blogs can be used to merge food and nutrition by providing

recipes and cooking tips that are nutritionally sound. Recipe analysis can also be implemented to improve client intake, as analyzing what a client eats and making culturally appropriate modifications can improve nutrition without removing the enjoyment and familiarity of foods. Yet another avenue to combine food and nutrition is via meal service, where the RD plans each meal and chefs prepare the food according to recipes so that clients are able to purchase meals with known nutritional information. This would be beneficial for families and individuals who do not have the time to prepare their own meals but still want to make the effort to eat healthfully. The product component of marketing strategy is vast and reliant on the target market defined.

Price

The second P, price, includes: price charged for the product; the cost of providing the service; the benefits to the consumer; what the consumer gives up to receive the service, such as time; and societal costs. The monetary amount determined from the RD perspective should be the cost of providing the service plus the profit margin decided upon, influenced by the market value and what the competition is charging (Ehmke, Fulton, & Lusk, 2007). A dietitian must take into account the time it takes to deliver the product, the hourly cost of her services including overhead expenses, any materials provided to the client, the price the market can bear and what RDs in the area are charging for similar products/services. The cost for the client includes what they are giving up to use the product, which is money and time.

Perceived value to the customer must be considered when deciding upon a price. Lindgreen and Wynstra described two components to the value of a product: the value of goods and services and the value of buyer-seller relationships (2005). This is especially pertinent in healthcare, where relationships between providers and clients are fostered to produce better outcomes. A client does not only value the nutrition information she receives from a dietitian, but the relationship they build where a mutual understanding of the client's situation is built to provide an individualized plan. When the perceived value is more than the actual cost of the product, the client feels as though she is benefitting from the purchase.

Price may also be measured in quality of life. Clients are more willing to pay for a product if they perceive that it increases their quality of life. Schunemann et al. developed a questionnaire to measure nutrition-related quality of life, which is a tool that can be employed to perform population-based research on diet changes and the impact of nutrition (2010). This may

be used in private practice with clients to demonstrate the value of the products received in another form than out-of-pocket expense.

Services provided by RDs can amount to personal savings by the client. Nutrition counseling has proven to decrease medication expenses, as previously described, reduce hospitalizations, and can lead to lower insurance premiums by reducing comorbidities. MNT has proven to be effective for weight loss as "The dietitian can play a pivotal role in modifying weight status by helping to formulate reasonable goals which can be met and sustained with a healthy eating approach" (The American Dietetic Association, 2009). For managing diabetes, Franz et al. found that "The evidence is strong that medical nutrition therapy provided by registered dietitians is an effective and essential therapy in the management of diabetes" (2010). MNT has also been proven to be effective in preventing and treating cardiovascular disease (Van Horn, et al., 2008) and various other health conditions, leading to improved health outcomes. The combination of perceived benefits of improved quality of life, positive health outcomes, and reduced personal costs increases the perceived value of products provided by RDs, making the monetary price worthwhile.

In addition to personal costs, there are societal costs of dietitian services, which address the price of providing products, including reimbursement expenses and third party payment. As previously mentioned, the benefits of providing nutrition counseling outweigh the costs. Insurance providers have yet to take full advantage of this. Currently only Medicare beneficiaries who have diabetes, chronic kidney disease or are status post a kidney transplant are covered for MNT (American Dietetic Association, 2009). Advocates in the American Dietetic Association continue to lobby for increased coverage and an area that they are finding success in is obesity, as the government has begun to see the importance of MNT in preventing an increase in the obesity epidemic. Medicaid began covering MNT for obesity in 2001 and in 2005 Blue Cross Blue Shield of North Carolina started providing reimbursement for MNT. In 2010, North Carolina State Health Plan and Federal Health Plan allowed MNT coverage for overweight and obese children. There is yet to be uniformity among insurers regarding benefits, billings and reimbursement for RDs in North Carolina and there are many caveats that are difficult to navigate, such as BCBSNC requiring one year of experience before a provider can apply to be credentialed to receive reimbursement for MNT (Lewis, Murphy, Kolasa, Michael, & Koltzau, 2010). Limited insurance coverage for MNT leads to less cost savings for society.

