

# Mobile Technologies and Public Health

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[Erin Edgerton] Thank you for joining me for this edition of Health Marketing and Interactive Media. I'm your host, Erin Edgerton. Today I'm talking with Eric Holman who is President of Smart Reply, a mobile marketing organization. Thank you for joining us.

[Eric Holman] Thank you. I'm glad to be here.

[Erin Edgerton] Let's start off with talking a little bit about Smart Reply. Tell us about the organization and the mission.

[Eric Holman] Smart Reply was founded in 2001, and we are committed to changing the world and the way the world interacts with marketing through preference management. We conduct voice and mobile campaigns, largely in consumer markets, so helping companies reward their customers by delivering a text message or mobile message, or a whole interactive program and experience.

[Erin Edgerton] And how important is mobile in the United States? Who's using it, and what are they doing with it?

[Eric Holman] Mobile is becoming very important in the U.S. It's already picked up overseas, but the thing that's the most important part of it is mobile is a device that everyone has in their hands, and it's now one of the most indispensable things that we carry around. And for that reason, using it as a communications tool beyond just calling your friends, and using it as almost a handheld kiosk of information, is becoming essential. And the types of companies and groups that are using it are across the spectrum. It's definitely had more success and adoption in commercial applications. You see it on American Idol and TV programs, but also McDonald's is using it for coupons and rewards, and Bloomingdale's using it for rewards and redemption, so it's becoming critical.

[Erin Edgerton] Why should public health professionals or communication experts, in particular, care about mobile phones?

[Eric Holman] The mobile phone is changing everything. It's the way that we've experienced the world, and the way that we communicate with each other, and how each generation used to get its information through a certain kind of media - from radio in the 40s, to television in the 60s and 70s, to internet in the 90s to the present, which really changed how we consume information. And now the mobile has taken that same concept and put it on the road, so now we can experience the internet and accessibility for anything, anywhere, exactly where we're at, and it's really helping to manage our lives and, in turn, program design can help to manage the behavior changes that we'd like to see in our patients and members.

[Erin Edgerton] Keeping in mind that text messages can only be 160 characters, do you really expect that they can change health behaviors?

[Eric Holman] I don't think a text message alone can do very much. It's not very engaging. It has to be part of a real comprehensive program design and truly a multimedia program design. A text message can be interesting. It can deliver a perfect amount of information or capture a little bit of information, but when it's tied into a robust internet site or it's tied into a phone system that's delivering and receiving information, I think the leverage effect is many fold. So the 160 characters is almost like a bookmark to the rest of the world in how that program relates to the wired or the offline world. It has to be comprehensive in its approach.

[Erin Edgerton] What are the characteristics of mobile phones that make them particularly good for communicating public health information?

[Eric Holman] To begin with, it's a phone, and we have been using mobile phones for 20 years just to talk with our friends and family, and now the power of the mobile phone is becoming more like a small computer, so the ability to send data and, now, to send images and to manage people and information and reminders, that's what's driving a lot of the value behind the phone. We call it the "handheld kiosk" because it really is developing the power of a computer.

[Erin Edgerton] Are there any disadvantages for using a mobile phone to communicate?

[Eric Holman] There's potential ones in the space. There's the fact that a mobile text message only carries 160 characters, and that's hard to manage, too, and hard to engage with only 160 characters. There's low user adoption still for using it as a big program. It's becoming more essential, but it's still growing in the marketplace. And the way the network infrastructure is set up with carriers makes it complex sometimes. It's an evolving marketplace.

[Erin Edgerton] Because this marketplace is so new, let's go over some of the buzz words so that you can define them for us. What is "SMS?"

[Eric Holman] SMS is the same thing as a text message...a short message service and, that is just a text message, 160 characters.

[Erin Edgerton] And what is "MMS?"

[Eric Holman] MMS is a multimedia message and, that's sending, for example, a picture or a video link...some kind of digital content along with a text message.

[Erin Edgerton] What is "WAP" or "W-A-P?"

[Eric Holman] WAP is the mobile internet, and that's connecting to the internet, usually as you hear the term "WAP push," where something equivalent to a small internet page is sent like a text message.

[Erin Edgerton] What is "IVR?"

[Eric Holman] IVR is “interactive voice response,” and that’s the inbound calling systems for phone trees...so the “press 1,” “press 2” type of things.

[Erin Edgerton] And last, what is “CSC?”

[Eric Holman] That’s the common shortcode; the shortcode is a server’s equivalent to a phone number. So to send commercial messages or messages that aren’t coming from a mobile phone. Instead, sending it from a server or a system you have to have a carrier approved and certified CSC or shortcode.

[Erin Edgerton] So, can you walk me through an example mobile campaign? What would that look like from the *consumer’s* perspective who’s participating in the campaign?

