Six Cases of E-Health Videos on Hospital Web Sites

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ABSTRACT

While more and more hospitals are getting on the Web 2.0 bandwagon for marketing, e-health videos as a marketing tool on hospital Web sites have been largely ignored. This study examines six hospital Web sites selected from more than two thousand U.S. hospital Web sites based on their uniqueness. The case study aims to find out why and how these hospitals or hospital systems are using e-health videos. The study concludes that developing outstanding e-health videos for the Web is not limited to financially or technologically privileged hospitals. Developing e-health videos requires a hospital administration’s technological awareness, a strategic plan, and dedication. A good strategy includes knowing what to emphasize on a Web site, presenting with consistency, and using up-to-date technology. The study also concludes that more patient education videos need to be produced to further develop visitor trust and increase market competitiveness, and that ROI measurement for using e-health videos needs to be enhanced.

Keywords: Video, healthcare, e-health, marketing, Web sites, case studies

INTRODUCTION

Video, because it is a visual medium combining “the entertaining, emotional and branding attributes” (Kelsey Group, 2008) to engage not only viewers’ minds but also their hearts, constitutes an effective Internet tool for marketing and patient education—the two major aspects of e-health (Dickenson & Fuller, 2005; Solovy, 2003). Video can visually demonstrate, illustrate, or explain complicated concepts, processes or procedures. Some hospitals have already taken advantage of this salient Web 2.0 phenomenon on their Web sites for marketing and patient education, and a few have reported positive results, including significant hospital Web site traffic increase and patient volume increase (Gentry, 2006; Lee, 2006; Suh, 2006).

However, reports on the latter are almost always anecdotal and estimative in nature. As Fell and Shepherd noted as early as 2001, healthcare providers were struggling
with “closing the loop” of Internet marketing from strategy to results. “Part of the reason for the lack of hard accountability may be the lack of formal planning” (Fell and Shepherd, 2001). Adding videos to a Web site potentially costs much more than producing a video-free Web site. Logically, the investment and effort are expected be recouped later. But is the situation of “closing the loop” any better today? For what reasons are hospitals spending money and time on producing videos for their Web sites? The big picture of how American healthcare systems have used online videos for marketing and patient education has remained a mystery. As Fell and Shepherd (2001) pointed out, healthcare marketers may “continue to face challenges in demonstrating ROI [return of investment] for their online investments and justifying additional spending on the Internet.”

LITERATURE REVIEW

It is not quite clear how many hospitals today make incorporating videos into their Web site part of their formal development plan. Matthew Dillingham, vice president of MedTouch, a company that designs Web sites in healthcare areas, has fervently evangelized using videos on hospital Web sites. Dillingham (2008a) said that many hospitals still do not understand the importance of video. He reminds Web designers that users of a hospital Web site might be in the middle of a very stressed time of their life, and the last thing they want to do is dig through content that is not relevant or engaging. Therefore, he suggested that videos be extensively used and used now, not in the future, because they are much easier and less expensive than before to develop, create, deploy and maintain (Dillingham, 2008b).

Patient education provided on hospital Web sites is, in fact, implicitly altruistic marketing. Such information could show to the healthcare information seekers that the information provider cares about them. According to a national survey conducted by the Pew Internet & American Life Project in 2002, 62 percent of Internet users, approximately 73 million people in the U.S., have gone online seeking health information. In 2008, both home broadband users (78%) and dial-up users (70%) tended to look online for health information (Fox, 2008). As Liszka et al. (2006) pointed out: “With the potentially large number of patients seeking online health information, it is necessary to approach this behavior as an asset and a possible liability. As primary care settings become increasingly busy, the time available for in-office education is shrinking.” Therefore, providing health information on a hospital’s Web site becomes a “natural extension” of services to patients and consumers, and Web sites can be a vital part of a hospital’s strategy to provide outreach and gain more patients (Fulda and Kwasik, 2004; Randeree and Rao, 2004). It is not known to what extent hospital Web sites are providing patient education in videos.

The hospital industry has been notorious for lagging behind in adopting new media for marketing (Boehm et al, 2006). Hospital Web sites are often “brochure-ware”
and have hardly taken advantage of the two most salient Web 2.0 features: multimedia and interactivity (Gallant, et al., 2006). Within this context, this study has tried to find out how and why hospitals have adopted the online video technology—an embodiment of online multimedia—to be engaged in e-health. This study is significant to hospital management for developing user-friendly, targeted information and for implementing a mechanism to measure the success of their e-health video usage.

