OPENING DOORS TO QUALITY HEALTHCARE

Alaska Primary Care Association

"... uncompromising in the pursuit of access to primary care for all Alaskans."
THANK YOU

The Alaska Primary Care Association would like to thank ...

THE PAUL G. ALLEN FAMILY foundation

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www.alaskapca.org/toolkit
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“...uncompromising in the pursuit of access to primary care for all Alaskans.”
INTRODUCTION

This Outreach and Marketing Toolkit aims to assist Community Health Centers and safety-net providers in the following areas: providing information to patients and community members; reaching out to all community members; reinforcing the “Open Door” policy; marketing your center as a valuable resource in the community, and, providing a little extra help when you need to find out where to go for information.

This toolkit is divided into four chapters:
   Available Programs
   Outreach
   Marketing
   Forms + Materials

If you don’t find the information you’re looking for in this toolkit, please try the companion website at www.alaskapca.org/toolkit. During 2008, the Alaska Primary Care Association will be hosting monthly trainings on the information contained in this toolkit. For the next training, or for more information about this publication, please visit www.alaskapca.org/toolkit.
 AVAILABLE PROGRAMS

Comprehensive primary care results from adequate access to care. This section provides an overview of programs available in Alaska but is not an exhaustive list of all the programs available. For updates to this section, please visit www.alaskapca.org/toolkit.

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Access to quality health care as a right
COMMUNITY HEALTH CENTERS

A Community Health Center is a nonprofit, community-owned health care organization serving low-income and medically underserved communities.

For more than 40 years, the national network of Community Health Centers (also known as federally qualified health centers) has provided high-quality, affordable primary care and preventive services, and often provides on-site dental, pharmaceutical, behavioral health, and substance abuse services.

Community Health Centers are located in areas where care is needed but scarce. They improve access to care for millions of Americans and thousands of Alaskans regardless of their insurance status or ability to pay.

They’re also uniquely governed. Each CHC has a governing body, composed of volunteers from within the community. At least 51 percent of the board must be consumers of CHC services. The board works closely with the medical staff and administration of the health center.

Community Health Centers remove common barriers to care by serving communities that otherwise confront financial, geographic, language/cultural and other barriers, making them different from most private, office-based practices. CHCs are:

- Located in high-need areas identified by the federal and state government as having elevated poverty, higher than average infant mortality, and relatively few practicing health care providers;
- Open to all residents, regardless of insurance status, and provide reduced cost care based on ability to pay;
- Tailored to fit the special needs and priorities of local communities, and to provide services based on the advice of local residents, businesses, churches, and other organizations; and
- Offering services that help patients access health care, such as transportation, language translation, case management, health education, and chronic disease management.
How do Community Health Centers make a difference?

Community Health Centers are located in communities with high medical need, high rates of poverty, and few health care providers. Many of these communities also face financial, geographic, language, and cultural barriers.

**Community Health Centers (CHCs):**

- Provide comprehensive primary health care services to all Alaskans, regardless of insurance status, and CHCs offer sliding-scale fees to patients without health care coverage;
- Focus on improving the health of the entire community as well as the health of individuals;
- Provide linguistically and culturally appropriate care to their community;
- Perform assessments of health needs within the community and continually work to improve access to services;
- Are accountable to the community by involving patients in governance of the center.

Research studies demonstrate that CHCs improve health by providing access to those patients least able to access quality primary care services. Additionally, community health is improved through preventative services and self-management programs, which lessen the impact of chronic disease and disability. CHCs reduce unnecessary emergency room use and reduce hospitalizations by providing care in an appropriate setting.

Compared to patients not seen in a CHC, patients using CHCs have:

- Lower total health care costs;
- Lower cost per ambulatory visit;
- Lower rates of hospital inpatient days; and
- Lower inpatient care costs.
Communities served by Health Centers
First Health Services Corporation is the **fiscal agent** for the State of Alaska, Division of Health Care Services.

First Health Services Corporation also provides utilization management services for Inpatient Behavioral Health Programs at the direction of the State of Alaska, Division of Behavioral Health.

First Health Services Corporation’s **website** has up-to-date information regarding Alaska Medical Assistance claims processing and the Inpatient Behavioral Health Program.

**Interested in becoming a Medicaid-enrolled Provider?**

Before submitting claims to the Alaska Medical Assistance Program (Medicaid and Denali KidCare) you must first enroll as a Medical Assistance Provider by contacting **First Health Services Corporation, Provider Services Department**. Application forms may also be obtained by downloading the appropriate form from [www.alaska.fhsc.com/providers/forms.asp](http://www.alaska.fhsc.com/providers/forms.asp).

First Health Services, in conjunction with the U.S. Department of Health and Social Services, publishes a **monthly newsletter** to offer providers useful information, monthly reminders, and tips on how to make billing easier.

As of August 1, 2006, U.S. citizens applying for or renewing benefits for Medicaid including Long-Term Care and Denali KidCare must provide proof of U.S. citizenship and identity. For most citizens, this means providing a birth certificate and some form of identification. This requirement does not apply to individuals who are receiving SSI or to Medicare beneficiaries because the Social Security Administration has completed the citizenship and identity verification for them.
DENALI KIDCARE

This State of Alaska program ensures that children and pregnant women of both working and non-working families can obtain the health insurance they need.

Denali KidCare provides excellent health insurance coverage for children and teenagers through age 18, and for pregnant women who meet income guidelines.

There is no cost for eligible children, teenagers or pregnant women. However, youth who are 18 years old may be required to share a limited amount of the cost for some services.

