Marketing & Public Relations Plan (Health Center Planning Template)

Provided by

IOWA/NEBRASKA Primary Care Association
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(Modify this section as deemed appropriate. Change the page numbers to reflect the actual page numbers from your final plan.)
I. PURPOSE

The plan which follows is designed to provide a roadmap for conducting marketing and public relations activities relating to (insert name of facility) from (insert start date) to (insert completion date).

Development of a Marketing & PR Plan is recommended by the Iowa/Nebraska Primary Care Association (IA/NEPCA) as a means of fulfilling the mission of health centers by assessing and responding to the health and dental care needs of patients and communities served throughout the Iowa and Nebraska region.

Such a plan requires the development and implementation of a well-organized, effectively-managed communications program that addresses specific high-risk populations. With this in mind, our health center will work in cooperation with the IA/NEPCA, as well as other health care provider organizations, to implement a communications plan that:

- Identifies and addresses specific audiences at particular risk;
- Capitalizes on special events and awareness campaigns;
- Identifies and supports the efforts of other health care and dental groups, community coalitions, and other community-minded organizations to gain increased support of, and attention to, primary and preventive care;
- Uses branded themes and materials;
- Motivates the public to support increased health improvement initiatives;
- Educates and reminds the public about healthy living behaviors;
- Enhances relationships with news media and health and medical communities;
- Provides health/dental education and community services;
- Provides legislative information and support;
- Markets information about internal activities to employees;
- Recognizes employee achievements.

Thus, the purpose of this plan is to provide a coordinated effort in improving the health of patients and communities served, as well as promoting our health center -- its mission, services and programs.
II. **OVERALL GOAL**

*To increase awareness, understanding and appropriate utilization of our health center among our patients, affiliated providers and the community at large.*

III. **SUPPORTING OBJECTIVES**

a. Build upon our health center's unique image and identity.
b. Increase overall awareness of our health center's services and staff.
c. Increase our health center’s referral base and outreach presence.
d. Promote positive relationships with area hospitals and other providers.
e. Improve satisfaction levels among patients and staff.

IV. **TARGET AUDIENCES**

a. Patients currently served by our health center who receive coverage through a variety of payer sources including, but not limited to:
   i. Medicaid
   ii. Medicare
   iii. Self pay
   iv. Other (e.g., Indian Health Service, workers compensation, private insurance, etc.)

b. The medically underserved residents in our community including, but not limited to:
   i. Uninsured, low-income residents
   ii. Rural residents
   iii. Low-income children
   iv. Migrant farm workers
   v. Other high-risk groups (e.g., homeless persons, people living with HIV and AIDS, persons who abuse alcohol/drugs, and low-income elderly).

c. Area hospitals, health/dental providers and other referral sources (e.g., Fire/EMS, social services, non-profits, etc.)

d. Community organizations (e.g., schools, grocery stores, banks, etc.)

e. Media sources (e.g., newspaper, radio, TV, internet, etc.)
V. BRANDING STRATEGY

Health centers exist to provide quality health care for underserved populations. As a result of this mission, health centers are often viewed as “basic clinics for poor people.” This perception limits health centers from serving a broader purpose – providing complete and comprehensive care for both patients and communities alike.

Health centers shouldn’t be limited by perceptions based primarily on a patient’s economic status or the notion that the health center only provides the most basic of services. Instead, our health center aspires to position itself as a “primary place to access comprehensive health care within our community.”

Additionally, health centers such as ours meet or exceed nationally-accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine (IOM) has recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers’ efforts have lead to improved health outcomes for patients, as well as lowered the cost of treating patients with chronic illness.

VI. KEY MESSAGING

- Our health center provides services to **any and all people** who seek convenient and affordable access to care.

- Our health center provides **comprehensive health and dental services**, including preventive care. In addition, our center offers health education, behavioral health, community outreach, and support programs.

- Our health center provides **individualized, compassionate and family-centered** care.

- Our health center is local, non profit and governed by a community board of directors who are representative of the patients we serve.

VII. METHODS & MEDIUMS

(Modify this section as deemed appropriate. Add or delete methods and mediums as they apply to your health center’s approved communications plan.)