METHODOLOGY

To dig deep into hospitals’ rationales in using e-health videos, it was decided that the best strategy was to conduct a case study. The case-study tradition has been popular among scholars because it allows different research approaches, such as experiment, survey, and content analysis, to do in-depth and longitudinal investigation into specific cases (Baxter & Babbie, 2004, p. 304). Triangulation of the findings from different research approaches is made possible so that readers are provided a systematic way of looking at the cases to understand what’s going on in each case’s real-life context (Wimmer & Dominick; 2005, p. 129). In a study that involves multiple cases, general questions are developed for observing all the cases, and then questions specific to each case are developed to address the uniqueness pertaining to each case (Baxter & Babbie, 2004, p. 304–305). The researcher “typically presents a detailed description of each case separately (known as the within-case analysis), followed by a thematic analysis across cases (known as the cross-case analysis)” (Baxter & Babbie, 2004, p. 304).

Coming up with typical cases must be based on a comprehensive initial observation of all possible cases so that typical sloppiness in a case study can be avoided, as Yin (2008) pointed out, and so that the study carries maximum transferability.1 According to the Hospital Directory on the U.S. News Web site,2 there are 6,456 hospitals in the United States. In order to be inclusive as much as possible, one out of every three Web sites was systematically sampled. Each of the 2,152 sampled Web sites was directly observed by two observers, including the author and a graduate student of communications, and notes were taken during the observation. Among these 2,152 Web sites, 28% used one or more videos. Since the purpose of the study, as stated above, was to find out how and why hospitals have made efforts to use videos, only the Web sites that used video were considered for the study. A case study does not aim to find a pattern. Therefore, it usually involves fewer than 10 cases to avoid redundancy and to reduce cost (Yin, 2008, p. 51–53). Six unique cases were finally chosen. The criteria for inclusion were that 1) each had used video (need a space) in a way unique to its own context, and 2) each represents a model of video implementation. In short, these six cases were chosen on the basis of a broad observation on a systematic probability sample, but the six cases themselves do not represent a larger population, because they do not need to (Flyvbjerg, 2006).
After the cases were chosen, each Web site was carefully re-examined for the following factors:

- **Service quality status in the nation.** Is it ranked as a Best Hospital by *U.S. News*?
- **Hospital size.** Number of beds,
- **Management type.** Multi-hospital system vs. single hospital,
- **Video technology.** Streaming or not, video size, format, placement, presentation consistency, etc.
- **Video content.** For what purpose are videos used?3

Each of the six hospitals' Web development supervisors was contacted for an in-depth interview for the rationales of using online videos. Each willingly participated in the interview to answer 10 general questions and then questions that pertained to each hospital in its own context.

The data for each hospital Web site were aggregated from observation and from the interview. Then data from different hospitals were analyzed to find common themes for discussion. The hospitals are reported in alphabetic order.

**FINDINGS**

1. **Geisinger Health System (http://www.geisinger.org/, Danville, PA)**

Geisinger Health System has nine medical facility locations with a total of 731 beds (need a space) in a very rural part of Pennsylvania, but owns one of the best hospital Web sites in the United States to take advantage of multimedia. Historically, Geisinger has received national acclaim with listings in the Best Doctors in America, Best Hospitals in America, and the nation’s 100 Most Wired Hospitals and Health Systems. In 2003, author Michael Romano singled out Geisinger as a model hospital Web site for its nearly-a-half-million-dollar effort in transforming itself into a state-of-the-art online gateway to the hospital.

Its home page starts with an impressively produced Flash promotional presentation and a 269x202px video directly underneath, that tells a story about a patient. The visuals dominate the simple and clean home page and guide a user to the inside pages.