Download an application form at:
http://hss.state.ak.us/dhcs/DenaliKidCare/applicat.htm

Download a renewal form at:
http://hss.state.ak.us/dhcs/DenaliKidCare/renewal.htm

Mail completed application or renewal forms to:
PO Box 240047
Anchorage, AK 99524-0047

Phone in Anchorage: 907.269.6529
Outside Anchorage: 1.888.318.8890

Anchorage office: 3601 C Street, Suite 100
ANCHORAGE PROJECT ACCESS

The mission of Anchorage Project Access is to increase access to health care for low-income, uninsured members of our community by using a volunteer network of providers working in a coordinated fashion to create a compassionate, respectful, equitable, accountable and efficient program which provides necessary services for those in need.

Anchorage Project Access is a free or low-cost, short-term health care program for low-income residents who live in the Municipality of Anchorage and need medical care. The Municipality includes the communities of Girdwood, Bird, Indian, Rainbow, Eagle River and Chugiak. All health care services provided through Anchorage Project Access have been donated by Anchorage community health care providers.

Office staff, community agencies, providers and patients can call to start the enrollment process. Visit the website for additional information.

Call to enroll: 907.339.8746
and visit: www.anchorageprojectaccess.org
Medicaid is an “entitlement program” created by the federal government, but administered by the State, to provide payment for medical services for low-income citizens.

People qualify for Medicaid by meeting federal income and asset standards and by fitting into a specified eligibility. Under federal rules, the U.S. Department of Health and Social Services has authority to limit services as long as the services provided are adequate in “amount, duration, and scope” to satisfy the recipient’s medical needs.

Medicaid began as a program to pay for health care for poor people who were unable to work. It covered the aged, the blind, the disabled, and single-parent families. Over the years, Medicaid has expanded to cover more people. For instance, children and pregnant women may qualify under higher-income limits and without asset limits. Families with unemployed parents may qualify, and families who lose regular Family Medicaid because a parent returns to work may continue to be covered for up to one year.

There have also been changes in the eligibility rules for people who need the level of care provided in an institution, such as a nursing home. Now, most Alaskans who need – but cannot afford – this care may qualify for Medicaid.

In addition, recent changes within the Alaska Medicaid program give some people who need an institutional level of care the opportunity to stay at home to receive that care.
**MEDICARE**

Medicare is the federal government program that gives you healthcare coverage if you are **65 or older, or have a disability**, no matter what your income.

Medicare is divided into three parts: Part A, Part B and Part D.

<table>
<thead>
<tr>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
<th>Medicare Part D</th>
</tr>
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<tbody>
<tr>
<td>covers inpatient hospital, skilled nursing facility, home health and hospice care.</td>
<td>covers almost all reasonable and necessary medical services, including doctors' services, laboratory and x-ray services, durable medical equipment (e.g. wheelchairs, hospital beds), ambulance services, outpatient hospital care, home health care, blood and medical supplies.</td>
<td>is the new outpatient prescription drug benefit, which is only available through Medicare private drug plans or Medicare private health plans.</td>
</tr>
</tbody>
</table>

Note: Medicare Part C allows people to get their Medicare-covered services from Medicare private health plans, such as HMOs and PPOs.

**Eligibility**

You are eligible for Medicare if you are a U.S. citizen or have been a permanent legal resident for five continuous years, and you are 65 years or older. You are also eligible for Medicaid if you are under 65, disabled and have been receiving Social Security Disability Insurance (SSDI) for at least 24 months, or you get continuing dialysis for permanent kidney failure or need a kidney transplant. You are also eligible for Medicare if you have Amyotrophic Lateral Sclerosis (ALS-Lou Gehrig’s disease).

Learn more about Part D – read Medicare Rights Center's update on the new drug benefit at: [www.medicarerights.org/drughelp.html](http://www.medicarerights.org/drughelp.html)
More Medicare Resources

For general Medicare information, ordering Medicare booklets, and information about health plans, call 24 hours a day, seven days a week for assistance: 1-800-MEDICARE.

English and Spanish-speaking customer service representatives at this number can answer questions about the Original Medicare Plan and provide up-to-date information regarding the health plans available in Alaska.

View the official federal Medicare site: www.medicare.gov

View the state of Alaska's Medicare web page: www.hss.state.ak.us/dsds/shipMedicare.htm
The Partnership for Prescription Assistance (PPA) helps qualifying patients who lack prescription coverage get the medicines they need through the public or private program that’s right for them.

The PPA’s mission is to increase awareness of patient assistance programs and boost enrollment of those who are eligible. Many who utilize this program receive prescriptions free or nearly for free. Through the PPA website and toll-free number, the PPA offers a single point of access to more than 475 public and private patient assistance programs, including more than 180 programs offered by pharmaceutical companies.

Visit: www.pparx.org
Call: 1.888.4PPA.NOW (1.888.477.2669)
LOW-VISION ASSISTANCE

Does someone you love have trouble seeing, even when wearing glasses?

If so, the Lions Low Vision Project may be able to help. This low-vision project in Alaska is possible because of the efforts of the Lion’s Club International Foundation. The foundation’s goal is to wipe out preventable blindness worldwide. Local Lion’s Clubs seek to end preventable blindness in Alaska and to help people with visual disabilities live life to the fullest. Contact one of the following District 4A clubs in your area to learn more.

- Bethel Lion’s Club: PO Box 646, Bethel, 99559
- Copper River Basin Lion’s Club: PO Box 146, Glennallen 99588
- Palmer Lion’s Club: PO Box 393, Palmer 99645
- Mendenhall Flying Lion’s Club: PO Box 32863, Juneau 99803
- Kodiak Lion’s Club: PO Box 1735, Kodiak 99615
- Ballyhoo Lion’s Club: PO Box 482, Unalaska 99685
- Kenai Lion’s Club: PO Box 298, Kenai 99611

Alaska Center for the Blind and Visually Impaired:
907.248.7770, or 1.800.248.7515
email: info@alaskabvi.org
visit: www.alaskabvi.org
ADVOCACY

Your story, your idea of what is important - matters.