Successful marketing and public relations campaigns need to reach target audiences from different angles. With this in mind, our health center’s communications plan will utilize the following methods and mediums throughout the course of the year.)
A. MEDIA RELATIONS

A proactive media relations strategy will work to increase public awareness with target audiences about health centers and assist in keeping messages top-of-mind. Our media relations activities will depend on the issue and may include, but won’t be limited to, the following tactics:

a. Communications resource toolkits
   We will develop a package of materials by topic including a sample news release and backgrounder, or fact sheet of key statistics. Materials will be tailored to suit the specific needs of our health center.

b. Public service announcements (PSAs)
   We will develop unpaid PSAs, which provide key information about health centers. PSAs are an inexpensive tool for delivering public information. PSAs will be used to promote awareness on a variety of topics and to announce upcoming events.

c. Story leads
   We will prepare story leads for key media outlets to encourage coverage. These leads will include human-interest stories that highlight real people and real situations.

d. Feature articles
   We will prepare articles for distribution to newspapers, local and industry-specific magazines, etc. We will consider human-interest stories to support campaign messages. Articles will also be prepared for area publications, ethnic media and health-related newsletters.

e. News releases
   News releases and/or articles will be distributed to media when appropriate to communicate health center activities and encourage media coverage.

f. News conferences
   We will conduct news conferences to share information of significant interest and value to the general public.
B. MASS MEDIA ADVERTISING
Even now, with all the changes in media consumption, conventional mass media still remains a cost efficient way to reach large numbers of people with consistent messages. While our mass media will vary in each campaign, there are specific vehicles that will serve as cornerstones to our advertising mix.

Ways in which we'll use mass media include: (list examples of your media mix)
   g. Newspapers and/or other print publications
   h. Broadcast and Cable TV
   i. Radio stations
   j. Billboard and/or transit
   k. Others (list)

C. NON-TRADITIONAL MEDIA
Non-traditional media can have enormous impact on social attitudes and behaviors relating to health and dental care. These include guerilla tactics (unconventional targeted marketing often with minimal resources, such as viral techniques on the Internet (the phenomenon of pass-along messaging, involving social networking; for example, online link forwards via email).

When it comes to non-traditional media such as viral marketing, it is important to be unique and evoke emotions. However, there is also a reality that with some of these non-traditional tools, health centers have often been less effective than other groups – largely because of a tendency to pursue more traditional strategies.

Ways in which we'll use mass media include: (list examples of your media mix)
   a. Twitter
   b. Facebook
   c. Blog
   d. Others (list)

D. COLLABORATIVE MATERIALS
There are also situations where audiences need more information on what health centers offer, and therefore will offer audiences print materials or web resources which go into more depth. With this in mind, our plan will develop and provide the following collateral materials: (list examples of your supporting collateral materials)

   a. Printed materials (e.g., fact sheet/FAQ, brochure, etc. (further describe)
   b. Specialty items (e.g., pens, stress balls, magnets, etc.)
   c. Direct mail materials
   d. Display booth and/or retractable banner(s)
   e. Others (list, e.g., posters, PPT template, etc.)
E. COMMUNITY RELATIONS
As part of our communications plan, we will proactively pursue opportunities to work with communities on activities to health care at the local level.

a. Partnerships
   We will build upon existing partnerships and forge new alliances to support and facilitate conferences, meetings and community events. We continue to be supported by key stakeholders and partners to raise awareness of health care issues and health center activities. (List examples of planned partner activities)

b. Events
   We will continue to support stakeholder events across the region. This involves collaborating with stakeholders to successfully promote key messages at events, operations and activities. (List examples of planned events)

F. STAKEHOLDER RELATIONS
The commitment of stakeholders is crucial to our overall Communications Plan. This is true specifically in health care marketing given the potential for stakeholders and partners to extend our messages, and to reach and influence target segments. Building strong, productive relationships with stakeholders will support the success of our social marketing campaigns and programs.

Through this relationship building, the following tools will be utilized:
   a. Building a stakeholders list, including lists for individual topics.
   b. Investing time, attention and resources into managing stakeholder relations – cultivating and nurturing them over time.
   c. Pursuing relationships to help influence political leaders and community opinion leaders.
   d. Providing stakeholders with tools necessary to communicate relevant messages. Examples of these tools include communications resource toolkits, presentations, face-to-face meetings, and regular information updates.
   e. Encouraging stakeholders to be involved in our community, attend meetings and seek opportunities to educate community members about health care issues.
   f. Strengthening relationships with like-minded organizations and services such as schools where youth education programs are in place on the topics of health care.
   g. Soliciting stakeholder input on health care issues via surveys and consultations.
h. Recognizing the efforts and support of stakeholders with thank you letters, awards, giveaways, etc.

i. Providing stakeholder consultation to allow an opportunity to share information and perspectives for valuable buy-in, which will contribute to the effectiveness of our health marketing and communications efforts.

