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HEALTHY COMMUNITIES

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Putting a Face on a Title V CHSCN Program:

Marketing and Outreach Strategies for Florida's CMS Network

KRISTIN ROBERTS: Thank you so much. I'm not going to stand in front of the podium because I'm pretty loud so hopefully everybody can hear me okay. Okay. So Don has really covered where CMS was and really partially where they started going. But I want to talk to you--just to reiterate, they had some basic information dissemination tools that looked kind of like this and overall, you know, kind of pretty well liked by people who knew who they were but how many people were they? So I don't really want to spend time today to spend time talking about marketing P's. You often hear marketing people talking about the P's of marketing: four Ps or eight Ps. And actually, if you want to talk about that, I'd love to talk to you at the reception. So just for fun feel free to come up and chat with me about marketing Ps. I'm happy to talk about that.

But today I actually want to share with you kind of an interesting definition of marketing that I proudly steal from David Marlowe which defines marketing as a "minimization of hindrances and a maximization of helps". I think it's important, first of all, that we all get on the same page when we talk about marketing

because when people say that marketing word I think what happens in a lot of people's brains is advertising. You know, big expensive Super Bowl commercials. And let's just be honest. A lot of us just can't afford to do that. We certainly can't. So we have to be creative and think about marketing outside of the box. I use this definition very purposefully because we're really talking about marketing as a help for people to enroll in programs that will offer subsidized insurance or free insurance or other health programs that you probably have in your own states or areas. I'm sorry the slide's not in your packet. I should have said that; I'm sorry. I added it at the last minute.

And the things that are marketing policies could include something simple like reenrollment systems: are they too hard? Are they too complex? Are we hurting people? Are we making it hard to do? And those are kind of the purposes. How do we answer the phone? Do we offer things in enough languages? Do we offer cultural competent strategies? One of the professors at Florida State, Dr. Corzi, who writes an excellent book on Hispanic marketing, by the way, and I'll talk to you about that at the reception too, he defines marketing as "the science of making others fall in love with your product". And when I read it I said, "Well, that's very interesting," but I think it really implies this emotional attachment that you want your audience to have with what you do. And when we're talking about health, you know, we're really talking about things that are very emotional. So, anyway, let's kind of operate with this definition as we move forward from this point.

The first thing I came in and did was conducted a pretty basic market audit. And this is a pretty traditional first step in creating a marketing plan. And it doesn't have to be scary; it can be simple. And we're just kind of figuring out where are we at this moment? You know, stop now: where are we? And what data do we have and then what is that data going to show us?

Well, CMS luckily had some great existing data that Don started to talk about before and I just want to show you graphically. This is a 2005 satisfaction survey. I'm using some old data. But it's a satisfaction survey just basically asking, "How satisfied are you with the program?" And the survey's actually much more involved than this but this is the important part. And this is a little bit of a strange graph but just to simplify it, everything you see in blue are the people who are satisfied. So that's just overwhelming success for a program to have that degree of satisfaction. So, okay, the problem isn't that the people who are there aren't happy. We can see that they're pretty happy.

And by the way, if you're not doing something to measure satisfaction in your own program or policy or organization, I strongly recommend that you look at bringing something around to do that. And it doesn't have to be scary or expensive. It could be as simple as people asking about experiences as they're leaving face to face. Or scales of one to ten forms that people fill out. It doesn't have to be a whole big expensive research project. It can be something simple.

But you have to have some data to operate from when you're making marketing decisions.

By the way, there's some really great data out there about things that work when you're looking to do research with different cultures and different audiences so just keep that in mind as you're constructing your survey instruments and your tools, that not everything works for every audience. And I'll talk a little more about that kind of as we go through.

So anyway, people are happy. We're doing really well. Now here's the problem. This is actually a finding from--who did this? I think it was Kid Care, a social marketing plan, measured this. And basically they asked parents if they'd ever heard of CMS. And 35 percent of them had heard of us, which is actually shockingly high to me, but 65 percent had never heard of this program, never heard of the letters, never heard of the name, nothing.

So from these last two pieces of data alone, and neither of these are that complex data, you know, none of this is scary, we figure out that the people who are with us really like us. People just don't know who we are. So clearly we know what we need to focus on. And this is what I mean about you need some data to help you because you have to make decisions based on something.

So how do we get people to find out who we are? Well, we were lucky to have some data about that too. I think this was also collected from the piece before this which was the social marketing plan, the Kid Care social marketing plan. And they basically asked parents, “How did you learn about CMS?” Parents who had just enrolled, newly enrolled parents, “How did you find out about this program?” And they were allowed to identify as many as were applicable. That’s why the percentages seem kind of awkward. And you can see overwhelmingly that people heard about the program from physicians, providers, doctors, social agencies, schools, and then family and friends, people that they knew that had experienced the program. So really what we did was created sort of a strategy around these last three pieces of research that I showed you, particularly this piece.