Someone recently asked my 9-year-old son, “Who runs the country?” My son replied, “We do – the people, I mean.” He paused, then added, “At least, we should.”

It is very true that the country is run by the people who show up. If we have important work, like providing primary care to all individuals regardless of barriers such as income, language, national origin, gender or any other us-from-them dividers, then we must “show up.”

Because if we do not, then someone else will make all of the decisions about our work: what we should be doing, how many resources we get.

Advocacy, in large part, is simply a case of consistently showing up. Telling our story. Telling our needs, our ideas, our solutions. It is a vital part of the important work that we do as Community Health Centers and safety net providers.

If we are “shy” or “uncomfortable,” or “too busy” to tell our story, we may find our story being written by authors with whom we disagree.

Sonia Handforth-Kome
APCA Board President
(Excerpt from foreword of “How to Win Legislators and Influence Health Policy”)

Together with folks like Sonia, the Alaska Primary Care Association (APCA) has been working to expand the culture of advocacy and strengthen our grassroots efforts in Alaska at both the state and national levels.

The APCA makes a significant difference in health policy and access in Alaska through advocacy. With expert knowledge and understanding of health care delivery systems, the APCA serves as a voice on behalf of Community Health Centers (CHCs) and other safety net health care organizations to advocate for improving health care access for individuals and the health status of communities.
The Advocacy Mission

Educating lawmakers regarding the CHC model and the needs of the safety net as well as supporting, opposing, and influencing specific legislation, the APCA is the primary legislative watchdog in Alaska for the uninsured and under insured populations.

The APCA works at the state level with the Alaska State Legislature and the Administration as well as at the federal level with the United States Congress and Administration to ensure positive health policy that will favorably impact CHCs and the safety net.

Your Part

Without the voices from across the state who share the APCA’s mission of advocacy and the passion to improve health care access for all Alaskans, the work started by the APCA Advocacy Team cannot be completed. Lawmakers want and need to know what their constituents need and desire.

Lawmakers need to hear from people “in the field,” who know all about how the “rubber meets the road” in their own communities. Whether you are a health center staff member, a community member, a health center patient, or a local board member, you are an “expert” in the eyes of policy-makers. Your story, your idea of what is important, matters.

Your quest for advocacy guidance and your commitment to the promotion of positive health policy will help ensure increased health care access for the uninsured, the under insured, and for all Alaskans.

If you are a CHC, invite your legislators to visit your clinic at least once a year. Information about current legislators and tips on preparing for a legislator’s visit can also be found in the Advocacy section of the APCA website. Tell your story and learn effective ways of being heard by others by contacting APCA.

View current legislation and sign up for alerts at: www.alaskapca.org. Click on “Advocacy” then “Advocacy Action Center.”

Obtain a copy of the grassroots advocacy handbook: “How to Win Legislators and Influence Health Policy” from the APCA website’s Advocacy section.

Or, locate the handbook directly: www.alaskapca.org/GrassrootsAdvocacyHandbook.aspx?id=1350
Alaska Primary Care Association Quick Reference:
APCA: www.alaskapca.org
Online toolkit: www.alaskapca.org/toolkit
Phone: 907.929.2722
Fax: 907.929.2734
903 W. Northern Lights Blvd, Suite 200
Anchorage, AK 99503
Innovative outreach strategies are sometimes needed to reach all aspects of your target audience and to promote the “Open Door” policy. This section provides information about Outreach Strategies and Social Marketing.

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OUTREACH STRATEGIES

What is Outreach?

The overarching goal of outreach and enrollment is to promote the use of primary care services and enrollment in publicly funded health insurance programs. Outreach, much like marketing, involves utilizing your resources to reach a target audience. In the case of the Community Health Center, it often means reaching community members who are eligible for assistance programs (such as Denali KidCare) but are not currently enrolled.

Many times there are barriers to enrollment for these individuals, such as lack of access to information, inability to understand enrollment processes, fear of enrollment, incorrect understanding of eligibility requirements, and other reasons.

Outreach happens through a variety of methods. Your organization or center can reach out to the community in both direct and indirect ways. In addition, your organization can learn more about social marketing, which is described in the “Social Marketing” section beginning on page 25.
Strategies:

- **Utilize media and marketing skills.** Develop a marketing plan using the templates and the Social Marketing section in this toolkit. Be specific about your target audience and your strategies to reach them.

- **Emphasize quality of care at your center.** As you develop marketing strategies, keep in mind that people are loyal to a brand or organization they trust. They might begin coming to you for financial reasons (perhaps because you accept their insurance or use a sliding-scale payment plan) but they’ll return because they trust that they’ll receive quality care.

- **Emphasize the notion of your center as a “community medical home.”** As you develop your marketing strategies, also think of developing your center as the primary care home for the community. Find ways to ensure that your center knows, and is involved in, the community and that people can come to you for primary care without fear.

- **Identify ways to partner with the community in outreach efforts.** Innovative ways of reaching out include partnering with organizations which share your goals. If you’re working to reach English as a Second Language populations, partner with organizations that do this well and cooperate to publish materials or plan events. Many times, your patients may also have contact with other social service providers. Promote your center with those other providers in your community and try to do the same for them.

Emphasize your quality care through the personal testimony of pleased patients. Ask to feature their stories or photos in your efforts to spread the word. (It’s very important that they sign a release upon agreeing to be featured in your marketing efforts).

You can trade waiting-room brochures and develop a contact in the organization whom you can go to for information and/or referrals, and vice versa.
• **Build coalitions and partnerships.**
  Participate in nationwide events, such as **Health Center Week** or **Cover the Uninsured Week**, as a means of reaching out to your local community. The organizations that put these events together often provide technical assistance, event ideas and free event promotion for your local events. For more specific outreach strategies and ideas, please contact APCA, www.alaskapca.org.

• **Influence State Policies and Regulations.**
  Current outreach strategies can extend to educating the community about how legislation affects availability of and/or eligibility for many programs, such as State Children’s Health Insurance Program (SCHIP). Utilize the **Alaska Primary Care Association** to conduct research and inform you about current legislation, provide training, and craft compelling messages aimed at state policy makers.

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Health Center Week occurs yearly during the second week of August: www.healthcenterweek.com

For more info on Cover the Uninsured Week, visit: www.covertheuninsured.org

Learn about the Back To School campaign, visit: www.covertheuninsured.org/about/bts

For local updates, visit: www.alaskapca.org
Call 907.929.2722 for technical assistance.
- **Get assistance with outreach and enrollment efforts from the Primary Care Association.**
  The Alaska Primary Care Association is available to assist you in your outreach efforts. We can provide technical assistance in all of the areas mentioned in the above list.

- **Keep Track of Data.**
  In order to develop effective outreach strategies, each time you participate in an outreach activity, keep track of how many people you reach, what your efforts were, what worked and what did not.

For local updates, visit: www.alaskapca.org
Call 907.929.2722 for technical assistance.

One way to start an effective outreach strategy is with an internal review of patients, via a short survey they fill out when they arrive at your center or clinic. Ask question such as: “How did you hear about us?” or “Do you know anyone who could use information about our clinic?” or even, “What additional medical information can you use?” Tailor the questions to the information that will be most useful to your organization. Make sure you have a way to tally the information on a monthly basis. This will help you determine how effective your current marketing and/or outreach efforts are and help you tailor them positively.

Please see the Satisfaction Survey Template on the following page.

Some of this information was adapted from the Centers for Medicare and Medicaid Services resources: “Learning Team Network: Special Topic, Outreach and Enrollment.”
Visit: www.cms.hhs.gov/home/outreacheducation.asp
SATISFACTION SURVEY TEMPLATE

Use this to develop the survey most applicable to your organization.

The following questions will give you a broad understanding of an individual’s experience with your organization both inside and outside of your doors, and can help you determine improvements as well as provide accolades for those doing a good job. Make sure all members of your organization understand the importance of doing a satisfaction survey and are committed to having patients complete the survey.

Additionally, including a release statement at the end of the survey allows you to use particularly glowing reviews in your future marketing items: there is no better marketing strategy than positive personal testimony.

If it makes more sense at your center for people to fill out a survey in the waiting room as opposed to upon exit, tailor your survey accordingly.

[Insert your Logo here]

Date: ___________________________  Time of Appointment: ___________________________

How did you find out about [Insert Your organization’s name]? ___________________________

Please use the following scale to rate our organization: 1=Poor, 2=Mediocre, 3=Good, 4=Excellent

- Office environment: Please explain: ___________________________
- Front desk staff: Please explain: ___________________________
- Wait time: Please explain: ___________________________
- Charges: Please explain: ___________________________
- Provider: Please explain: ___________________________

Would you recommend us to others? ___________________________

Why or why not? ___________________________

If you have been to [Insert Your organization’s name] more than one time, what is it that made you return? ___________________________

We appreciate your time and willingness to participate in this survey. May we use your comments in marketing materials for the organization? If so, please sign your name and the date below: ___________________________
WHAT IS SOCIAL MARKETING?

“Social marketers, dealing with goals such as reducing cigarette smoking or encouraging condom use, have more difficult goals: to make potentially difficult and long-term behavioral change in target populations.”

Indian Health Service – Injury Prevention

The health communications field has been rapidly changing during the past two decades. It has evolved from a one dimensional reliance on public service announcements to a more sophisticated approach which draws from successful techniques used by commercial marketers, termed “social marketing.” Rather than dictating the way that information is to be conveyed from the top down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the program from there. This focus on the “consumer” involves in-depth research and constant re-evaluation of every aspect of the program. In fact, research and evaluation together form the very cornerstone of the social marketing process.

Social marketing was “born” as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to “sell” ideas, attitudes and behaviors. Kotler and Zaltman define social marketing as “differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization.” Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society. This technique has been used extensively in international health programs, especially for contraceptives and Oral Rehydration Therapy (ORT), and is being used with more frequency in the United States for such diverse topics as drug abuse, heart disease and organ donation.
The Four “Ps” of Marketing

Like commercial marketing, the primary focus is on the consumer – on learning what people want and need rather than trying to persuade them to buy what we happen to be producing. Marketing talks to the consumer, not about the product. The planning process takes this consumer focus into account by addressing the elements of the “marketing mix.” This refers to decisions about 1) the conception of a **Product**, 2) **Price**, 3) distribution or **Place**, and 4) **Promotion**.

**Product**

The social marketing “product” is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (condoms), to services (medical exams), practices (breast-feeding, Oral Rehydration Therapy or eating a heart healthy diet) and finally, more intangible ideas (environmental protection). In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem. The role of research here is to discover the consumers’ perceptions of the problem and the product, and to determine how important they feel it is to take action against the problem.

**Price**

“Price” refers to what the consumer must do in order to obtain the social marketing product. This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval. If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product are much greater.

In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of “dignity” to the transaction. These perceptions of costs and benefits can be determined through research, and used in positioning the product.
This may include doctors’ offices, shopping malls, mass media vehicles or in-home demonstrations.

Public service announcements or paid ads are one way, but there are other methods such as coupons, media events, editorials, “Tupperware-style” parties or in-store displays.

Place

“Place” describes the way that the product reaches the consumer. For a tangible product, this refers to the distribution system – including the warehouse, trucks, sales force, retail outlets where it’s sold, or places where it’s given out for free. For an intangible product, place is less clear cut, but refers to decisions about the channels through which consumers are reached with information or training.

Another element of place is deciding how to ensure accessibility of the offering and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering.

Promotion

Finally, the last “P” is promotion. Because of its visibility, this element is often mistakenly thought of as comprising the whole of social marketing. However, it’s only one piece. Promotion consists of the integrated use of advertising, public relations, promotions, media advocacy, personal selling and entertainment vehicles. The focus is on creating and sustaining demand for the product.

Research is crucial to determine the most effective and efficient vehicles to reach the target audience and increase demand. The primary research findings themselves can also be used to gain publicity for the program at media events and in news stories.
Additional Social Marketing “Ps”

Publics
Social marketers often have many different audiences that their program must address in order to be successful. “Publics” refers to both the external and internal groups involved in the program. External publics include the target audience, secondary audiences, policy makers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the program.

Partnership
Social and health issues are often so complex that one agency can’t make a dent by itself. You need to team up with other organizations in the community to really be effective. You need to figure out which organizations have similar goals to yours – not necessarily the same goals – and identify ways you can work together.

Policy
Social marketing programs can do well in motivating individual behavior change, but that’s difficult to sustain unless the environment they’re in supports that change for the long run. Often, policy change is needed, and media advocacy programs can be an effective complement to a social marketing program.

Purse Strings
Most organizations that develop social marketing programs operate through funds provided by sources such as foundations, governmental grants or donations. This adds another dimension to the strategy development – namely, where will you get the money to create your program?
Example of a Marketing Mix Strategy

As an example, the marketing mix strategy for a breast cancer screening campaign for older women might include the following elements:

| The **PRODUCT** could be any of these three behaviors: getting an annual mammogram, seeing a physician each year for a breast exam and performing monthly breast self-exams. |
| The **PLACE** that these medical and educational services are offered might be a mobile van, local hospitals, clinics and work sites, depending upon the needs of the target audience. |
| The “**PUBLICS**” you might need to address include your target audience (let’s say low-income women age 40 to 65), the people who influence their decisions like their husbands or physicians, policy makers, public service directors at local radio stations, as well as your board of directors and office staff. |
| The **POLICY** aspects of the campaign might focus on increasing access to mammograms through lower costs, requiring insurance and Medicaid coverage of mammograms or increasing federal funding for breast cancer research. |
| The **PRICE** of engaging in these behaviors includes the monetary costs of the mammogram and exam, potential discomfort and/or embarrassment, time and even the possibility of actually finding a lump. |
| **PROMOTION** could be done through public service announcements, billboards, mass mailings, media events and community outreach. |
| **PARTNERSHIPS** could be cultivated with local or national women’s groups, corporate sponsors, medical organizations, service clubs or media outlets. |
| The **PURSE STRINGS**, or where the funding will come from, may be government grants, such as grants from the National Cancer Institute or the local health department, foundation grants or an organization like the American Cancer Society. |

Each element of the marketing mix should be taken into consideration as the program is developed, for they are the core of the marketing effort. Research is used to elucidate and shape the final product, price, place, promotion and related decisions.
OUTREACH TO SPECIAL POPULATIONS

Many populations do not have access to health care because they do not have access to information about available options.

Utilizing social marketing and some of the following resources can help in reaching all aspects of Alaska’s population.

Access multi-cultural resources for health information by visiting the National Library of Medicine’s outreach resources and resources for specific population groups.

Access resources for Alaska Native health outreach projects by visiting the National Library of Medicine’s website.

For those populations with limited English proficiency, the Denali Kid Care brochure has been translated into nine different languages, including Spanish, Korean, Tagalog, Samoan, Laotian, Russian, Hmong, Mandingka and Albanian.

Catholic Social Services (CSS) of Anchorage has developed a certification process for interpreters which includes a background check, a passing grade in a training course, an English language test and a target-language test.

For an updated, current list of language interpreters, visit: www.alaskapca.org
Catholic Social Services’
Community-based Interpreter Referral List

<table>
<thead>
<tr>
<th>AHMERIC INTERPRETERS</th>
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<tr>
<td>NAME</td>
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Certificates require a passing grade in a training course, English language test and target-language test.

Revised 1.10.08
### HMONG INTERPRETERS

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<td>Chao Beeson</td>
<td>(907) 745-1873</td>
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<tr>
<td>Chia Xiong</td>
<td>(907) 230-4571</td>
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<tr>
<td>Diana Her</td>
<td>(907) 222-7358</td>
<td><a href="mailto:dher@cssalaska.org">dher@cssalaska.org</a></td>
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<td>Georaoly Yang</td>
<td>(907) 272-0133</td>
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<tr>
<td>Janey Yang</td>
<td>(907) 337-7806</td>
<td><a href="mailto:honeyjoy@hotmail.com">honeyjoy@hotmail.com</a></td>
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<tr>
<td>Karen Yang</td>
<td>(907) 278-1552</td>
<td><a href="mailto:karen_200@yahoo.com">karen_200@yahoo.com</a></td>
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<tr>
<td>Kerina Vue</td>
<td>(907) 222-7348</td>
<td><a href="mailto:kvue@cssalaska.org">kvue@cssalaska.org</a></td>
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<td>La Chang</td>
<td>(907) 338-5433</td>
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<tr>
<td>Larry Lawson</td>
<td>(907) 274-0337</td>
<td><a href="mailto:Larryyalawson@hotmail.com">Larryyalawson@hotmail.com</a></td>
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<tr>
<td>Lee Xiong</td>
<td>(907) 230-1397</td>
<td><a href="mailto:xue.xlee@asdk12.org">xue.xlee@asdk12.org</a></td>
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<td>Lori Xiong</td>
<td>(907) 720-9528</td>
<td><a href="mailto:xiong.lori@asdk12.org">xiong.lori@asdk12.org</a></td>
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<td>Megan Lee</td>
<td>(907) 727-7163</td>
<td><a href="mailto:megan1@imsettak.com">megan1@imsettak.com</a></td>
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<td>Mindy Mousa</td>
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<td>Pua Yang</td>
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<tr>
<td>Mai Lee</td>
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<tr>
<td>Sha Lee</td>
<td>(907) 525-1606</td>
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<td>Tony Vue</td>
<td>(907) 379-2352</td>
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<td>Yang Herr</td>
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### HUNGARIAN INTERPRETERS

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<tr>
<td>Julianna Gauthier</td>
<td>(907) 276-5590</td>
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<tr>
<td>Antal (Tony) Szaraz</td>
<td>(907) 334-3734</td>
<td><a href="mailto:antalszaraz@gmail.com">antalszaraz@gmail.com</a></td>
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### JAPANESE INTERPRETERS

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<tr>
<td>Setsuko Sarafin</td>
<td>(907) 345-4202</td>
<td><a href="mailto:setsukosarafin@hotmail.com">setsukosarafin@hotmail.com</a></td>
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### KOREAN INTERPRETERS

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<tr>
<td>Dean Lee</td>
<td>(907) 351-4000</td>
<td><a href="mailto:peldie06@hotmail.com">peldie06@hotmail.com</a></td>
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<td>Deborah Short</td>
<td>(907) 245-3544</td>
<td><a href="mailto:deborashort1004@hotmail.com">deborashort1004@hotmail.com</a></td>
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<td>Joshua Choi</td>
<td>(907) 830-9706</td>
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<tr>
<td>Juliana Yardsui</td>
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<tr>
<td>Mary Kim</td>
<td>(907) 742-8177</td>
<td><a href="mailto:mary_kim@asdk12.org">mary_kim@asdk12.org</a></td>
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<td>Nan Siddiqui</td>
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<tr>
<td>Tong (Kim) Cunning</td>
<td>(907) 351-0422</td>
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<tr>
<td>Allie Mokhantha</td>
<td>(907) 223-2269</td>
<td><a href="mailto:mokhantha.allie@gmail.com">mokhantha.allie@gmail.com</a></td>
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<td>Diana Phillips</td>
<td>(907) 282-3440</td>
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<td>Lancy Khoumsavong</td>
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<tr>
<td>Michelle Sundara</td>
<td>(907) 350-8554</td>
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<td>Steve Phimmasone</td>
<td>(907) 317-4523</td>
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<td>Toc Soneoulay-Gilspie</td>
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Revised 1.10.08
# Catholic Social Services’ Community-based Interpreter Referral List

### Polish Interpreters

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<tr>
<td>Rafal Ferdynus</td>
<td>(907) 250-9141</td>
<td><a href="mailto:rnf@hot.pl">rnf@hot.pl</a></td>
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<td>Luciane Smole</td>
<td>(907) 222-7359</td>
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<td>Galina Peck</td>
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<tr>
<td>Lubia Belavtseva</td>
<td>(907) 222-7307</td>
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<tr>
<td>Lyubov Fedorov</td>
<td>(907) 336-8175</td>
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<tr>
<td>Marina Ganz</td>
<td>(907) 338-3345</td>
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<tr>
<td>Marina Vinnikova</td>
<td>(907) 846-1366</td>
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<tr>
<td>Marina Zagreychuk</td>
<td>(907) 775-2301</td>
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<tr>
<td>Natalia Koksurova</td>
<td>(907) 440-4066</td>
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<tr>
<td>Natalia Kamstad</td>
<td>(907) 764-6624</td>
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<tr>
<td>Natalia Tackell</td>
<td>(907) 245-4213</td>
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<tr>
<td>Olga Ipatova</td>
<td>(907) 240-0905</td>
<td><a href="mailto:olga_ipatova@cssalaska.org">olga_ipatova@cssalaska.org</a></td>
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<tr>
<td>Olga London</td>
<td>(907) 227-7345</td>
<td><a href="mailto:london@cssalaska.org">london@cssalaska.org</a></td>
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<tr>
<td>Sveliana Potton</td>
<td>(907) 228-2660</td>
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<tr>
<td>Tamalisa P. Berezyn</td>
<td>(907) 748-1582</td>
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### Samoan Interpreters

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<tr>
<td>Candida Saena</td>
<td>(907) 445-1760</td>
<td><a href="mailto:saena_candida@asdk12.org">saena_candida@asdk12.org</a></td>
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<tr>
<td>Fa’aana Tosi</td>
<td>(907) 351-3436</td>
<td><a href="mailto:faanatosi@yahoo.com">faanatosi@yahoo.com</a></td>
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<tr>
<td>Sera Taunaoa</td>
<td>(907) 250-2512</td>
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### SERBIAN/CROATIAN INTERPRETERS

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<tr>
<td>Antal (Tony) Saraz</td>
<td>(907) 334-3734</td>
<td><a href="mailto:antalaska@gmail.com">antalaska@gmail.com</a></td>
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### SIERRA LEONE INTERPRETERS

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<tbody>
<tr>
<td>Amidu Kamara</td>
<td>(907) 720-2914</td>
<td><a href="mailto:amidu_sl@yahoo.com">amidu_sl@yahoo.com</a></td>
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### SPANISH INTERPRETERS

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<tbody>
<tr>
<td>Adriany Vargas</td>
<td>(907) 720-7831</td>
<td><a href="mailto:adrianyv@sienciacggroup.org">adrianyv@sienciacggroup.org</a></td>
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<tr>
<td>Antonio Huaquival</td>
<td>(907) 222-7277</td>
<td><a href="mailto:ahuaquival@cssalaska.org">ahuaquival@cssalaska.org</a></td>
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<tr>
<td>Colleen Hogan</td>
<td>(907) 258-6386</td>
<td><a href="mailto:kaliharing@gmail.com">kaliharing@gmail.com</a></td>
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<tr>
<td>Elva Cerda</td>
<td>(907) 277-6351</td>
<td><a href="mailto:cerda_elva@ask12.org">cerda_elva@ask12.org</a></td>
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<tr>
<td>Grace Anderson</td>
<td>(907) 646-9287</td>
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<td>Ivonne Droper</td>
<td>(907) 245-2060</td>
<td><a href="mailto:grapearachuraged@hotmail.com">grapearachuraged@hotmail.com</a></td>
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<tr>
<td>Lidia Sanders</td>
<td>(907) 929-3524</td>
<td><a href="mailto:leera_sina2@yahoo.com">leera_sina2@yahoo.com</a></td>
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<tr>
<td>Luciane Smoie</td>
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<tr>
<td>Marcela Fleming</td>
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<td>Maria Aveilaneda</td>
<td>(907) 278-5479</td>
<td><a href="mailto:maria.aveilaneda@gmail.com">maria.aveilaneda@gmail.com</a></td>
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<td>Ninel Kegelado</td>
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<tr>
<td>Oscar Vila</td>
<td>(907) 351-0636</td>
<td><a href="mailto:ovd@cgi.net">ovd@cgi.net</a></td>
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<tr>
<td>Pilar Edebeck</td>
<td>(907) 727-3928</td>
<td><a href="mailto:piilarebecca@yahoo.com">piilarebecca@yahoo.com</a></td>
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<tr>
<td>Sindy Donahue-Filer</td>
<td>(907) 277-1027</td>
<td><a href="mailto:ssdy@cssalaska.com">ssdy@cssalaska.com</a></td>
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<tr>
<td>Vilma Anderson</td>
<td>(907) 686-0731</td>
<td><a href="mailto:mckelrey@matnet.com">mckelrey@matnet.com</a></td>
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<tr>
<td>Yadira Ramos-Mayes</td>
<td>(907) 742-1018</td>
<td><a href="mailto:ramos_yadi@asdk12.org">ramos_yadi@asdk12.org</a></td>
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<tr>
<td>Yarelis Lizardo</td>
<td>(907) 222-7335</td>
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### TAGALOG INTERPRETERS

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<tr>
<td>Christine Mojica</td>
<td>(907) 786-6488</td>
<td><a href="mailto:mojica@cua.alaska.edu">mojica@cua.alaska.edu</a></td>
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<td>Cecilio Estrella</td>
<td>(907) 278-3231</td>
<td><a href="mailto:estrella.panda@yahoo.com">estrella.panda@yahoo.com</a></td>
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<tr>
<td>Jane Ramos</td>
<td>(907) 317-4948</td>
<td><a href="mailto:juliatranslations@gmail.com">juliatranslations@gmail.com</a></td>
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<tr>
<td>Farimang (Fan) Touray</td>
<td>(907) 744-4234</td>
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<tr>
<td>Khalifa Cisse</td>
<td>(907) 250-1086</td>
<td><a href="mailto:lhcss@bciq.net">lhcss@bciq.net</a></td>
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<tr>
<td>Saliou Maranah</td>
<td>(907) 727-2337</td>
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Contact Catholic Social Services to add an interpreter to this list, or to obtain the most updated version. Call: 907.222.7339, or visit: www.cssalaska.org

Revised 1.10.08
Alaska Primary Care Association Quick Reference:
APCA: www.alaskapca.org
Online toolkit: www.alaskapca.org/toolkit
Phone: 907.929.2722
Fax: 907.929.2734
903 W. Northern Lights Blvd, Suite 200
Anchorage, AK 99503
Marketing is much more than just advertising your organization. It’s promoting your organization by having positive interactions with the community, presenting yourself as a valuable and reliable organization and following through on the way you present yourself. In this section we have provided templates to help you plan an organization-wide marketing strategy, develop your organization’s marketing tools and navigate promotional events with ease.
Excellence within ourselves, in what we deliver and within our membership agencies
MARKETING

Marketing is much more than advertising your organization ... 

It is promoting your organization by having positive interactions with the community, presenting yourself as a valuable and reliable organization and following through on the way you present yourself.

Marketing includes developing a consistent “look and feel” for your organization which reflects your mission. This can include, but is not limited to: development of a logo, brochures and other informational items as well as letterhead, mailings and a website.

In addition, marketing includes the ways you present yourself to the community. For example, “clients” and patients are influenced by what they see when they first step in the door of your organization, by the experience they have with the staff both entering and exiting, and in communications following their visit. Furthermore, now that they know the name of your clinic, they will recognize you as you participate in the community.

These are all opportunities for reinforcing the positive experience at your clinic and can result in a referral to another community member. Working to build positive word of mouth is the best way to market your organization as a valuable resource in the community.
Utilize this toolkit to help your organization build an **effective marketing strategy**, no matter your budget.

- Ask the following question: What are your current marketing efforts? Utilize the Communications Audit to evaluate your current marketing strategies, and the Marketing Plan Guide to create new and improved strategies.

- The Logo and Website Development Guides will also be helpful in determining how you can present yourself in the way that most effectively communicates your organization’s services and mission.

- The Event Planning Guide, Food Chart for Events and Press Release Tips + Template help as you plan and implement promotional events for your organization.

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For an informative PowerPoint presentation titled “Successful Marketing,” and for information on when marketing training will be offered, please visit the companion website: www.alaskapca.org/toolkit.
EVENT PLANNING GUIDE

Planning your event:

- Determine the purpose of the event and your target audience.
- Determine who will be on the event committee (it should be more than just you).
- Identify potential locations where the event could be held, including rain locations.
- Determine possible dates and times for your event.
- Apply for, and be sure to receive, confirmation that the spaces you want are available for your use.
- Create a list of tasks to be completed and assign them to committee members. What will a participant need in terms of items and information at each step during the event?
- Disseminate the list of tasks to all committee members so everyone knows who is responsible for which tasks.
- Determine a realistic event attendance.
- Develop a budget: Be conservative with your budget and leave room for changes. If you plan to have cosponsors, develop the budget in a way that you decide the minimum amount you need to make the event successful, and build from there.
- As a committee, create a list of potential cosponsors for your event. Before a committee member approaches a sponsor, be clear about what you expect the sponsor’s level of involvement to be (monetary, donations, in-kind work). Keep in mind, their level of involvement may be more or less than what you hoped for. Revise the budget appropriately.
Planning your event:

- Develop an effective marketing campaign – include your organization’s logo on all materials.

- Plan weekly meetings to touch base. As the event coordinator, you should take responsibility for ensuring the completion of all tasks. Develop a meeting agenda.

- Evaluate the program: The evaluation will help in determining if you have met your goals, reached out to the target audience and kept within budget. The information that you gather during evaluation will be invaluable in future planning.

- Follow Up / Thank Yous

- Clean up, send thank you notes, ensure all paperwork was processed correctly, and that all bills are accounted for and paid. These are all important aspects of pulling off a successful event. If the event was a fund-raiser, publicize the results of the event. Even if you didn’t make much (or any) money, you can share positive results by publicizing how everyone pitched in, how you raised awareness for the cause, and/or how you set the groundwork for the next, even more successful event.

- Complete a program report: This can be as simple as a list of files from the event so that you know what to do the next time around. Review the event planning process to determine best practices, challenges and room for improvement. List recommendations for the next event and for future event planners based on your experiences.

For more tips on event planning, visit: www.gc.maricopa.edu/studentlife/ClubGuide/eventindex.htm
FOOD CHART FOR EVENTS

Food Service

All food must be from an approved source. Home canned and advance preparation of food in the home is not allowed. All food preparation must take place on-site and inside the temporary food establishment or another approved facility. Grills or other cooking equipment may be located outside to comply with local fire codes.

Food Temperatures

Potentially hazardous food – (meats, fish, poultry, eggs, milk and dairy products) must be stored and displayed at safe temperatures. Reheat food quickly to 165°F and hold at 130°F or more. Hot food must be kept at:

- 130°F or hotter.

Cold food must be kept at:

- 41°F or colder.

Food Temperatures

Booth Construction

Every temporary food service establishment must have:

- 3 Full sides
- A water resistant roof (top)
- A cleanable and sturdy floor

Booths cannot be placed directly over dirt or grass unless plywood or a plastic tarp is used for the floor.

Enclose booth from the bottom of the front service counter down to the ground. Use the front of the booth for food service only. Exposed food items placed on the front service counter require a sneeze guard or cover.

All condiments must be served in squeeze bottles, pump dispensers or containers with self-closing lids.

Equipment

Cold Holding:
Mechanical refrigeration
Freezer
Ice chests

Hot Holding:
(These devices are not to be used for reheating.)
Steam table
Crockpot
Chafing dishes
Hot holding cabinets

Cooking/Reheating:
Grill
Stove
Fryer

Store all food, utensils and paper/plastic service items at least 6 inches off of the ground.

Hand Wash Facility

Hands must be kept clean to conduct food service operations. Provide a hand wash facility and use it frequently.

Provide:

- 5 GALLON CONTAINER WITH A SPIGOT OR SPOUT,
- CONTAINER FOR WASTE WATER
- SOAP
- PAPER TOWELS.

Utensil Washing Facility

The utensils and equipment used in food and beverage service are required to be washed and sanitized. Proper sanitation requires the use of three step procedure. Three adequately sized containers must be set up. The first container is used for washing and contains hot water and dish soap. The second container is hot rinse water. The third container is used for sanitizing with cool water and 50-100 ppm chlorine bleach. Use 1 capful of bleach for every gallon of water. After completing the three steps, all utensils and equipment must be air-dried. Change the water and replace the soap and bleach in the containers frequently to keep the process effective.

A metal stem probe thermometer that measures from 0°F to 220°F must be available and used to check food temperatures.

An accurate (calibrated) thermometer will read 32°F in a cupful of ice water.
MARKETING PLAN GUIDE

Utilize this guide when developing your marketing plan

Complete your marketing plan during a meeting aimed specifically at developing your marketing plan. This can be a bit time consuming at first but the investment is well worth it. It is important to have organization-wide input. Not only will you have the “bigger picture,” and perhaps some ideas you wouldn’t have come up with on your own, but you’re taking the first step toward institutionalizing the marketing plan, and creating buy-in from all members of your organization. Remember, effective marketing results from participation by everyone, from the front desk to the billing department to the providers.

Section I - Developing your Marketing Plan Goals

Ask the question: How do we want to be known?

Suggestions: As a Community Health Center, your goals most likely include positioning yourself as a viable, quality health care option, and as a positive household name (or “brand”) in your community.

GOALS INCLUDE:

● Reduce misunderstanding of your Community Health Center as “just a free clinic for poor people.” Eliminate stigma associated with that image.
● Increase utilization of your clinic.
● Encourage earlier access to care, reducing severity and complications.
● Build positive relationships with your patients so they will consider you their “health care home.”
● