



Gluttony

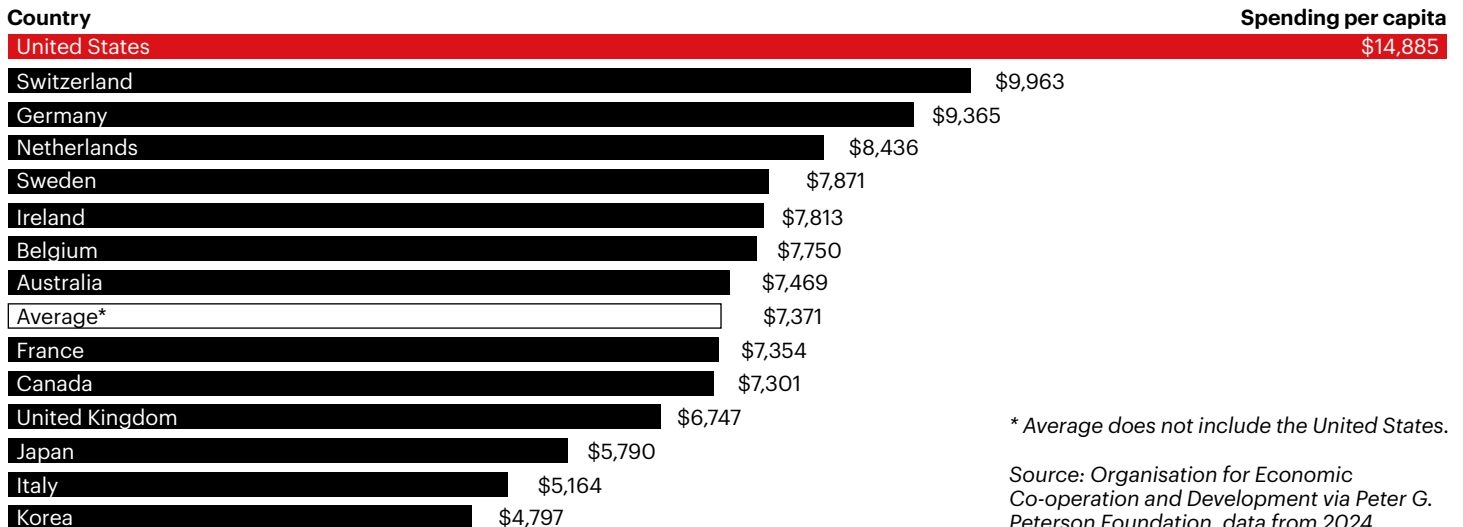
Over-consumption
to the point of waste

We're going to take a slight detour in this chapter.

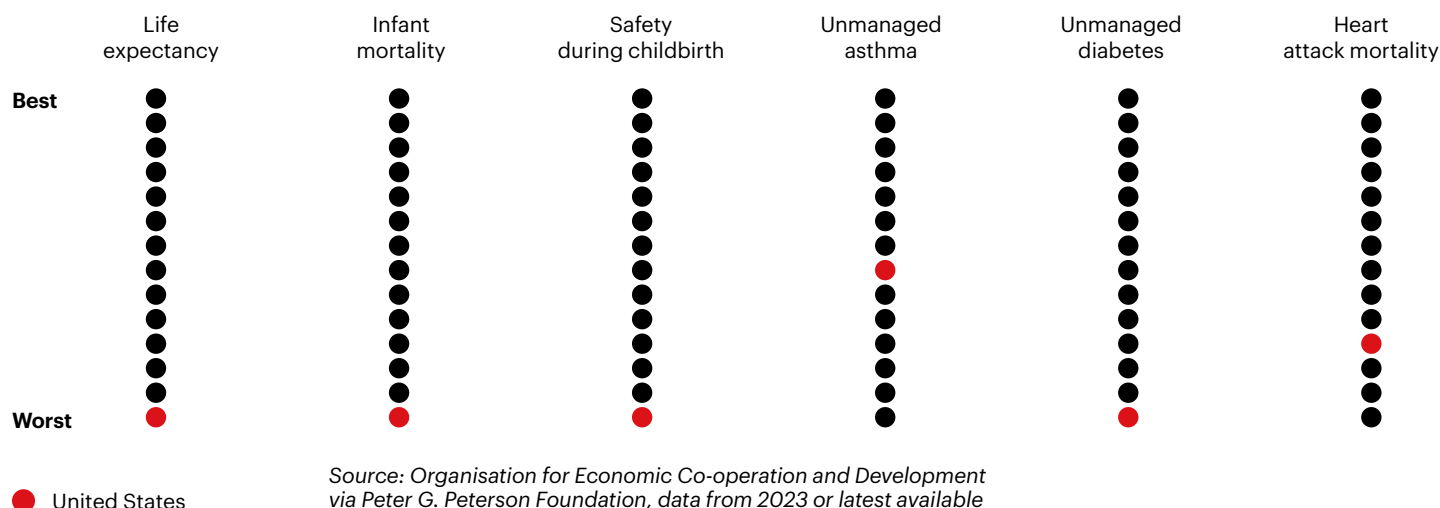
Most of the sins we've explored so far live comfortably inside the day-to-day work of healthcare marketing. Gluttony takes us somewhere bigger. More importantly, its corresponding virtue, Stewardship, gives us an opportunity to talk about health and health outcomes, which should be top-of-mind for every healthcare marketer.