And let me just kind of sum it up here. We’re ready to move into our next phases. After you figure out where you are you figure out where you want to be, which is your marketing objective, and then you figure out how you get there. And those are your marketing actions and tactics. And let me just say, you know, marketing planning is just like any other planning that you do in any business, in any health industry, anything. There’s more than one way to do a marketing plan. This is just a pretty simple way to think about it but there’s a million tools out there to help you construct a plan. This is a simple one that kind of can help you think of it in broad terms. Even as a marketing person some of the marketing plans that I look at are very complicated when you start to get into the nitty gritty of what you’re

supposed to be doing and oh, is that called a goal or an objective and what's the difference? You know, it's just a nightmare. So this is kind of a simplistic way to do it.

So kind of very simply we decided we wanted to have a unified program with mainstream recognition within our target audience. And let me say that's an important piece, that target audience piece, and it's not really a step in the marketing plan that I've presented but you've got to figure out who it is that you're marketing to. It can't be everyone in the world. When people tell you their audience is the general public you have my full permission to tell them that is not an audience. That is everyone. That's not an audience. That's not a target audience. So you really need to look at who is it most important for us to reach. Well, a program like CMS Network has a lot of audiences that are very important. They have a physician audience. They have to get people to serve these children so that's a whole audience that you have to work at to market to. They have partnerships to pursue, people that we need to help get the information out to these families who can receive our services. That's an audience and that's marketing. And then of course the big audience that we all think of generically are the children and then of course the parents of the children who would be the ones enrolling their children in the program.

So we really need to think about audiences from a very--you know, identify all of them by all means but then figure out where you can do the most good. I went to

a social marketing and public health conference--I'm just giving a lot of plugs today, huh--down in south Florida that I recommend for anybody interested in more information about this particular topic, and they do a session on targeting audiences and target audiences in general. And they talk about how in the health industry we're so interested in reaching the neediest population first. You know, if we're providing free mammograms we want to provide them to the woman who has never had a mammogram in her whole life. That's who we want because she needs it the most. But in reality from a marketing perspective, how do you find her? Where is she? What do you know about this woman who's never had a mammogram in her life? Maybe we should think about the woman who hasn't had one in five years but we have her records from the last time she got one at the county health department or wherever. So thinking about things from--and then, you know, once you have her coming you have some success and you have some things that you can kind of move forward from. And she can tell people, "Gosh, I got this mammogram and it really wasn't that scary. And, you know, it was great and I recommend everybody do it." You know, let your people market for you.

So, anyway, I'll just put that out there. They do a great session on it and I am not by any means an expert of that piece but I just think it's worth sharing in this forum that in health it is important to reach our needy populations all the time but it may not be the most smart marketing strategy to say let's go after this person

who's never even heard of getting a mammogram over 50 or whatever the health recommendations are.

So, anyway, just think about what might work for you and who your audiences are and who it makes sense to reach. And we'll talk; I think we'll have some times for questions and if not, find me at the conference. We'll chat.

So after we understand who our audience is, we have to understand how we should talk to them. And in the health industry it can sometimes be really difficult to decide whether to use science and statistics or stories and personal touches. And I just want to share an example that helps me and may help you. There's a professor, Professor Heath, and he's performed this one exercise about 200 times where he just splits this class in half and he says, "You guys are going to defend the thought that property crime is a major problem and you guys are going to say it's not. And I want you to prepare a one minute--" you know, like a debate class assignment. And he says that on average a student uses two and a half statistics in their one minute message. Two and a half statistics in one minute. And that only one person out of ten will use a story to argue their point. And then later he'll distract them with a video and some lecture and blah, blah, blah. And then he'll ask them to recall what they've heard and 63 percent of the students in the class can tell you the story that was told but only--what is it--five percent remember the statistic. Five percent. So this is just a really--and it may be different for everybody, but this is a great story to help illuminate this fact.

And another, one of my favorite sub places, Subway, you guys probably have a-- what's the big Subway campaign? Anyway? Yeah, the Jared campaign. Well, before they went to Jared they actually tried another campaign to promote the healthy attributes of their sandwiches. Does anybody remember what that might have been? Anything before Jared? Was there life before Jared? That's really the question. In fact, they used a campaign that was called The Six Sandwiches Under Six Grams of Fat campaign and it actually had a little bit more success than you'd think because it's very alliterative and kind of fun to say, Six Sandwiches Under Six Grams. But when you compare that campaign, which none of you could remember, to Jared, which only one person said but I'm sure all of you were thinking about, I mean, it's just unbelievable. So I encourage you all to really find a balance between that numbers game and the statistics game. There are audiences that are going to want the statistics. And you have to know who they are and when to give them what works. So find your balance, find out what works for you.