Place

Place has been described as "where and when the target population will perform the desired behavior, purchase or obtain a tangible product, and/or receive associated services" (Kotler & Lee, 2008), and includes both physical and virtual locations. Physical locations include actual stand-alone locations or partnering with various entities. When deciding whom to partner with, a RD should think of who is able to assist in promoting behavior change and who influences the target population (Thackeray & McCormack Brown, 2010). Partnering with primary care physicians, fitness centers, and occupational and physical therapists can reinforce the message of positive behavior change and increase accessibility and convenience for the consumer. The more accessible RDs make their services, the more they will be used and the more successful the practice will be. One of the benefits of nutrition counseling is that it is transportable. RDs have the ability to practice anywhere and often counsel in multiple locations for the ease of the client. In addition, RDs can bill under the primary care physician for MNT. Clients are more likely to use nutrition services if the location is where they frequent for other appointments as convenience decreases the overall cost of the product. Private industry is an alternate venue for the delivery of nutrition services, such as providing a healthy eating class to employees at large companies. This encourages positive behavior change and can reduce costs associated with benefits coverage. A more novel and hands on approach to place can occur in kitchens, for cooking classes and demonstrations, and through catering events.

With technology, nutrition counseling is now also provided via video chatting with applications such as Skype and iChat. RDs can provide the same structured counseling sessions electronically, leading to increased flexibility for patients. Recipe analysis and modification can also occur online, such as through specially designed applications where ingredient amount is entered and nutrition analysis takes place. The RD can then make suggestions on how to improve the recipe from a nutritional standpoint. Consulting for various companies and authoring articles, whether in print or online, is a way to broaden reach and expose more individuals to the RD, the business, and possibly attract new clients.

Promotion

Promotion is the most visible component of the marketing mix and often how professionals communicate to consumers that the product is available, what the price is and where it can be obtained. The components involved with promotion include specific

communication strategies for target audiences, guidelines for designing effective messages, and designation of appropriate communication channels (Grier & Bryant, 2005). Specific communication objectives for target audiences include the activities tailored to the target market to promote the product. Guidelines for designing effective messages stem from consumer research and understanding the most effective way to communicate with the consumer. This involves knowing the appropriate language to use in the population to design culturally appropriate messages. Designation of appropriate communication channels is described earlier as place. Promotional activities range from printed materials to advertising via radio and television. Attracting clients to a private practice dietitian through medical referrals is mutually beneficial, providing the RD with clients and leading to better health outcomes, which is positive for all healthcare professionals involved. Insurance companies that refer beneficiaries to approved providers reduce out-of-pocket expenses for clients while leading them to a practice the insurance company deems legitimate. Private practice RDs can work with health departments so that when the local health department has more referrals than it is able to manage, clients can be referred to the private practice. Gyms are yet another avenue where RDs can build relationships. By teaching classes at gyms and offering services, the gym can compensate by referring patients to the RD for nutritional counseling and therapy.

Online advertising is one of the least expensive and most productive resources. Social media sites are often free of charge and allow the private practice RD to create a profile detailing services offered, background of providers, location and contact information. Various other features can be activated, such as a place where users can comment to ask questions or post reviews. Once users on the site subscribe to the service, the RD can publish stories that users will see as often or as little as preferred, keeping the business visible. As described previously, the company website is important for information and as search engines are utilized to find specific services.

Advertising in local periodicals is beneficial to attract local residents to a private practice and is often inexpensive. Another option is to work with periodicals to freelance articles about nutrition on various topics, such as healthy holiday eating or vitamin D requirements during different times of the year. Authoring relevant articles attracts the reader to the information and then increases visibility of the author and private practice. Being involved in the community is important for the RD's reputation and also increases familiarity. Volunteering with health fairs,

farmers' markets and school events are positive experiences for promoting private practice. One study found that 86% of Americans state that they are likely to switch providers to support a worthy cause when price and quality are equal, which is a 30% increase since 1993 (Cone Communications, 2004) proving that community involvement and supporting worthy causes are increasingly important business strategies in addition to their personally fulfilling effects. Dietitians can use this data to enforce their mission, message of goodwill, and community service to advertise in a manner that is valuable to the consumer.