The United States spent [\\$5.3 trillion on healthcare in 2024](#), or \$15,474 for every person in the country. That's 18% of the entire U.S. economy. On a per capita basis, we spend roughly twice the average of other wealthy countries without consistently achieving better health outcomes in return.

U.S. healthcare spending per capita is twice the average of other wealthy countries



And the U.S. has worse health outcomes compared to other wealthy countries



It's tempting to look at those numbers and see Gluttony simply as a system consuming more and more. I think it's more useful to look at what the system is being asked to consume.

According to the CDC, [90% of our annual healthcare expenditures are for people with chronic and mental health conditions](#). Chronic diseases such as heart disease, cancer, and diabetes are among the leading causes of illness, disability, and death in the United States, and three in four American adults have at least one chronic condition.

The CDC also points to a relatively short list of risk factors behind [many preventable chronic diseases](#), including smoking, poor nutrition, physical inactivity, and excessive alcohol use. Preventive care and screening can help prevent disease or identify problems earlier, when they may be easier to treat.

Seen that way, Gluttony begins to look less like a sin we should pin on the healthcare system and more like a symptom of a system expanding to treat an enormous and growing burden of disease.

It would be absurd to suggest that healthcare marketers can solve a problem of this scale. But we work inside this system, and we have more influence over what happens upstream than we sometimes give ourselves credit for.

So what on earth can we do about it?

Stewardship: allocate resources toward meaningful outcomes

We define Stewardship as the intentional and responsible allocation of resources toward meaningful outcomes.

That's a useful definition for marketers because organizations entrust us with substantial resources. We have budgets, technology, data, research, media, creative talent, and people's attention. We also have organizational objectives we're responsible for advancing.

Healthcare marketing has traditionally supported goals such as growing service lines, increasing patient volume, building preference, and strengthening the health system's position in the market. When we do those things well, we help give the organization its best chance to improve the lives and health of the people and communities it serves.

Stewardship asks us to be mindful of those resources and objectives while also recognizing the larger opportunity we have to influence health outcomes. Those responsibilities can reinforce one another. A screening someone has been putting off is an appointment. Helping someone recognize symptoms and seek appropriate care creates demand. Helping someone manage a chronic condition can strengthen a longer relationship with the organization.

The question becomes how we can put more of our capabilities to work before people reach the point where they need the most intensive forms of care.

Marketing as an instrument of healthcare

We tend to think of healthcare marketing as something that sits alongside healthcare. Clinicians deliver care, operations make that care possible, and marketing helps people find and choose it.

But communications can also influence health directly.

We can encourage someone to complete a screening, help them recognize a risk factor, make complicated health information easier to understand, or prompt them to seek help before a condition becomes more serious. We can help someone understand where to go, what options are available, and what their next step might be.

My colleague Dan Lavelle has [challenged healthcare marketers to think more broadly about this role](#), including the opportunity to improve health literacy. The ability to take complicated information, make it understandable, reach the people who need it, and motivate them to act are the skills marketers already have.

Seen this way, marketing can become an instrument of healthcare in its own right. And once we start thinking about our work that way, some interesting possibilities open up.

Move upstream

The chronic disease numbers give this idea some urgency. If an enormous share of healthcare resources goes toward people living with chronic and mental health conditions, then helping people prevent, detect, and better manage some of those conditions deserves our attention.

Healthcare marketing has historically put considerable energy behind downstream care. We market the procedure, the specialist, the advanced treatment, and the hospital where all of those things happen. Those services are important to patients and to the financial health of many healthcare organizations, but they also sit relatively late in the health journey.

“Seen this way, marketing can become an instrument of healthcare in its own right.”