It's also true that an emotional connection through stories can be a wonderful way to appeal to some of our diverse audiences. Dr. Corzi who wrote that wonderful book about Hispanic marketing that I told you about, his research shows that the Hispanic is actually less influenced by scientific or rational cases and much more influenced by intuition and instinct, which is obvious a product of their emotion and emotional attachment to something, including a story. So using

stories could be a really great tool to reach some of our diverse audiences as well.

So basically we took all these principles and tried to put them into print and created a couple things that you have on your desk and several other things that you don't have on your desk and that are being printed as we speak. And the colors and design of all of these materials, you know, as Don talked about earlier, they were really created with--I mean, we have to be realistic. We don't have the money to create every different piece for every different audience. So our things have to work for everybody. And these materials are professional for our physician audience but they're kid and family friendly for our families and the schools and they just work. Look for ways to make things consistent but fun.

In our brochure, which you have in your packet, we sort of simplified--I'm not sure if you noticed on the slide that Don presented, but CMS had separate brochures for each of their funding sources. So Vicki talked about the three funding sources, you know, Title XXI and Safety Net and Medicaid, thank you. Medicaid. And so they had three separate tools, depending on these audiences. Well, think of how confusing that is when you're trying to find out basic information. So we of course simplified, first of all, created one generic tool that would work for anybody. And more importantly, we've offered them to be distributed in all the places that the previous slide told us people get information. They were able to

be distributed in physicians' offices and at schools and family and friends can pick up packs and distribute them if they'd like as well.

We also kind of take that recommendation concept one step further by featuring parent testimonials. It's a strong feature of all of our materials, and you'll see these circles on all of them when I show you them. This really provides a sort of story and emotional connection, a recommendation to the audience who's reading this brochure.

We've also kept in mind grade level, writing levels, which is very important to have it at basic reading levels. And then as far as cultural competency, and I think there's even a session about it later which you'll probably see me at, but marketing experts typically agree that when you're reaching different diverse audiences that the best strategy is to sort of scrap everything and start from scratch. So if I'm trying to reach a Hispanic audience then I just throw that away and start over. Well, that's great but it's not always practical. And it's not always achievable. And so what we have decided to do is we offer materials, not just kind of translated, and I encourage you guys to pursue this in your own local areas as well, but look for people who do like a cultural adaptation of your text because there's going to be things that just don't work. And so this is kind of the second best thing that we can provide to some of our diverse audiences. If you have the money to start from scratch, go for it. Create something completely different from scratch based on the things that you know about the diverse

audience that you're trying to reach. But I know that a lot of people just, outside of the big Subway campaigns, a lot of people don't have the money to do that. So, anyway, this is kind of a little tip about reframing your message into something that sort of consistently works for other audiences.

Another kind of great, speaking of money on a budget item, are our folders which your materials are in today. These really offer a whole strategy of sort of appealing to a different audience each time that you're doing something. So that folder today is a presentation folder and tomorrow when I go to a provider's office and bring that provider information about being part of the network it becomes a provider recruitment tool. When a family signs up for CMS and they get all their good stuff that becomes an enrollment packet. I mean, think about ways you can make your materials stretch and work in different situations. And to kind of go along with that it really allows customization. That's the word I couldn't find before, customization. Folders allow you to customize your packets. And to go along with that are the fact sheets, which I'll talk about in two slides. This is actually kind of a poster series where we've really tried to highlight diversity through the images and this is a series that could be made into ads at some point if we pursue that strategy. But they are identifiable from different cultural competencies. And actually it's a series of six and you'll notice the diversity in age and gender, which is an important component of our program as well which serves older children in addition to the really cute babies and four and five year olds. So that's our series of six children that we're featuring.

These are the fact sheets that I was alluding to next. I thought they were the next slide. But they're also great kind of on a budget and work wonderfully with our folders as ways to customize our information for our different audiences. If they're pretty enough they can stand alone and just be handouts. They can be part of a packet that is able to work for various audiences. And they also feature of course our quotes and stories and parent testimonials, sort of reinforced on all of our pieces.

Well, your materials are really only as good as what you do with them and we are lucky enough in a state as large as Florida to have those 22 offices that Vicki mentioned. And luckily, within several of them, you know, sometimes regionally we'll have a provider and marketing liaison. And these are really the people who are on the ground in the field doing the day-to-day work of it. They are the ones who get the materials into the schools locally. They are the ones who go out and meet with providers on issues that they have. They also act as a great resource for kind of grassroots outreach. They are the ones that talk to families every day and so they are the ones who can tell us what the concerns are, what the issues are, what the findings are. And we really do look for their information and sort of build strategies around it. We also, as I mentioned, coordinate distribution strategies locally for materials with these provider liaisons. And, again, we have bimonthly conference calls and just really have an open forum where we're able to share best practices from region to region. We're also able to make new

decisions at a state level for what's working locally. And also kind of tweak some things. You know, maybe we thought something would work well locally and it's just not so we need to kind of tweak our policy on how to send that out or how to put that together or whatever it is. But we are very lucky to have these people.