Geisinger has used videos as a “value added” element on its Web site for patients and prospective employees to find information easily and in an enjoyable experience. Rob Snyder, Geisinger’s New Media Manager, said that Geisinger expects its online videos to attract traffic, motivate users to return often, drive patients to the health system, and help educate and inform its patients so that they are better equipped to be their own advocate and more directly involved in their healthcare. (need a space.) Therefore, out of the 123 videos observed at the time of the study, over 80 percent are marketing-related patient stories from different departments, touting the capabilities and prowess of Geisinger’s departments and physicians. A few are informational. For instance, a video on the Urology site explains how robotic-assisted surgery works.
Geisinger is one of the very few hospital Web sites that stream videos to make viewing convenient. Geisinger started using videos on its Web site in 2006. It has its own Flash Media Server and an in-house Flash expert. It has set aside a budget to have an external video production vendor, and occasionally a local TV station, to produce its videos. It is also one of the few hospitals that have built an online video library, which Geisinger calls “Media Center,” housing 29 categories of videos apart from many more videos prominently placed on its home page and departmental home pages. All videos are displayed with a great consistency of format, size, placement, embedding, and so on.

However, the Media Center and other videos on the site have yet to build a close relationship. Right now, either from the home page or departmental home pages, a user has no way to know that the hospital has spent much money and time to prepare a multimedia feast for them because the Media Center is hidden deep inside the site. Since the videos are embedded in content pages and since the addition of videos always seems to coincide with Geisinger’s site redesign, Geisinger has not been able to track its Web site visitors’ video consumption, even though it has implemented Google Analytics, a Web page visiting tracking and analysis tool.

2. Hillside Hospital (http://www.hsde.org/, Atlanta, GA)

Hillside Hospital was chosen for this study not because it had a huge collection of e-health videos as Geisinger did. It was chosen because the one video on its Web site exudes an exuberant emotive power. Hillside is a children’s psychiatric hospital with 74 beds providing “treatment services to children ages 7–17 who have severe emotional, psychological, and behavioral challenges,” according to its home page. These children have had their parental rights terminated or come from indigent families. Cindy Cooper, Hillside’s Development Director, said,

“It’s very difficult to convey the full scope and meaning of what Hillside is and does in a brief description on our home page. Having the video on our site allows us to show visitors who we are and what we do, and get an emotional reaction from the viewer.”

Apart from showing who they are, another reason to use a video is to find external help. Cooper said,

“Our government is changing policies regarding the care and services provided for these children who are so desperate for help. Our hope is that having the video online, especially since it is an emotional video, will help build our donor and volunteer base.”
Therefore, in 2008, Hillside put a video produced two years earlier by an independent production company onto its home page.

The video uses still and moving images of the hospital’s young patients. Voiceovers by staff members explain who the children are, how they have been abused or abandoned, and what the hospital can do and has done for them. The simple but powerful visuals, apposite music and succinct voiceovers emphasize just one word: trust—the kids’ trust in Hillside. The video appeals to the viewers’ minds, but much more to the viewers’ hearts. The complementary combination of the audio and visuals reveals more than words can convey, making the simple and elegant home page memorable. Cooper said that a few new volunteers mentioned that they had seen the online video and decided to get involved.

Hillside has displayed the online video for a year. Other than that, Hillside has little expertise to analyze its Web traffic or evaluate the video usage. The video, in Quick-Time format, is located at the bottom of its home page.

3. Integris Health
(http://www.integris-health.com/INTEGRIS/en-US/, Oklahoma City, OK)

Like Geisinger, Integris Health has reached a high level of maturity in taking advantage of e-health videos. Integris is the largest health system in Oklahoma with hospitals, rehabilitation centers, physician clinics, mental health facilities, independent living centers and home health agencies throughout much of the state with a total of 1,411 beds. Integris began working with a local television station to sporadically incorporate videos into its Web site as early as 1999, as part of a marketing package. In 2006, Integris noticed the importance of using e-health videos. Todd Stogner, the Integris Web Team Lead, said:

“The proliferation of Internet access and the fact that the public relies on the Internet so heavily to research health information are the driving force behind Integris Health’s decision to provide video on our web site. Providing our own videos on our website allows us the advantage of telling our stories the way we want them told. We control our brand, the content, and the length of the stories.”

That year, Integris decided to systematically implement videos online. A full-time video specialist was hired for video production. A low-budget external streaming vendor called Delve Networks has been used for streaming its Flash videos on the Integris site. The Integris videos are also delivered on YouTube.