G. OTHER COMMUNICATIONS TOOLS

a. Third-party endorsements/spokespersons
   We will explore the merits of appointing famous spokespeople to health care issues in the state. In some cases, less famous individuals can also be powerful spokespersons – for example, a doctor.

b. Collateral Materials
   To build awareness of community health center issues and support the campaign, messages, posters and brochures may be placed at key public places or high profile events in the state throughout the year.

c. Websites
   We will utilize our website and other existing websites for link placement, as well as to distribute key information about our community health center.

d. Web 2.0
   We will use a Web 2.0 presence, such as social networking sites like YouTube, Facebook, Bebo, LinkedIn and Friendster. Also included in this strategy will be interactive websites, streaming video, and blogs such as Twitter, Flickr, etc.

e. Distribution lists
   We will develop and maintain accurate up-to-date databases for media, school, industry and other key contacts.

f. Educational games/contests
   We will promote awareness of community health centers by engaging target audiences in contests and/or games.

g. Presentations
   Topic-specific presentations can be tailored to key audiences.

h. Information bulletins
   We will utilize informational bulletins featuring relevant, priority topic information as a vehicle to communicate to the public, as well as members of the media, legislators, key stakeholder groups, public and opinion leaders.
VIII. INTERNAL COMMUNICATIONS

Our health center will work with our providers and staff to inform and involve them in the marketing and public relations efforts. To be truly effective, marketing needs to be an organizational-wide initiative, with the full support and participation by all team members.

With this in mind, our providers and staff will be informed in advance about any marketing activities or events. They will also be encouraged to communicate consistent messages about our health center when dealing with our patients and the community at large.

Here is an example of a quick elevator speech that can be used, and personalized, by staff to communicate the message of who we are and what we provide to our patients and communities served:

“We specialize in providing convenient and affordable access to a full range of services including primary care, specialty care, dental care and behavioral health care. It's our pleasure to serve you.”

IX. RESEARCH & EVALUATION

I. RESEARCH

Research will also be utilized in support of our social marketing efforts, including:

a. Creative strategy testing – for example, conducting focus group sessions.
b. Leveraging existing data and qualitative findings for advance planning.
c. Establishing baseline campaign awareness and post campaign tracking – thus measuring the impact on awareness, attitudes and utilization.
d. Learning about contributing factors to successful campaigns, such as examining elements that impacted outcome.

II. EVALUATION

Evaluate the campaign using patient and public response, number of new patients, community receptiveness/response, media impressions and other factors as available. Note successes and lessons learned for future planning purposes.
X. ACTION PLAN (SAMPLE)

**Overall Goal**

To increase awareness, understanding and appropriate utilization of our health center among our patients, affiliated providers and the community at large.

**People Responsible for Overseeing Implementation of the Plan**

Name of health center marketing representative

**Other Resources & Key Audiences**

IA/NEPCA, its member organizations and affiliated health centers

Patients, family members and the general public, especially those people residing in communities served by our health center(s).

State legislators, congressional delegation and other policy leaders and public officials.

Other health care providers serving similar markets (e.g. hospitals, health systems, public health, etc.)

Mass media outlets (newspapers, publications, broadcast, etc.)

Agency MABU staff and associates.

Outside vendors (e.g. printers, web support, etc.)
### MARKETING & PR ACTION PLAN
(July 1, 2010 - June 30, 2011)