And just a great example of one of the local outreach activities, our Orlando office wanted to do something big in their community and, boy, did they. They actually did a bus wrap. This is a full wrap in English and Spanish. And we worked with them of course on the design and concept and I think it's still running. So if you go to Orlando in the next couple of months on a winter break, check it out. See if you see our CMS Network bus. But, yeah, really beautiful. We're really proud of that as a branding tool.

Another kind of basic concept, you know, it's something happening here at this conference, but it could be part of your sort of overall marketing plan, are exhibiting strategies. This is a great way to reach out to some of your audiences and not just at a conference or at a health function but maybe there's a job fair. I mean, part of the qualifications of our program is an income level. And so maybe there's a job fair around that people who don't have the income are going to find things. Think outside the box. Where would your audience go and how can you get there? That's the meat of this.

And also, we're trying to do a better job reporting and tracking our exhibiting strategies. It's great to go out into a conference but how many people were there and then if you're doing a good job tracking it what if the person who's the contact leaves their job and the next year that rolls around and you're not invited to participate? You're losing a lot of institutional knowledge. So keeping good track of some of your exhibiting opportunities and things that you're doing is just a kind of basic principle or really good tool. And it helps you plan your quantities out better, too. You know how many things you need. If you're using a thousand of a brochure for just exhibits all year round you need to kind of know how that's going to work.

A couple of other tactics that I couldn't do a presentation on marketing if I didn't talk about them are--this isn't in your handout; I'm sorry--are some basics are media and partnerships. And I'll talk about media just very quickly. Remember when I first started talking about marketing and I said a lot of times people think about marketing as being advertising? Well, paid media is advertising and its television ads or radio ads or print ads or internet ads or billboards, anything you can think of nowadays. CMS doesn't really do any of this, not yet, and maybe not ever. And in a state like Florida, and I'm sure in some of your states as well, television advertising is just not affordable. I think Florida--I can't remember the statistic but I think Florida has three of the most expensive media markets in the country. In the country. So when all the presidential candidates are planning their spending, I mean, they are putting millions of dollars in Florida alone. So, you

know, a little agency or a social service agency at any level can hardly afford to compete. And if you've been to a lot of sessions on marketing at other conferences I'm sure you've heard other people say that public service announcements are just not dependable enough and fewer and fewer stations are even offering them. And they're never offering them with any degree of certainty of when they'll run and who will see it. So it's really hard for some people to advertise on television. And really the reason this slide's up here is to say so what. If you're not advertising on television then that's just one tactic that you are not pursuing. There are a bunch of other tactics that you should be looking at. And also look at other less expensive advertising tactics if you really want to advertise. Radio is very affordable, very targetable. A very specific market often listens to a very specific radio station. So think about the opportunities to target a Spanish speaking population with Spanish radio. Internet stuff can be very well targeted too, and we can talk more about that in questions or afterwards if you're more interested in learning all the details of those paid media strategies.

Something that we do do at CMS is earned media. And this is like any time you send out a press release or you're interviewed or you're featured in a newspaper or a newsletter or something like that. Those are all earned media opportunities. And I share that with you because your audiences probably find that infinitely more credible than if you paid for an ad placement. So spend your time thinking of the creative ways to get the media to cover what you're doing. And then

somebody else is saying all the good things about you for you. It's just a beautiful situation. So this is something we try to do and you really do have to be creative. And there's a lot of uncertainty with earned media as well because it could be a rough news cycle. I mean, some days we're just never going to get on the news and that's just understandable. But you do have to have a very creative concept and really present it well. And there's great tools online to help you write news releases and figure out who to send them to. And you have my card. If you have other questions about that we can talk about it afterwards or later too.

Another thing that's very credible that your audiences find very credible are your partnerships. What organizations are your audiences a part of? And can those people, would they be willing to share your information? Would they be interested in posting your ad or having a thing for your brochures at their facility? Maybe it's a faith-based organization and how can you partner to offer things in that way as well? This is also a very credible source because if this is somewhere your audience is already going then they're very interested in what they have to say already. So look at partnerships that you can build to provide a great opportunity to provide information about your program.

We are lucky enough--oftentimes it's hard to figure out how to get all this stuff out there and I just want to share with you kind of one way that we're doing it in Florida. I don't know what sort of parameters you guys all have but we actually have a statewide distribution center in Tallahassee that's a part of the

Department of Health and they sort of send out materials to anybody who wants them. So it's a beautiful situation. We also offer--a lot of the template materials that Don showed you earlier, the newsletter and the business cards and the signage guidelines, those are all offered on our intranet so that people can access them any time, any place, anywhere, all of our area offices can get information about those pieces.