Word of mouth (WOM) remains an indispensible source of advertisement. This form of advertising is not novel but the speed at which it is transmitted is much different than before, requiring the promoter to use tactics to control WOM advertising. The first step is to ensure consumers have positive sentiments to talk about, which can be controlled by offering a free trial of a weight loss program, access to a sample calorie-controlled menu, a coupon for a discounted rate for first time visitors to the practice, or a discount for clients who have referred others. Engaging consumers in the communication process is the second step and can be implemented by making a place for interaction regarding products, such as an area to comment on the website or social marketing site. Encouraging the consumer to take part in the buzz about the product via ratings or reviews empowers the consumer and fosters conversation. RDs can then mention user reviews in blogs, podcasts or articles. Websites can be programmed to easily forward articles or send them in a text message to others. The third necessary component is being responsive to consumers. Having a dialogue and addressing any concerns that may arise is important for building relationships and ensuring positive interactions, leading to beneficial WOM advertising (Thackeray & Neiger, 2009).

The Marketing Plan

Each marketing plan will be specific to the nuances of the private practice, but there are some common considerations and a process that can be performed to develop a plan. The goal is simple: to establish the private practice as a provider for dietetic services in the community. To accomplish this goal, both a market analysis and a marketing strategy must be developed.

Analysis of the market first asks what the target market is, which can include geographic locations, a segment of the population based on age or culture, or virtual audiences if the product can be delivered online. Knowing the competition is important to understand if products offered are similar, how competing products are offered, if the new products are a novel idea, and what

the competition sets as a price point. Understanding market trends allows the RD to capitalize on the ideas that are popular in the target market. Market analysis is about knowing the clients to sell to and what their interests are.

Once the market is well studied, using the marketing mix that was described in detail above helps to outline a marketing strategy. The RD must decide upon product, price, distribution channels and how she will promote her business. Kathy King (2010) describes eight necessary steps (Appendix) for developing the marketing plan in her book The Entrepreneurial Nutritionist.

- The first step is to identify the major product and target market. The product must fulfill needs of the target market and be executed well. This is an evolving concept, as needs change, requiring products to change to satisfy the niche.
- The second step involves conducting market research to understand if the proposed product will be successful in the target market. Considerations include general situational analysis, which is comprised of gathering data on the market, opinions of potential customers, and consideration of available resources to meet needs. For example, is the RD who will be providing services qualified for the clientele? SWOT analysis is beneficial to outline strengths, weaknesses, opportunities and threats and gauge the internal and external environment. The last component of the second step is to fully analyze the competition, including providers, location, services offered, advantages, and disadvantages.
- Setting goals and objectives is the third step in the marketing plan. With the company mission in mind, goals that can realistically be accomplished and measured should be set. Both short term and long-term goals are helpful for designing the marketing plan.
- The fourth step is to outline strategies to be taken. The marketing mix formulates specific strategies to decide upon a focus, set the practice apart from competitors and to have customers think of the business first when considering nutrition counseling and services.
- Step five is to develop action plans and assign responsibilities. The strategies derived from step four should be broken down into activities to be completed in a specified time period. In this step, resources required and budget allocated should be addressed.

- The sixth step is to establish a financial reporting system to budget finances and resources needed to develop the product and market services, projected return on investment, and quantity of services provided necessary to break even.
- Step seven is to measure and evaluate results, which includes measurement criteria to understand if the business is on track to accomplish the defined goals.
- The last step is to enlist support, both in the field and financially.

There is great evidence for the role of a dietitian in private practice in the community especially with healthcare reform and the focus shift to prevention. How we communicate available products and services is important, especially as the way we communicate has changed greatly and continues to evolve. Applying social marketing principles, namely the marketing mix, to private practice marketing is effective for promoting services. It assists in defining what the product is, the price at which it will be offered, the cost to the provider and the consumer, the place in which it will be distributed, and how it will be promoted to the target audience. Consumer research guides each of the decisions to provide the most appropriate marketing scenario for the defined market. Finally, devising a marketing plan is essential to plan for a successful dietetic private practice.