An oncology strategy can help someone choose where to receive cancer treatment while also encouraging appropriate screenings before there is a diagnosis. Cardiovascular marketing can promote advanced heart care while helping people understand risk factors or recognize symptoms they shouldn't ignore. Primary care communication can help people establish relationships that make prevention and chronic disease management easier.

Those earlier interactions can create value for the organization over time too. Someone who enters the system for a screening, primary care visit, or relatively simple health need can become familiar with the organization and build trust through experience. If their needs become more complex later, they already have a relationship with a system they know. Moving upstream can improve health while building the awareness, preference, and relationships that support future growth.

This is a different kind of care, earlier when earlier is better, preventive when prevention is possible, appropriate to the person's needs, and supported by enough understanding for them to participate in decisions about their health.

It also asks us to look beyond the hospital. Some of the most meaningful opportunities to influence health happen in primary care, in the community, at home, and during the long stretches of life when someone isn't actively a patient.

If communications are an instrument of healthcare, perhaps we should be thinking about where that instrument can have the greatest effect.

Cancer isn't seasonal

That brings us to another peculiarity of healthcare marketing. We tend to organize our work around campaigns. A service line receives a budget, we develop the strategy and creative, put media into the market, measure what happened, and eventually move on to the next campaign.

People don't experience their health that way. Cancer isn't seasonal. Neither are diabetes, cardiovascular risk, hypertension, or most of the other conditions we're trying to help people prevent, recognize, or manage.

A large campaign can create attention, but attention fades. Someone who isn't ready to act during the six weeks we're in market may become exactly the person we need to reach three months later.

Stewardship gives us reason to think about the balance between episodic campaigns and more continuous engagement. The same data and technology that allow us to target increasingly precise audiences can help us become more proactive and relevant over time. Instead of relying entirely on broad campaigns and hoping the right person encounters the right message at the right moment, we can increasingly communicate according to need, behavior, risk, and where someone is in their relationship with the organization.

That doesn't eliminate campaigns. It gives them a larger system to live within.

What didn't happen?

Marketing measurement tends to be built around things that happened. Someone saw the ad, clicked, scheduled an appointment, or received care. The service line grew. Those are useful measures. We need to understand whether our work produced a response and whether the organization received value from the resources it invested.

But moving upstream gives us another category of outcome to consider. What didn't happen?

Perhaps someone didn't arrive in the emergency department because they identified and managed a condition earlier. Perhaps a person didn't develop more advanced disease because they completed a screening. Perhaps a chronic condition didn't deteriorate because someone had the information, support, and care they needed to manage it more effectively.

Those outcomes are considerably harder to attribute to marketing, and we should be careful about claiming causation we can't demonstrate. Health outcomes develop over long periods and result from many influences, most of which sit well beyond a marketing department.

But difficulty measuring something doesn't make it unimportant. It may mean our time horizon needs to become longer and our definition of a meaningful outcome broader. Instead of measuring success only in quarters or campaign windows, some efforts may need to be understood across years. Alongside the encounters marketing generates, we can begin asking whether the behaviors we're encouraging contribute to healthier populations and more appropriate use of care.

What we choose to ask influences what we choose to measure. What we choose to measure eventually shapes the work.

A longer relationship

Thinking this way changes the role marketing can play across someone's relationship with a healthcare organization.

Before someone needs acute care, we can support health literacy, prevention, screenings, and behavior change. When they need care, we can help them understand their options and navigate toward the appropriate setting. After an encounter, communication can help people remain connected to information and resources that support their health.

This is also where some of the virtues we've already discussed begin to reinforce one another.

Humility asks us to begin with what matters to the person we're trying to serve. Discipline asks us to connect our work to clear organizational priorities and decide what deserves our attention. Stewardship asks us to use the resources and influence available to us in pursuit of meaningful outcomes.

Together, they give us a broader view of what healthcare marketing can contribute. We can grow service lines, build brands, generate demand, and support access while also helping someone understand their risk, complete a screening, seek care earlier, make a more informed decision, or manage their health more effectively.

That's a larger ambition than generating clicks. It's also a more interesting one.

Keep this in your pocket

Take one growth priority you're already supporting and draw the patient journey a little farther upstream. What could marketing help someone understand or do before they need the service you're promoting?

Look for an earlier opportunity to improve health while beginning a relationship that could create value for the organization over time. Then put some of your resources there.

The next temptation

Gluttony gives us an opportunity to consider what our resources ultimately produce and whether healthcare marketing can contribute to better health before more intensive care becomes necessary.

Our next sin turns our attention outward. Instead of considering what we have and how we use it, we begin wondering why somebody else has something we don't.

Gregory called it **Envy**.