There's much, much, much, much more still to come and one of the biggest pieces is our web strategy, our external and internal web strategy. There are some data that really shows that a majority of CMS families have access to the internet via their home computer or at work. And, in fact, from this Hispanic marketing book that I'm reading, his data says 60 percent of the Hispanic population is online right now. So online is now; it's today. And we've got to look for ways to provide those services that people want online, online. We have some data from a sort of similar program that asks parents who had just enrolled. Those are great people to ask, by the way, what wasn't working. Why'd you leave? What didn't happen well? But, anyway, they asked them about things they wanted to be able to do on their website and the parents said they wanted to be able to get a list of physicians and the status of their enrollment and just a couple of things. And so of course we're looking at that research to guide our website revision. And just basically easier navigation, working better with our graphics, more marketing focused and less--more of the stories and less of the statistics.

Right? We want to be in the 63 percent that people remember, not the five percent that people don't. So that's a big strategy.

And then also our internal site. You know, we are so dependent and thankful to have all of these area offices and regional offices that we'd like to be able to provide them with stores where they can get their own shirts locally and photo galleries where they can access art that's specific to their region. Maybe they have a need to create something very quickly for something happening locally. To provide them with the tools in which to do that is very important. So we're looking at those things too. Pre-approved graphics; we're sure that everything that's going out has something that looks like what we've put together for it to look like.

And another thing that's still to come is sort of a behavioral change piece. There was some research and it's probably a little outdated now. I don't know that there's newer research on it, but about missing appointments. And so we thought about a patient planner as being a behavioral tool. Remember as we think about marketing as the maximization of helps and the minimization of hindrances, this doesn't probably seem like marketing but it really is because we're providing a tool for them to receive the services that we provide and to receive them in a way that works for them. I have conducted some concept testing personally on a local level and our families love this idea. Love the idea of having something that kind of keeps them organized and is a tool for them to be involved in their children's

health and also kind of keep the rest of their life together. So this is just a really exciting project that we're looking forward to as well. And I could talk all day about that, so talk to me later, again.

And just to conclude, because I don't want to be late for your strategy--I mean, for the reception, and I want to provide time for questions, marketing is really often thought of something extra. You know, like it'd be really great to do marketing if we had the time or the money. But it doesn't have to be something extra. It should be part of everything that you're doing. And I hope today that you'll remember that you don't have to spend a lot of money to market well. You don't necessarily have to be a marketer, you just have to know how to think like a marketer. And that marketing really matters because how will people know where to go and who you are and that there's even something out there to help them if you're not telling them that you exist? And good marketing helps put a face on your program, helps create an emotional connection with your program, and an identity for your audiences.

I'd be happy to take any questions that you have or talk any more about something that you need clarification on or not talk anymore, if that's your wish.

Yes, ma'am?

UNKNOWN SPEAKER: You know, you said you give family satisfaction. Do you do any satisfaction surveys with the community providers that might be referral

sources? And what did they say were hindrances to them making referrals to your program?

KRISTIN ROBERTS: I know that we have satisfaction data. Did you hear the question? I know that we have satisfaction data on families. I know that we have satisfaction data on providers. I cannot say definitively that we are collecting on referral sources. Am I mistaken?

VICKI POSNER: Well, I don't know that we are, either, specifically on why they may be referring or not. As Don mentioned earlier, some physicians, not that we're not well acquainted with Children's Medical Services, were not sending us referrals because they didn't really understand what our program was and they thought they were referring their children away to another physician provider, if you will, or physician's group.

DON MEYER: And that information is gleaned from those area office staff. Again, those kinds of information don't necessarily need to come from surveys because we have our eyes and ears on the ground in those area offices.

KRISTIN ROBERTS: It's true.

DON MEYER: So they are out in the field all over the state and they hear stories all the time and relay those kinds of things back to us.

KRISTIN ROBERTS: And believe you me, on all of those provider conference calls that we get, those conference calls that I mentioned, they are more than willing to share the latest story of “these people won’t send it out because of that” or different things. I can’t think specifically of any findings that they have provided that I could share with you but I’ll keep my ears and eyes peeled for that, though, so that we’re aware. And I think that is a great piece of data to look at from a local perspective. Yes, sir?

UNKNOWN SPEAKER: Yeah. How did you get buy-in from the area offices to go ahead and submit to using (inaudible)?

KRISTIN ROBERTS: That’s a better question for Don.

DON MEYER: Basically, as our central office became more involved in the marketing planning statewide, we essentially, for lack of a better term, mandated it. And we would talk about it at statewide meetings and hear their concerns and complaints and listen to their suggestions. So when we did all this we didn’t do it in a vacuum. We did it with feedback. And because we did use a lot of feedback and we used a lot of their input what we developed was a lot easier to “sell” to them.