[Eric Holman] Sure, yeah, the consumer’s gonna initially start out by signing up or opting in to join a program, and they’ll do that either online, on a website, or by calling a phone number, or sending a text message into a shortcode, and after they do that, we will send a text message to confirm it...to confirm that their opt-in registration was what they wanted to do, and then the messages, depending on the program design, will begin to flow. Every text message is gonna have a 160 character limit, and early on they will...they should...include a toll-free number for people to call and change their preferences or to get more information that’s not easily pulled out of a text message, and the user will interact with the text message just by replying with key words. So we’ll ask people to reply “yes” or “no,” and we’ll capitalize the word “YES” and the word “NO.” And if we ask somebody to reply with a specific piece of information, like “Vote for celebrity A,” then we’ll capitalize “CELEB A.” So, it’s how do we interact with as few characters as possible and make it as easy as possible for that user.

[Erin Edgerton] Can you give me some examples of people who are executing what you would call “good” mobile messaging campaigns?

[Eric Holman] Yeah, the good ones, interestingly enough, are kind of invisible because they’re communicating direct to a small group of users who get great value out of it. There’s a company in the northern Midwest called Meyer Supermarkets, and they use this to alert customers of gas price increases so, before gas prices go up, their customers who’ve signed up get about a 2 to 3 hour notice, and they can rush into the store and make their gas purchase. Those kinds of programs are really really effective at engaging people in something that has value to them.

[Erin Edgerton] What is the process for building a mobile marketing campaign?

[Eric Holman] Beginning with what’s the value proposition behind all this, once you’ve got that nailed down, you have to have a shortcode approved by carriers and certified. That takes quite a bit of testing and about 10 to 12 weeks of time. In the mean time, while that’s happening, you’re creating your message flow...so...what text message are we gonna send? What messages will we receive back and, then, no text message really stands alone, so you need to have the multi media plan worked out. What’s the internet site that will support it if you’re gonna have internet content? What’s the IVR phone system so, if people call in, how are you gonna route their calls

and handle the calls? And then once the messaging begins, getting the word out is really the next big challenge.

[Erin Edgerton] And do you have any examples that are specific to health?

[Eric Holman] There's a good one for Lindora which is a weight loss clinic on the West coast, and they use this to track the program success of individuals in the program. So, on a daily basis they send a message out to enrollees and patients that asks them one question at a time. First one may be, "What was your weigh-in for this morning...what's your weight for the day?" That's followed by: "How many ounces of water did you drink yesterday?" And that's followed by: "What was your pedometer reading yesterday?" So those three key pieces of information help to track the progress of that individual.

[Erin Edgerton] For public health professionals who want to design an effective campaign, what are some of the crucial elements to keep in mind when putting together the plan?

[Eric Holman] The first and foremost is the value proposition because a mobile campaign can be very very effective and disruptive. It can also be easily ignored, so making sure the value works. Beginning from a component standpoint, you know that the phone is gonna have the ability to be used as a phone to call in to people and, most of the time, a phone can be used as a text messaging device as well. Those are the two most common uses of phones so starting with that, and not getting too fancy from the getgo, is really, really important. Getting into actual program execution...start with what works today, and look at mobile as a way to enhance that and primarily make it more convenient or more real time. In some of the examples in health we've seen when people are out in the field, they can communicate back to their office. When patients are providing informational updates, they can use the mobile to relay that information just by text message, or to deliver rewards and incentives the instant that someone has achieved their goal.

[Erin Edgerton] When starting a mobile communication campaign, how big or how small should you go for your first try?

[Eric Holman] To begin with, you need to start with the idea of a six month commitment. Just getting things started and setting up takes a couple of months, but the actual program life you need to start with a six month commitment. And then I suggest, and I think a lot of people suggest, starting small and using small groups of people for the first couple of months to figure out the little nuances of what are people responding back to and what's engaging them, and what's your participation rate, and then begin to slowly roll that out...usually through word of mouth and promotion you'll start to get some of that pick-up.

[Erin Edgerton] Can you talk a little bit about the accessibility issues of using a mobile phone for communications?

[Eric Holman] The big considerations in accessibility are, first, what kind of phone or phone plans do the participants have...are they likely to have? Prepaid phones, for example, are not likely to have text messaging, and so you gotta take that into account. Then look at the type of

individual within the group, and are they able to send text messages? That can be as simple as they have experience or they don't have experience, or maybe they're a group that has a hard time seeing small type, and they're gonna be imprecise. And then another really important consideration is language issue and trying to identify early on what language the user is gonna be most comfortable in communicating with and then making sure your communications, both inbound and outbound, are expecting that kind of language.

[Erin Edgerton] For creating a mobile campaign, what are the costs?

[Eric Holman] Costs you should expect to start out at a low end of \$15,000 for a 6 month program. That can rapidly go up from there. In general the costs break down into three categories, and that's message delivery, which is gonna be six to eight cents a message on smaller volumes, and with volume that definitely goes down, and then the custom development costs which are gonna be...if there are custom development...if it needs to integrate with a server of some sort or a database of some sort that's not strictly part of the messaging, then there's gonna be development costs. And finally, the IVR piece which is on a permitted basis. People, if and when they need to call in, they're gonna spend some time on the phone, and you need to plan for that...budget for that. And the last piece is the shortcode costs, and that's gonna be a minimum of \$500 per month up to \$1,500 a month. \$500 pays the government fees for a randomly assigned five or six digit shortcode, and if you need a vanity code that actually spells something, then you can be paying \$1,500 a month. We don't recommend the vanity codes because more and more phones are not assigning the same alphabetic numbers onto the keypad, with blackberries and such.