All the videos are now produced in-house under the branding name “Inside Integris TV” as a monthly newscast, and are consistently embedded in the content pages so that the brand is maintained and the videos become an integral part of the Web site. The videos, which have a professional quality, cover almost all areas of healthcare, including new technologies offered by Integris, surgical procedures to patient stories, physician pro-
files, and hospital/service line features and community events involving Integris. To allow its online visitors to easily discover such visual marketing materials, Integris consciously and saliently promotes Inside Integris TV on its home page in two different visual manners and also promotes by using a menu link on many of the inside pages. The videos are not only spread throughout the pages depending on the content of the videos, but are also accessible on a portal page. The same videos are used not only on the Web but also on local TV programs as news releases, on its hospitals’ televisions in patient waiting areas, on the hospital intranet for its employees, and at health fairs and trade shows. Such repurposing has reduced the video production cost and maximize the exposure of the videos for marketing.

Integris has relied on Delve Networks to provide analytics for its videos. As for ROI, they have relied on anecdotal information. “Unfortunately, measuring ROI is always a challenge,” said Stogner. Integris has yet to design a portal page that will assemble all the videos across pages based on category rather than on chronology of production, so that the videos will be more relevant to information searchers.

4. Southern Ohio Medical Center (http://www.somc.org/, Portsmouth, OH)

Southern Ohio Medical Center (SOMC) is not at the forefront of information technology, as Shawn K. Jordan, SOMC’s Director of Community Relations admitted, but it has explored for ten years how to use videos on the SOMC Web site. “This is still a young phase for us,” said Jordan. Based on its hospital mission (“We will make a difference”) and on the findings from focus groups conducted among its key stakeholders, SOMC decided that videos would better serve and reach a larger portion of its market in order to make a difference. It wants to reach not only baby boomers but also the millennial generation,4 which begins to outnumber the former and has different communication habits. “Video is a way to capture that audience that is not willing to dig deep or search for information,” Jordan said.

As a small, single and rural hospital with just 222 beds, SOMC is no less aggressive than many much larger hospital systems like Integris in terms of using multimedia on its Web site. SOMC provides informational videos on new procedures, such as HDR Brachy therapy for breast cancer. It also delivers patient success stories, and videos on various programs offered to the community, such as the popular Zumba fitness class. Without much budget for production, SOMC has relied on a few local video production hobby groups to produce 17 videos as its initial marketing effort.

Technology-wise, SOMC leaves much to be desired. In spite of its enthusiasm in using e-health videos, implementing such videos on the SOMC Web site seems more like an after-thought than a planned effort, and the interview with Jordan confirmed this observation. Videos on inside pages are inconsistent in terms of format, size, placement, and
embedding style. The videos are not featured or promoted on the home page as a means to attract young visitors. SOMC does not have a system to track visitors’ video usage.


St. John is a comprehensive healthcare system with 2,340 beds in seven hospitals in addition to 125 medical facilities serving southeast Michigan. It was ranked by U.S. News as one of “America’s Best Hospitals 2008.” Jerry Fraeyman, St. John’s Interactive Marketing Consultant, said that videos help educate and inform its audiences and that visitors are more apt to watch a video than to read a lengthy article. Therefore, St. John started to incorporate videos on its Web site in 2004.

With little budget for video production, St. John has tried several different ways to save on cost. First, it used in-house non-full-time video production talents and an external advertising agency to produce more than 50 TV commercials, recruitment videos, and virtual tour videos regarding the hospitals’ new expansions. Second, like many other hospitals, St. John supplements its in-house promotional and informational videos with more than 40 patient education videos syndicated from an external video content developer. These 2-D animated films located in its Video Library cover symptoms, treatments, procedures, etc. Third, also like many other hospitals, St. John uses the progressive downloading technique to deliver its videos without using a video-streaming server. Fraeyman said that St. John was on the way to converting all its videos to the more accessible Flash video. But at the time of observation, the Web site was dominated by the much less popular Windows Media and QuickTime formats. And finally, St. John sends many videos to YouTube and shows those YouTube videos on its own Web site.

Like SOMC, St. John suffers from the lack of planning for incorporating videos into its Web site. The site uses three video formats and three video sizes. Some videos are embedded in the content pages while some others are shown in an external page or external video player. Instead of building a video gallery, videos are spread out in a matrix on some of the pages with minimal design effort involved. In terms of ROI tracking, Fraeyman said: “We have not done any formal evaluations on the effectiveness of new media in meeting marketing goals though anecdotal evidence/feedback is that videos are well received.”