KRISTIN ROBERTS: And I think--

UNKNOWN SPEAKER: What's your relationship with the regional offices? In other words, do the counties pay for those offices or is it paid by the state or a 50/50 state/county?

VICKI POSNER: Well, the CMS area offices are all state funded. They're not like the county health departments that receive part of their funding from the (inaudible). And we are the central office. Don and I work at the central office. And because we have area offices around the state you do have that, any time you have that type of structure there's sometimes a natural resistance for when headquarters is trying to impose something. But as Don said, we tried to incorporate as much of their feedback as possible. And I think there was a little bit of resistance when we first started talking about--when we developed the logo and we told them, "This is what you need to use. You need to stop using other fact sheets," there was probably a little resistance. But then once we actually started developing these materials and they saw how beautiful and how wonderful they were, and I think that's what really turned them around because they were hungry for nice professional looking materials, particularly our staff that go out to try to recruit providers. You know, they're in competition with drug reps that have all kinds of money and they begged us for things like pens, just something that they could--

KRISTIN ROBERTS: They really did.

VICKI POSNER: --walk into a provider's office and be able to give them something. So now to have something that's so professional and polished looking, I think we won them over very easily after that.

KRISTIN ROBERTS: Mmhmm. If there was any buy-in necessary, then it was done on the other end because by the time we introduced these materials they have just been thrilled to use them. And they will tell us, I mean, that's not to say they won't tell us, "Oh, we want these folders to have different this," or, I mean, minor things that we can incorporate into revisions, but they are, I think, like Vicki said, very proud to have something. And it goes back to what Don illuminated on earlier. You know, they want to be prideful of who they work for and an organization as great as CMS, you know, they want to have something visually that they're proud of that corresponds to the great work that the program is already doing. Yes.

UNKNOWN SPEAKER: What's the use of the coloring book and is this like a standardized coloring book that you just put your logo on?

KRISTIN ROBERTS: It is. It is. We're offering--we tried to feature tools that were easily accessible too and that is a standardized coloring book. We offer them in our area offices. They're primarily for--I won't say they're primarily for existing patients but they are offered in our area offices for children who are waiting to

see a physician at clinic or just waiting period. We will take limited numbers of them to an appropriate exhibiting or community function. They're not tremendously expensive but they're not as inexpensive as a pen so we have to sort of ration them. But, yes, it is something stock that we're able to brand.

DON MEYER: Is primarily it's a product to show you that there are materials out there, that you don't have to create everything yourself.

KRISTIN ROBERTS: Exactly.

DON MEYER: There are a lot of vendors out there that sell standardized materials that would be appropriate for your particular target audience.

KRISTIN ROBERTS: That complement.

UNKNOWN SPEAKER: In kind of a follow-up to that, is that was there a purposeful, (inaudible) I'm thinking of the family members--

KRISTIN ROBERTS: Okay.

UNKNOWN SPEAKER: --of not using pictures of kids with visible disabilities? Most of the pictures I see are faces.

KRISTIN ROBERTS: Yeah.

UNKNOWN SPEAKER: The only, for example, wheelchair I saw wasn't coloring.

KRISTIN ROBERTS: Yeah.

UNKNOWN SPEAKER: Was that a purposeful direction for you?

KRISTIN ROBERTS: I have two things that I think will help answer that question. The first one is that in our graphics there are--in our fact sheets, there's a sort of series of fact sheets and you guys only have, I think, two of them today but there's really about ten of them in development in my office and they feature header graphics that correspond to the programs. So there's a couple of programs whose graphic features graphic depiction of the physical disability full body type.

UNKNOWN SPEAKER: Oh, okay.

KRISTIN ROBERTS: The reason the visual, the photo visual, is what they are is first of all the limited stock photography that we were able to work with in finding things and also the design was really constructed to be of a child's face. It's a high impact image. And our program, you know, there's about a million answers to that question, actually, because our program is not just physical disabilities but

behavioral and other disabilities. And I think that it actually is sort of progressive to have a program for children for special needs and pick children that aren't immediately able to be identified as children with special needs. You know, not all children with special--I mean, there's a great activity in diversity trainings that I used to do a lot that has the iceberg. Have you ever seen the iceberg activity where you brainstorm all the things that you could tell about a person from looking at them and that goes on the tip of the iceberg and then there's a bunch of things you can't tell and that's underneath, of course. And this is sort of breaking molds by saying, you know, hey, children with special needs aren't all in wheelchairs. They aren't all the same. So that's kind of the answer to that question. A couple of reasons went into play. Yeah. Any other questions? Yes, ma'am.

UNKNOWN SPEAKER: Did you have any issues with your own Department of Health and their logo and their branding?

KRISTIN ROBERTS: That is such a great question. That really is a great question. We are so proud to be part of the Department of Health and everything that we have reflects that. The Department of Health logo--oh, I'm sorry, Vicki. Your pictures are now playing. I'm sorry.

VICKI POSNER: Just close it.

KRISTIN ROBERTS: And we use the department--

VICKI POSNER: There you go.

KRISTIN ROBERTS: We use the Department of Health logo on everything that we do and we are very, very, very proud to be part of the Department of Health. But CMS Network had sort of a special situation where the parents and families of CMS Network were enrolled in that specific program. And so when they received correspondences that were primarily Department of Health focused they were very confused. And it also goes back to kind of understanding your audiences where that's a state program, it's a very--I can't think--institutional looking kind of logo and it's an institution that people identify with state government. And so sometimes there's a little bit of--

VICKI POSNER: Fear.

KRISTIN ROBERTS: --fear.

VICKI POSNER: When you get a letter from the Department of Health.

KRISTIN ROBERTS: Yeah.

VICKI POSNER: With a Department of Health logo.

KRISTIN ROBERTS: So we looked for ways to provide, you know, of course acknowledge that we are a member and a proud member of the Department of Health but also look for ways for them to be able to identify the program specifically that they receive services from. Yes?

UNKNOWN SPEAKER: How'd you get buy-in from the State Department of Health to do this?

KRISTIN ROBERTS: Mmhmm. Talk to me next year. No, I'm just--I said talk to me next year but I was just kidding. We have a marketing manager in Tallahassee who I work very closely with and she understands that there can't be a one fits all policy for Florida's Department of Health. You know, we're a huge department. I think, what is it, 16,000 employees statewide and so many programs, that sometimes the Department of Health isn't the whole story. So we explained the situation to her and she understood the reason that we have to kind of bring up the CMS Network brand. And just technically, Department of Health is sort of an endorsed brand for us. They're sort of our stamp of approval type of brand on our materials. And it really does help us in a lot of ways and we're so thrilled to be a part of that group.

VICKI POSNER: Well, and I think, going back to the enrollment trend slide, I think we were able to use that as ammunition about we're not reaching our target audience.

KRISTIN ROBERTS: They don't know who we are.

VICKI POSNER: We need to focus on CMS.

KRISTIN ROBERTS: Yeah.

VICKI POSNER: And I think that helped a lot.

KRISTIN ROBERTS: Yeah. Yes?

UNKNOWN SPEAKER: I have a quick question. I need to add a leading question first to put it in context. In Florida, if you've got a child that's apparently qualified for CMS and the family would be eligible for Medicaid, is that two different enrollments or do they just enroll in CMS and you get the funding back?

DON MEYER: It's essentially two enrollments. They're enrolled in a funding source first normally. They would be enrolled in Medicaid. They were a Medicaid recipient. And then because they are a Medicaid recipient with special healthcare

needs they would be referred to us. So we would enroll them in our program. We don't--

UNKNOWN SPEAKER: Okay. So the family deals with two different enrollments.

VICKI POSNER: But there's not two different applications.

KRISTIN ROBERTS: It's not a process for them.

VICKI POSNER: We have a state program called Kid Care which has the state child health insurance program. Medicaid, CMS are all under this umbrella. And so there's one Kid Care application and the child is identified to be a Medicaid child or eligible for SCHIP program and then based on their special healthcare need then they're referred to CMS.

UNKNOWN SPEAKER: Okay. The question I was heading, and I think you've sort of gone to a version of it, is when you looked at a universal application system, in Indiana we're still dealing with two different enrollments and two different forms. And we exchange data with the Medicaid program (inaudible) enroll kids that would likely be qualified for our program but then it's a whole outreach separately from our program to get them enrolled if the Medicaid office doesn't properly do it. And it's the not fully effective cooperation from one agency

to the other. They don't always worry about getting the kids enrolled in our program (inaudible) Medicaid.

KRISTIN ROBERTS: Mmhmm. Mmhmm.

UNKNOWN SPEAKER: But the provider marketing liaison people, did you have those before you started this (inaudible)?

VICKI POSNER: Well, we started that about two years ago and it was prior to our marketing initiative.

UNKNOWN SPEAKER: Are they, like, contracted? Are they your employees? Or how did they--

VICKI POSNER: No. We've asked that each area office identify a person in their office to fulfill the functions of a provider relations liaison. And early on it was targeted to help with provider enrollment and not so much marketing because we weren't doing that much. And initially each of these offices would identify somebody and this was kind of their 20 percent function of things to do. But as we beefed up this whole concept of provider relations because if we don't have providers in our network we have nowhere to send our children.

KRISTIN ROBERTS: Exactly.

VICKI POSNER: And so--

KRISTIN ROBERTS: And actually, provider availability is a huge source of a decision for a parent to enroll in a network.