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Who</th>
<th>Start</th>
<th>Complete</th>
<th>Notes/Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure organizational commitment to developing and implementing a marketing and PR program.</td>
<td></td>
<td>July 1</td>
<td>July 5</td>
<td></td>
</tr>
<tr>
<td>Identify the individual(s) who will be responsible for moving forward the effort.</td>
<td></td>
<td>July 5</td>
<td>July 10</td>
<td></td>
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<tr>
<td>Provide the responsible individual(s) with the training and resources to get the job done.</td>
<td></td>
<td>July 11</td>
<td>July 12</td>
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<tr>
<td>Adopt a branding and messaging strategy.</td>
<td></td>
<td>July 12</td>
<td>July 15</td>
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<tr>
<td>Determine goals and desired outcomes. Gather benchmark data for evaluation purposes (e.g., clinic visits, new patients, referrals, etc.)</td>
<td></td>
<td>July 15</td>
<td>July 23</td>
<td></td>
</tr>
<tr>
<td>Develop a written marketing and PR plan.</td>
<td></td>
<td>July 15</td>
<td>July 30</td>
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<tr>
<td>Inform employees and providers about the plan and seek their input and involvement.</td>
<td></td>
<td>July 15</td>
<td>July 30</td>
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<tr>
<td>Create branded collateral materials (e.g., update website, printed materials, specialty items, ads, etc.)</td>
<td></td>
<td>Aug. 1</td>
<td>Aug. 31</td>
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<tr>
<td>Conduct special event activities during National Health Center Week.</td>
<td></td>
<td>Aug. 8</td>
<td>Aug. 14</td>
<td>Open house, public forum, health fairs, senior center display, legislator lunch, media relations, etc.</td>
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<tr>
<td>Action Steps</td>
<td>Who</td>
<td>Start</td>
<td>Complete</td>
<td>Notes/Budget</td>
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<tr>
<td>Conduct monthly PR activity #1.</td>
<td></td>
<td>Sept. 1</td>
<td>Sept. 30</td>
<td>Target partner health providers (e.g. regional hospitals, larger clinics, etc.)</td>
</tr>
<tr>
<td>Conduct monthly PR activity #2.</td>
<td></td>
<td>Oct. 1</td>
<td>Oct. 31</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #3.</td>
<td></td>
<td>Nov. 1</td>
<td>Nov. 30</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #4.</td>
<td></td>
<td>Dec. 1</td>
<td>Dec. 31</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #5.</td>
<td></td>
<td>Jan. 1</td>
<td>Jan. 31</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #6.</td>
<td></td>
<td>Feb. 1</td>
<td>Feb. 28</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #7.</td>
<td></td>
<td>Mar. 1</td>
<td>Mar. 31</td>
<td></td>
</tr>
<tr>
<td>Conduct monthly PR activity #8.</td>
<td></td>
<td>Apr. 1</td>
<td>Apr. 30</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #9.</td>
<td></td>
<td>May 1</td>
<td>May 31</td>
<td></td>
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<tr>
<td>Conduct monthly PR activity #10.</td>
<td></td>
<td>June 1</td>
<td>June 30</td>
<td></td>
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<tr>
<td>Measure and report results. Begin developing next year's plan.</td>
<td></td>
<td>June 1</td>
<td>June 30</td>
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Ideas for Monthly Marketing & PR Activities:

- Call the local newspaper reporter and suggest a story idea on a timely topic, and offer one of your providers to serve as an expert resource.
- Print and display a poster on bulletin boards in your community (e.g., grocery store, gas station, library, schools, etc.).
- Incorporate your logo into your clinic letterhead, envelopes, business cards and other support material.
- Create a general info brochure (location, hours, phone numbers, staff, etc.)
- Send a mailing to past/current patients (include a copy of the center’s brochure).
- Send a “new practice” announcement card to area physicians, mental health professionals and other referral sources if a new provider joins your center. Include referral sheet and listing of services offered through the center.
- Send a letter to area pharmacists, clergy and other possible referral sources.
- Coordinate one-to-one visits between your providers and key referral sources.
- Write and distribute a news release with photo to the area meeting.
- Write and distribute a feature story to area publications.
- Produce and place an announcement ad in the newspaper.
- Conduct a ribbon cutting/open house in conjunction with local The Chamber.
- Put in place signage at the clinic (exterior and interior).
- Send a follow-up mailing to past/current patients (support/discussion groups).
- Consider establishing/expanding satellite services to outlying areas.
- Assure a presence in phone directories with listings/ads.
- Produce and place an ad in targeted publications.
- Consider offering a public education session/class.
- Explore the merits of establishing a telemedicine-based practice with a referral specialist or affiliated hospital.
- Consider internet access and improve how people can find you online (website).
- Consider mass media advertising (e.g., radio, TV, billboard, etc.)
- Observe a special recognition week/month with a no/low cost screening.
- Make yourself available to speak at public events (school, community, etc.).
- Consider offering non-traditional hours of operation.
- Establish a call-back policy and follow up program with patients.
- Add a toll-free number.
- Consider making home calls.
- Provide educational materials to patients in the clinic waiting area.
- Develop and conduct a patient satisfaction survey process.
- Set up and manage a social media site for the health center (blog).
XI. BUDGET (SAMPLE)

The following is a sample budget percentage estimate form. Actual costs will depend on the scope of/elements included in the final plan and the final budget provided for implementation of the plan.

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Percentage of Marketing Budget</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printing/collateral materials (brochures, posters, flyers, specialties)</td>
<td>39.1%</td>
<td>$2,250.00</td>
</tr>
<tr>
<td>Advertising (yellow pages, newspaper, etc.)</td>
<td>30.5%</td>
<td>$1,750.00</td>
</tr>
<tr>
<td>Public events/education sessions/screenings/support groups (refreshments, materials, etc.)</td>
<td>21.7%</td>
<td>$1,250.00</td>
</tr>
<tr>
<td>Miscellaneous expenses</td>
<td>8.7%</td>
<td>$500.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$5,750.00</strong></td>
</tr>
</tbody>
</table>

Benchmark: 1-2% of total annual revenue/income