6. Wellmont Health System (http://www.wellmont.org/, Kingsport, Tennessee)

Wellmont Health System is probably the best hospital system in the United States for using multimedia on its Web site. With 1113 beds in eight full-service hospitals and more healthcare facilities serving Northeast Tennessee, Southwest Virginia and Southeast Kentucky, the Tri-State region, Wellmont has a highly visual presence online. The use of videos across the site is comprehensive, consistent, and branded. The videos are mainly promotional and informational. Many patient stories are used.
The Web site starts with a dominant full-width promotional Flash animation presentation with soothing music and voiceover. The presentation serves as an impressive first-impression. Cleverly, Flash Action Script is used to automatically turn off the sound when a visitor visits the home page the second time. The home page is simple, clean and professional. A textual link, “Video Focus,” directly below the Flash animation links to a collection of promotional videos including patient stories. To save money, Wellmont has all its videos produced by a local TV station first as TV commercials, and then Wellmont repurposes them for its Web site. To maximize the exposure these videos can get, Wellmont puts them on YouTube as well. Since the videos are all aired on local TV, they are not only of broadcast quality, but many truly touch hearts. Some of the best hospital promotional videos were observed on this Web site. For instance, with a docudrama production style, sound effects and music, a video titled “A Kingsport Teen’s Fight For Life” vividly tells an amazing, heart-gripping story of how Merissa, a teen, recovered from a horrifying car accident with the help of the Wellmont physicians and nurses. The doctors’ quality treatment and the nurses’ genuine care are effectively revealed through the parents’ genuine emotions shown in this six-minute-long video.

Patrick Kane, Wellmont’s Senior Vice President, explained that Wellmont’s online video usage is guided by its vision (“We will deliver the best health care anywhere”) and its mission (“We deliver superior health care with compassion”). The system administration holds the belief that rich media are more engaging to some audience members than text alone, and that videos are the emotional connection to the Wellmont brand. The administration wants to build the Wellmont Web site as a trusted source of legitimate health information. “Being a trusted source builds our brand, and videos enable our patients and physicians to tell our story better than copywriting will,” said Kane. The Wellmont TV series requires a considerable time commitment from the featured physicians, caregivers and patients. In 2008, Wellmont set up hundreds of TV interviews with its physicians, which will be used later both on a local television and on Wellmont’s Web site.

Wellmont does not have its own video production team, but it has a highly professional Web development team. The team has encoded all the current 48 videos as Flash video at the 460x315-pixel resolution and consistently embeds all the videos in a content page so as to maintain the brand and give visitors a hassle-free experience. It places a collection of promotional videos and patient stories under the “Video Focus” page for online visitors to find easily when they visit the system home page. It also strategically put high-quality videos on each individual hospital’s home page and many inside pages. By combining Google Analytics and a content management system, the team closely monitors its Web traffic and video usage, evident in the monthly charts provided by Wellmont to the author. At the same time, the team solicits feedback from the hospital employees so that it can provide evidence for ROI. Kane said, “The feedback from our physician recruitment video has been particularly strong, with our recruiters telling us that potential recruits were drawn to
visit because of the stories in the videos.” Like many other hospitals, Wellmont is using progressive downloading to deliver its Flash videos to save money. ROI has not yet convinced Wellmont to consider purchasing a Flash Media Server to stream its videos.

**DISCUSSIONS**

Here is a summary of how the six hospitals have used videos for marketing themselves.

Most of these six hospitals have a short history of using e-health videos and are still approaching technological maturity. However, developing outstanding e-health videos for the Web is not the prerogative of only financially or technologically privileged hospitals as Hillside Hospital, a small-size hospital, and Southern Ohio Medical Center and Geisigner Health System, two rural hospital entities, have potently demonstrated. As all these cases show, developing e-health videos require a hospital administration’s technological awareness, a strategic plan, and dedication.

Developing a professional, effective and user-friendly hospital Web site needs a well thought-through strategic plan. Geisinger Health System leads the nation in online video technology and has used videos systematically on its Web site, but it needs a coordinated structure for all its videos to be more user-friendly. Hillside has one of the best e-health videos, but everything else regarding implementing online multimedia must catch up. Integris Health is probably the most dedicated hospital system for implementing hospital Web site videos, but, like Geisinger, it is yet to develop a more mature video gallery to coordinate the video contents from/for different hospital units and to make the presentation user-friendly. For Southern Ohio Medical Center, to be still in “a young phase” after 10 years of exploration indicates an urgent need for a clear development plan and technology updating. St. John Health System is the only one of America’s Best Hospitals 2008 selected in this study, and is the only case out the six cases (and one of the few hospitals in the nation) that offer patient education videos and provide comprehensive categories of e-health videos at low cost; but, like SOMC, it needs a strategic plan for its future Web development to best take advantage of multimedia. In this regard, Wellmont Health System has set a model for the nation. On the other hand, if Wellmont can either develop its own patient educational videos or acquire syndicated counterparts, it could enhance its mission of establishing itself as a trusted health information provider. All these hospitals have used promotional and informational videos to market themselves. Showing care and love, adding patient education videos to a hospital Web site constitutes altruistic, alternative marketing and may better position the site in competing for traffic with dedicated patient education Web sites such as WebMD.com and even Google. As most of these hospitals demonstrated, by tapping into local competent video production resources or into staff’s own technological potential, having a low budget should not be a roadblock for implementing online video for hospital marketing and patient education.

ROI measurement is still in its infant stage after years of development. An efficient
<table>
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<th>Hospitals</th>
<th>Geisinger Health System</th>
<th>Hillside Hospital</th>
<th>Integris Health</th>
<th>Southern Ohio Medial Center</th>
<th>St. John Health System</th>
<th>Wellmont Health System</th>
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Table 1
tracking system to measure Web usage including video usage needs to be developed and used on hospital Web sites for providing evidence for ROI. In this regard, many hospitals can learn from Wellmont so that proper and conscious investment in e-health videos can be made and so that the use of e-health videos will not just stay as a hind-sight decision but rather a well informed and integrated decision.

A good strategy includes knowing what to emphasize on a Web site, presenting with consistency, and using up-to-date technology. Two of the common rules for Web design are that 1) a dominant visual should be used as an eye-catcher to attract visitors’ attention as CNN.com does, and 2) the dominant visual must be above the fold (McIntire, 2008, p. 169), a term borrowed from newspaper design. Many bloggers have suggested that the dominant video, if there is one, on the home page should be put above the fold on a Web page to attract visitors. If the Hillside video, for instance, is moved from the bottom to the top of its home page, and if the video uses the almost universally accessible Flash format instead of the QuickTime format, the video might have a higher exposure rate to Hillside’s online visitors. Southern Ohio Medical Center’s super-large, unlinkable home-page photo of a nurse, rotated on a daily basis, carries little informational value to external visitors. However, if the large image is linked to a video in which the nurse gives a testimony about his or her work at the hospital, the large image will carry more informational value. If a testimonial video either from a nurse or from a patient is already placed on the home page, it will save the visitor a click. These cases have taught us that it is important to maintain a consistent presentation in terms of video delivery, format, size and placement for branding and for easy navigation. Also, building a centralized video library can make it easier to find the multimedia feature on a site and the service information in other areas within the hospital.

CONCLUSIONS

The discussions and conclusions from this study do not, and are not meant to, represent the situations in other hospitals, but the rationales for and practices in using e-health videos revealed in these six cases can be of great value to other hospitals of different management types and sizes for developing their Web strategies.

In spite of the technological hurdles, all of these six hospitals, small or large, rural or urban, are taking advantage of the Web 2.0 technological wave to visualize their online market through moving images. Although most of them are still learning to figure out how to justify their investment in online videos (though sometimes such investment is miniscule, according to the hospitals), these hospitals have implemented e-health videos for one or more of the following six reasons:

1. The proliferation of high-speed Internet access has made online video a well-accepted culture in the United States.
2. Many online visitors, especially young people, like to watch videos more than reading lengthy articles.
3. Videos can attract online visitors’ attention, thus attracting online traffic and further attracting the visitors to the hosting hospital.
4. A video, when well produced, is worth more than a thousand words.
5. Videos can relate not only to online visitors’ minds but also more importantly, to their hearts to build trust and drive their decision-making.
6. Videos empower and inform the visitors outside of the hospital visit time and such self-driven homework is beneficial to both the visitor and the hospital.

These reasons have driven these six hospitals to be among the early video adopters in the nation for marketing their hospitals. These reasons are also likely to drive more hospitals to use e-health videos to refine their marketing efforts, as online video technology advances and hospital IT staff become more technically proficient in video.

Further studies need to be conducted about how health information seekers take advantage of hospital Web site information, especially multimedia, and what they prefer both in terms of content and the presentation of the content. Such studies will provide a clearer picture for hospital marketing on the Web.

REFERENCES

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APPENDIX: IN-DEPTH INTERVIEW QUESTIONS

1. Since what year did your hospital Web site begin to incorporate videos?
2. What have you done to incorporate videos on your Web site? For instance,
   a. Have you established a production team and budget for such productions?
   b. Have you purchased or at least considered purchasing a streaming server?
   c. Have you built a video gallery to make videos easily accessible from all related pages?
   d. Have you promoted your videos on your home page to attract users’ attention to the existence of multimedia on your Web site?
   e. Have you worked with a local TV station to use their videos or have you used videos from an independent video content provider?
   f. If you have done anything else that I have not mentioned here, please do add them. I am also very interested in knowing the whys for each of these things you have done or not done.
3. Why did you want to incorporate videos on your Web site? This is a crucial question. Please do answer in details.
4. For what have you used videos on your Web site? In other words, what are the contents of your online videos?
5. Technology-wise, how have you decided
   a. whether to use streaming or progressive downloading for presenting your videos,
   b. what video format(s) (i.e. Flash, Windows Media, QuickTime, Real) to use,
c. what video size(s) to use,
d. where to show your videos (embedded in the current content page, embedded but in an external empty page, assigned to an external media player), and
e. whether to keep consistency for each of the above technological considerations?

6. How is the new media usage, especially video usage on your Web site connected to your hospital’s mission and needs?

7. Have the users of your Web site heavily used your online videos? Do you have a tracking system to monitor the traffic on your Web site for you to evaluate your multimedia endeavors? Please provide details.

8. Please explain if your investment in new media is worthy? In other words, have you evaluated how new media have helped the hospital marketing and helped patients? Please provide examples if any.

9. What do you think you can better do in terms of using videos for marketing on your Web site?

10. Please let me know if I will have your permission to use screen shots of your hospital Web pages as illustrations in my article when it is published in a journal or online.

NOTES

1. Guba and Lincoln proposed transferability as one of the four criteria for judging the soundness of qualitative research and explicitly offered these as an alternative to more traditional quantitatively oriented criteria (Trochim, 2001, p. 162–163). The other three are credibility, dependability and confirmability.


3. Based on the answers provided by the hospitals, the following eight categories of content were derived by the author via textual analysis:
   a. Establishing Corporate Identity and advertisement: Promoting the public image of the hospital, such as caring, providing high quality services, community-oriented, etc. or advertising the hospital services and personnel.
   b. Informational: Providing specific information regarding the hospital services, employment opportunities, time and location of hospital operation, procedure preparation, meetings, lectures, professional training, etc.
   c. Educational: Showing patients how to deal with different kinds of symptoms, diseases, or medical challenges and demonstrating medical facilities or equipment in treatment. None of these videos is hospital-specific.
   d. Public Service Announcement: Promoting a cause or a health habit.
   e. News: Showing what’s new at the hospital.
   f. Patient stories: Showing patients’ stories and testimonials.
   g. Documentary: Showing the history of the hospital, doctors’ experiences, etc.
   h. Entertainment: The videos in the form of entertainment such as MTV and drama.

4. The term “Millennial Generation” is usually used to describe the demographic cohort with birth dates ranging somewhere from the mid 1970s to early 1990s.

5. A recent study based on street interviews published online by Priority Publications showed that
consumers may be more likely to begin their online searches for health information at Google and WebMD rather than at a hospital or HMO Web site (PRWeb, 2008).

6. Here are some examples:
   • http://www.michellemacphearson.com/slimy-internet-marketing-salesletters/
   • http://www.mediapost.com/publications/?fa=Articles.printFriendly&art_aid=60543
   • http://cashtactics.net/09/17/my-most-profitable-sales-letter/