[Erin Edgerton] Once a mobile pilot is built, how can it be integrated into more traditional communication campaigns?

[Eric Holman] That's the most exciting part is when you've built the pilot and it's working to expand it and scale it, and what we've seen the best success in is putting that shortcode or the opt in website or phone number everywhere and really propagating it, and that can be on websites, that can be in newsprint, on TV ads, and public service announcements where media is already being spent. So, often we see programs roll out without any additional media costs because the media's already there. We're just adding these components onto it.

[Erin Edgerton] Are there ways to virally market the shortcode and the campaign, as well?

[Eric Holman] Yeah, the viral marketing presents a huge opportunity. One of the great features of the phone is that it can be exciting and it can be a thing that somebody wants to share. So, when you're designing programs, if it's appropriate to have viral expansion of programs, it's not too difficult to add that in, or to layer that in, so you actually make the request periodically of the user, "Do you want to share this with a friend?," and then give them the quick ability to forward it to a friend or to enter that friend's mobile number to which you send the message to them on that person's behalf.

[Erin Edgerton] How important is it for people to select to participate or opt-in to the campaign?

[Eric Holman] Opting-in is the most important rule in mobile marketing for a couple of reasons. One is you need to know who the people are who are registering, especially in a public health environment. The other is that carriers require it, and if you don't have a proper opt-in process and a documented opt-in, and the carrier thinks that you're using this just to send unsolicited messages, then they will cut you off, no questions asked and all of a sudden, for instance, Verizon may say, "We're not gonna let you deliver messages on your shortcode anymore, and we're not gonna let users deliver messages to you." So it carries a great potential, as an opportunity, to get the opt-in and the preferences, but it also carries a big threat if it's not followed properly.

[Erin Edgerton] Since the phone companies also don't release any information about their customers, can you target a campaign to a specific audience?

[Eric Holman] Right from the get-go you cannot. The carriers protect their customer information even from themselves, so what you need to prepare to do in program design is collect information, and maybe you collect all of that information they need at that very first registration, especially if it's a health-related type of program that we're engaging with patients, but it may be something where you're collecting information little bits and pieces at a time and asking customers one or two questions every couple of weeks where they just fill in some blanks and, over time, you begin to fill out a full demographic profile, and you can target to those customers based on demographics or other conditions or criteria.

[Erin Edgerton] Where is the mobile industry heading? Will it be easier to target health campaigns in the future?

[Eric Holman] It will be. The mobile industry is going through a great evolution at a relatively quick speed, and they're beginning to evolve towards markets that resemble Asian and European markets which are a few years ahead of us. It will be easier. We think that the...we believe that the process of procuring shortcodes and all the infrastructure requirements will eventually go away and that, on the other side, consumers will have better access or more universal access to all the great features of the mobile phone, from text to MMS and videos, but it's gonna take time. It takes the carriers' willingness to change the business model for the carriers. And handsets. People have to have the right phones for some of these features to work. So we think in two or three years the industry will have changed radically and be a much better place to be doing this.

[Erin Edgerton] How does the U.S. compare with other countries?

[Eric Holman] The U.S. is generally behind. Again, the carrier business models have kind of made it difficult to catch up. What they're doing overseas are fascinating things. They're using the phone for a location-based awareness, so I know where I am and, people that I want to know where I am, can see me literally on a map, or they can target information to me at the right time; and while that sounds potentially invasive, it can also be very helpful. If you're working on a smoking cessation program and you have somebody walking into a Seven Eleven, and you think they're buying cigarettes, the system can trigger some kind of alert or awareness about that. It's also being used like a virtual wallet, so for transactions and electronic purchases. The potential is being realized overseas right now and frankly it's kinda nice 'cause they get to work through all

the hiccups and wrinkles so by the time it comes to the U.S., it will be here faster and it will be better.

[Erin Edgerton] In closing, for any of our listeners who have never sent a text message, what is the one thing that they should do to get started and jump into this medium?

[Eric Holman] The first thing they need to do is send about three text messages on their own, so find a teenager, or find someone who has sent a text message and share their information, and just begin texting because that's where you begin to get a view into what this opportunity looks like. And then evaluate the things that you're doing in your life and in your work that might be made a little bit better by reaching you or reaching your target audience or patients where they're at, and a little text message might go a long way in that respect.

[Erin Edgerton] Thank you for joining me for this edition of Health Marketing and Interactive Media. For more information about this podcast series, please visit the CDC's health marketing website at [www.cdc.gov/healthmarketing](http://www.cdc.gov/healthmarketing).

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