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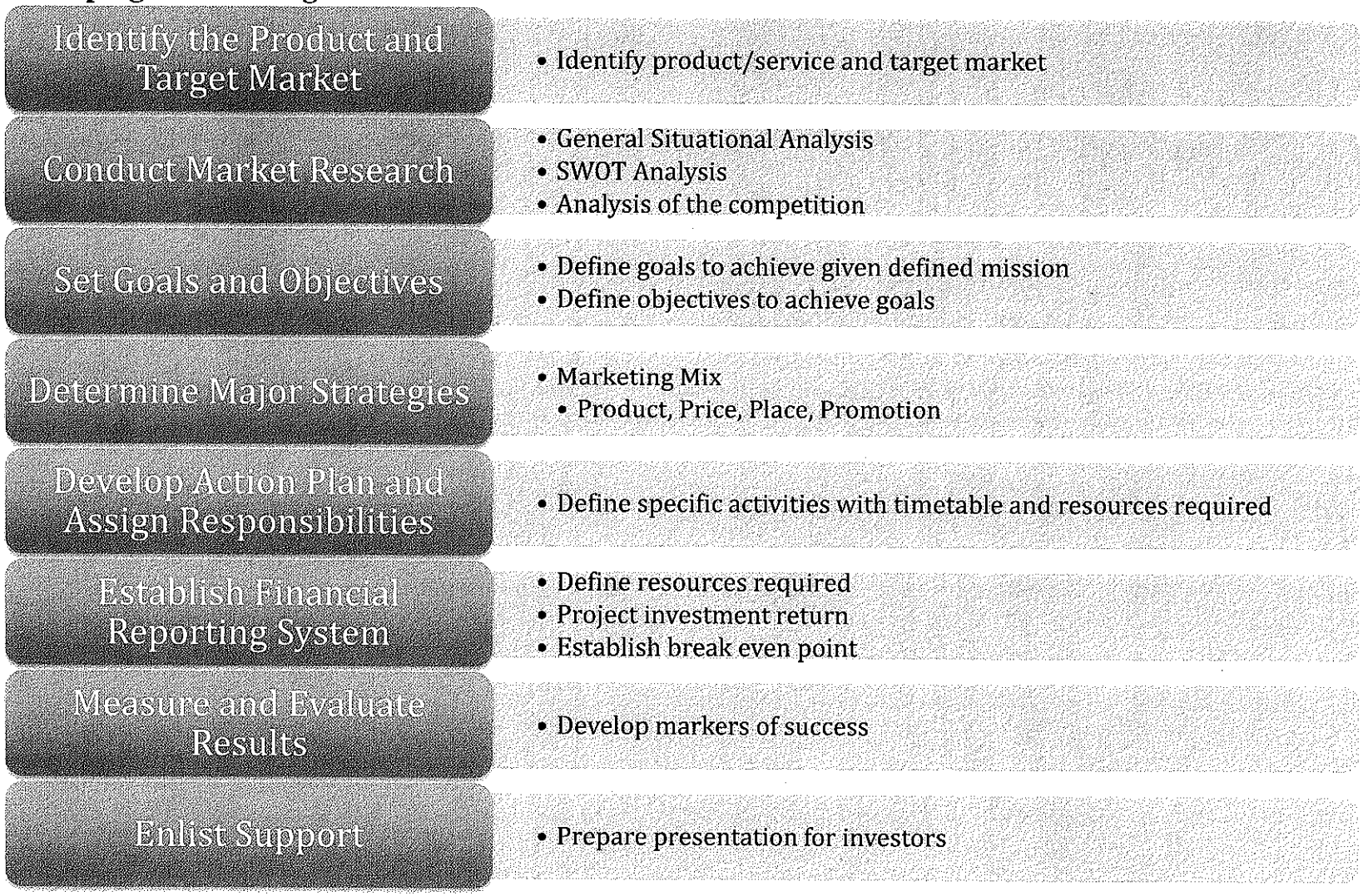
Appendix:

Developing a Marketing Plan



Adapted from: Chapter 11: Marketing Decisions, The Entrepreneurial Nutritionist, 4th edition by Kathy King.