VICKI POSNER: Right.

KRISTIN ROBERTS: So it's everywhere.

VICKI POSNER: So we've taken these provider relations liaisons and now they're really our provider relations marketing liaisons.

UNKNOWN SPEAKER: Are these a little bit different--I recently saw a DVD or video from Florida where they were using parents as outreach people in the various different types of communities to, like enrollment awareness about your program. Is that a different program?

KRISTIN ROBERTS: I think it is a different program. In fact, I think I know what program it is but it's just slipped my mind now that we're talking about it.

UNKNOWN SPEAKER: I thought it was CMS. That's why I was asking.

VICKI POSNER: Well, CMS does--we do contract with the family organization, the family resource coalition in Florida.

KRISTIN ROBERTS: Yeah.

VICKI POSNER: And they subcontract with family health partners. I don't think that's what you're referring to but we do have these parent to parent staff.

KRISTIN ROBERTS: Yeah.

VICKI POSNER: But the provider relations liaison is not what you're--

UNKNOWN SPEAKER: Okay.

VICKI POSNER: --thinking of.

KRISTIN ROBERTS: And a lot of them at the local level are people with health backgrounds, nurses, and different functions locally. So a lot of them don't have marketing backgrounds but they're doing things on a very local and grassroots kind of level and it's just such a treat to get to have them locally.

UNKNOWN SPEAKER: The video was retired public health nurses who were going out in the various communities and making the (inaudible).

KRISTIN ROBERTS: I tell you what; we might have to add something to do what they're doing. You might be giving me ideas here, actually. I'll have to go back and meet all those people. What else can you do while you're going out in the communities? Does anybody else have any other questions today? Again, I'm available to talk about the four Ps or eight Ps, depending on how many you think there are. Yes, ma'am.

UNKNOWN SPEAKER: What is your response as far as people identifying CMS with the busloads?

KRISTIN ROBERTS: It's still going on right now. That is a campaign that started about four months ago. And that campaign is about four months old and we don't have great evaluation on feedback yet. But I think that it's a great kind of--the same things you get from a billboard you probably get from a bus wrap. People kind of know who you are. They're probably not going to pick up the phone and call because, let's be honest, the bus is moving at 30, 40 or 50 miles per hour so how do you--but it's a nice sort of initial, oh, there's that program with the butterfly; I should find out more about what that is. You know, it's a kind of a basic branding tool. It was something the area office really wanted to do locally and we supported them with the design and concept but I don't have great data on how many people called because they saw the bus wrap. My instinct is that

not a lot of people will. But it's really pretty, isn't it? Anybody else have any questions or just want to talk about marketing?

UNKNOWN SPEAKER: Just a real quick thing. (Inaudible) staff member. Are you contracted or how--

KRISTIN ROBERTS: Me?

UNKNOWN SPEAKER: Yeah.

KRISTIN ROBERTS: Me, personally?

UNKNOWN SPEAKER: Mmhmm.

KRISTIN ROBERTS: I am a contracted employee of the Department of Health and I actually work in the Office of Communications but Children's Medical Services is my sole focus, which is really wonderful for CMS because remember that earned media that we talked about? The Office of Communications has all those lists already created for who to send releases out to and who to talk to. So that's sort of the way that I operate and support CMS functions for marketing. And, in fact, I support CMS marketing functions outside of the network alone as well just to give you a sort of perspective. Yes?

UNKNOWN SPEAKER: Yeah. How y'all planning to track your success?

KRISTIN ROBERTS: That's a great question. And I think that we'll look at several pieces of information to track success. Of course, we want to continue to look at satisfaction and make sure that people are still satisfied. We want to look at that enrollment trend long-term. And I will say this about research. You know, you can't look at an enrollment trend and see no movement and feel like, a year later, well, nothing's happened. Let's just throw in the towel. Marketing's a process and we're still sort of creating things and working out the logistics of distribution and website creation. So we'll use a lot of systems to track success. You know, later when we start really promoting our website we'll use unique visitors to track success. We'll use length of time online to track success. We'll use that awareness survey to track success. So all the things I shared with you and then some. And depending on your own local initiative, whatever it is you're trying to market for, there's a lot of ways to measure success. And I have to tell you marketing professionals struggle with this all the time because everyone's always looking return on investment for marketing, and frankly, it's hard to say that all of that growth was because of marketing. And I went to an official--this is not even a joke--I went to an official marketing conference about tracking return on investment and the person who did the session said, "Take credit for everything you can." And I do that, so. Yeah. So that's our plan. Anybody else?

Before you go I'm supposed to remind you to fill out evaluations that are around your tables. And I guess just leave them on the table and I will collect them afterwards. And thank you guys so much for your attention tonight--this afternoon. Thank you.