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Putting a Face on a Title V CHSCN Program:

Marketing and Outreach Strategies for Florida's CMS Network

DON MEYER: Thank you, Vicki. We found we had a lot of work to do. Being a state agency, not probably unlike a lot of you, we had somewhat limited resources so we didn't have any specific marketing or program or marketing budget. We kind of had to work with the resources that we had. And in analyzing what we needed to do to get potential clients, therefore, we had to kind of rely on some recent past studies and surveys that were done by other sister organizations plus a strong dose of our own institutional knowledge and some basic common sense. And what we found were that we were a very well known program to our clients, to our providers, and the Florida legislature. Studies and satisfaction surveys found that our providers and clients really, really liked the program. And the Florida legislature continually approved of what we were doing by beefing up our budget every year during legislative sessions. So we knew we were doing a good job but we needed to beef up our marketing.

The problem we were having is, as I said, we were well known among the people that knew us but it was the general public and the general physician community

that was the problem. Surveys told us, and Kristin will talk about this later, that the public didn't know really who we were or what our mission was. Physicians often thought we were a competing medical practice and therefore were hesitant to make referrals. And this general lack of recognition prevented a lot of children who could've used our services from getting the services that would've been beneficial to them.

What caused this lack of general program recognition? There were two main things. The Children's Medical Service Network is a program that's 80 years old. It originally started out as the Florida Crippled Children's Commission. It primarily dealt with polio and other congenital type of orthopedic problems. From there we gradually added other diseases over time and we became a specialty medical practice. But it's only been in recent years where we have become a comprehensible medical program where we literally provide everything from primary care to drugs to their specialty care. So because the mission had changed, it was harder for us to get our message out. But now that we're a comprehensive program we have a more defined marketing program.

The other problem was is that, as Vicki said, we had 22 offices around the state. Over 80 years those programs were added one at a time under the direction of a local medical director. And this was done on purpose because the local medical director was a peer of the medical community in which he or she worked and they literally would use their community's respect to be able to go out and recruit

doctors to work for our program, which is a low paying program as a lot of public funded programs are. So it really helped us in getting the program started statewide but the problem with that was is that each of those offices tended to develop a sense of local autonomy and they did their own thing with regard to marketing and outreach. So it's only been in the recent years that we have tried to get a handle on this and do marketing from a statewide perspective. And the way we decided to start doing that initially was to develop some standardized visual recognition tools, primarily our logo, and consistent marketing messages.

The first thing we did was to develop a logo. It's very important to create a primary logo or graphic symbol for your program. It's the one thing that's consistent. It's really the face of your program. It's a small thing but it is a very important thing. In addition, a primary logo can be used later on if you have subsidiary programs like we do. We have a lot of specialty programs and affiliated programs that are related to the CMS network and I'll talk about that a little bit later.

Our immediate goal was to create this visual recognition of who we are and what services we provide; however, the long-term goal was for us to become a brand. A brand is different than just a logo. A brand is really a connection with your organization that's created in the minds of the individual based on their experiences with your program or information they know about your program. And it's really an emotional connection with an organization which specifically are

very important with the healthcare industry because it's so personal. Brands have very, very strong emotional attachments. I mean, you can think of your attachments to your local sports team which is a brand. Your favorite automobile. Ladies, your favorite cosmetics. You wouldn't use anything else except a certain brand. And that's the kind of thing--when a logo becomes a brand it's an emotional connection. Brands are also promises. When we create a brand what we are saying is we promise that we will do something for you. A brand says this is what we stand for and this is what we will do for you.

Identifiers have very powerful visual meanings. There's probably not one of you that doesn't know what companies these are, just based on these symbols. Some of them are brand. Some of them are just company identifiers that they've used in advertising campaigns. Just by looking at some of these--you probably all know just by looking at the McDonald's symbol exactly what their stores look like, what their restrooms look like, what the food tastes like. All that just from a picture because it's conjured up in your mind. So this is the importance of trying to create a brand. Even for a social service agency you want to become very, very well known and for people to connect with you on that level. So in a sense, a picture really is worth a thousand words.

Remember me saying that our offices developed a sense of autonomy? This is what we had. These are examples of what individual offices developed on their own over time. And this is what we looked like to the state. We looked different in

every single area. Not only are they different, but in many cases they aren't very well done. So we had a lot of work to do.

This is our current logo and tagline. Each one of these elements was developed with a specific purpose in mind. The butterfly represents our goal of moving children from a state of sickness or illness to wellness, like a butterfly transitioning. The CMS Network is obvious; that's our name. The Children's Medical Services is our parent organization and it helps explain what the initial CMS represent. The colors were also chosen after a lot of research. We were, by the way, very lucky in that, you know, we are part of the Florida Department of Health and they have a graphics department and we were very, very lucky to have the services of a Master of the Fine Arts artist who was very talented that that helped us with these things. The colors were chosen from specific color palettes for specific market segments. The yellow in the butterfly is from a children's color palette and obviously it's a bright and cheerful child-like color for Children's Medical Services. The blue is a color taken from a healthcare provider's color palette and it represents trust and solidity. Another element are the fonts. The CMS Network font is based on a child textbook type of a font. Again, it's child-based. The Children's Medical Services is a heavier, strong font that supports the CMS Network as our program supports us. And the tagline, which I'll talk about in a minute, is, "Healthcare for children with special needs" is a script font for contrast but it also adds a degree of personality, of individuality, that helps with our humanistic side of our organization.

The tagline is nothing more, and this is, we found, very important because a lot of people, if you just look at CMS Network, you wouldn’t know what that was. The tagline is just simply a very, very concise statement of what our program is and what it does. And it helps in a lot of our advertising campaigns and promotional literature. We don't always use it. We use it primarily with those advertising campaigns. Normally we use our logo, the top part of it, on our things such as letterheads and websites and so forth.

Once you have a logo, a basic graphic image, it’s important that you use it, as we do, in every single thing you do. We use it all the way from ID cards through the signage of stationery right on through to the nametags that our nurses and office people wear in the clinics. Every time you use the logo it solidifies it, it strengthens it, and it just helps build the brand and again builds that emotional connection. And we also found that it also helps with morale. If you have very, very good graphic images people will, on their own--like these shirts. We bought these ourselves. But our area offices will buy t-shirts. They will buy lab jackets with their own money, because we are a state agency and have limited budgets, and put the logo on it because it helps them feel that they’re part of a team and that they’re part of an organization that is high quality and doing good work.

I said earlier that we had affiliated programs and specialty programs. We have quite a few of them. We’ve used the same graphic elements in all our logos and

we did that for a purpose. Number one, the satellite or the specialty programs and the affiliated programs gained some strength by being part of our overall network logo because they're all tied together. And on the other hand, we gain strength from them because it highlights how many important programs we have that work with us. So it's a win-win situation for us as well as our affiliated programs.

I've talked about developing a consistent graphic identity but it's also important to develop very consistent messages. Again, because of those independently developed offices over time they also developed somewhat independent ways of getting our program messages across. They were basically correct but they were not standardized, they were not consistent, and in some cases, they were not as accurate as we wished them to be. So what we did was we developed standardized brochures, handbooks, and a website to help standardize our message throughout the state. Our website is a work in progress that Kristin will talk about. That's the one thing that we are struggling with a little bit but that's just because we're having trouble getting a web designer. But we're getting there. These are some initial brochures that we developed with an earlier logo. Our current logo is about a third iteration of our logo. And we're very happy with it.

And Kristin has done some wonderful things in moving us forward, not only with our messages but with our visual images. And she's going to talk about what we're doing now and what we're going to do in the future. Thanks, Kristin.