

Making the Invisible Visible: Marketing Public Health

Concerned about the lack of awareness of its services, South Central District Health set in motion a plan to boost its visibility.

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South Central District Health (SCDH) is an eight-county Idaho public health agency serving 150,000 residents. Over the years it has struggled to reach residents in greatest need of services, in the face of unenthusiastic support from local and state policy makers and frequent inappropriate referrals from community organizations (perhaps due in part to a wide-

spread confusion of the SCDH with Idaho Health and Welfare). The board and staff anticipated that increasing visibility and credibility with the public and other providers would increase referral and use of services and establish the agency as a vital service to the community.

Recognizing the necessity of community involvement in addressing general awareness of the agency vision, the Board authorized an intensive survey and interview project to discover the community's attitudes, knowledge, and perceptions. The agency planned to use the information to help design a public relations campaign.

Developing a strategic plan

District Health's journey toward increasing the organization's capacity to provide the essential services of public health started in 1992 with a Board motion adopting the organization capacity assessment tool "Assessment Protocol for Excellence in Public Health" (APEXPH). The tool helped identify the need to develop a vision, mission, and value statement for the agency, which the agency completed through a successful community and staff process.

The APEXPH process also identified constituency development as a priority, but the agency lacked staff time and skill to implement

the necessary changes. Consequently, the SCDH Board chose to partner with the Idaho Rural Health Education Center (IRHEC) to conduct a planning process that also involved the community to identify strategic initiatives for the agency. A large agency team that included the Board worked with IRHEC using various techniques, such as brainstorming, affinity, and nominal group, to develop the priorities.

Four of the six priority initiatives centered around the agency's capacity to be more effective in its community relations and to be more credible as a leader in health improvement:

- Increasing the community's recognition of District Health as a leader in preventing disease and promoting and protecting health
- Communicating health status information to the community effectively
- Increasing collaboration with the community to improve health
- Improving access for the community to prevention services and information

At this point the Board authorized a shift in agency resources and the establishment of a community relations coordinator and support staff positions to begin work on these initiatives. Additionally, the SCDH director obtained a small grant through the Rural Technical Assistance Program (RTAP), funded by the Idaho Health Facilities Authority and managed by the IRHEC, to conduct a market survey, focus groups, and key informant interviews. These efforts would help identify the community's knowledge and perceptions of the agency, its staff, and its services.

Involving the community

In September 2000, 3,969 market surveys were sent to a random sample of residents in the agency's eight-county service area (Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls Counties). The 625 surveys returned were deemed representative and provided an adequate number to analyze.

More than two-thirds (67%) of the respon-



Lee Russell

Doctor and nurse with little girl in trailer-clinic at the Farm Security Administration migratory labor camp mobile unit. Wilder, Idaho, 1941.

dents knew immunizations were provided by SCDH, close to one half (49%) knew WIC was a service, and roughly one third each (35% and 34%, respectively) knew SCDH provided public health nurse home visits and school nurse programs. However, only 17% selected “all of the above” services. Most felt public health services were very important and were “very satisfied” with specific services. However, an extremely large number of respondents didn’t know enough about specific public health services to comment on their level of satisfaction. Respondents’ perceptions about SCDH’s effectiveness and staff were higher than average.

When asked why people don’t use SCDH, respondents said among other things that they don’t know anyone who feels that way, services are for poor people only, they dislike or mistrust “government” programs, they use private providers, they are too proud or embarrassed, or that employees are rude.

In addition to the market survey, five focus groups were held in September with such representative community members as parents, school counselors, and regional medical providers. Attendance ranged from 7 to 15 individuals, and each session lasted about 90 minutes. Participants were asked 1) what the term *public health* means to them, 2) what services (both medical and social) are needed that are lacking, 3) what are the most important challenges facing the community in health and social services, 4) where they get their information about SCDH, 5) how best SCDH can reach people, 6) would they use SCDH services, and 7) would they be interested in learning about SCDH. We also interviewed 31 key stakeholders representing local and state government, health care providers, social service agencies, educators, business leaders, media, agriculture, and ranching. We asked them questions similar to the market survey and focus group interviews to assess their perceptions and level of knowledge about SCDH.

In most cases, the results of these qualitative assessment efforts mirrored the market survey results. The respondents’ perception of SCDH was positive and service recognition varied with the exception of immunizations and public health nurse home visits. However, they had some confusion between the Department of Health and Welfare and SCDH. They stated a need for better promotion of the services provided through SCDH.

As a result of this community assessment, SCDH requested further assistance from RTAP in the area of marketing. Consultants provided

Public Relations Campaign Plan

- Establish a “brand” (standard design) for all of the District’s publications, including simplification of the agency name
- Redesign and develop materials, including brochures, newsletters, and flyers that define our services and agencies
- Improve the look and content of our Web site (www2.state.id.us/phd5/)
- Update phone directories
- Improve and increase the use of press releases
- Develop a community awareness campaign including print, radio, television, and billboard ads
- Develop a master marketing calendar
- Improve the materials for education of policy makers
- Increase Public Health Week activities
- Develop a standard service club presentation
- Include information on District services in school and service club newsletters
- Develop a community health report that is more available and easily understood
- Improve the Annual Report
- Develop a Customer Service Plan
- Increase availability of translated materials and interpreters for limited-English clients
- Train staff in marketing techniques
- Implement MAPP (Mobilizing for Action Through Planning and Partnerships)

training in marketing and facilitated the development of a strategic marketing plan. The assessment and subsequent planning helped identify needed improvements in community relations and materials within the agency and for marketing.

Gauging results

The agency plans a follow-up market survey in 2002 to assess what improvements have been made, from the community’s perspective. In the meantime, staff report that the agency has seen increased use of its services. For example, “We’ve noted increases in attendance at our immunization clinics,” reports a nurse.

Staff report an increased sense of pride in the organization and better visibility. “We’ve noted increased community recognition and great media coverage,” reports a community health worker. County commissioners, too, gave positive responses when District Health board members communicated strong support of the campaign in recent visits to the commissioners.

District Health’s willingness to involve the community and staff in the assessment process, to commit agency resources to the effort, and to develop a comprehensive public relations campaign appear to have done much for the visibility of the agency and its services. 🐾

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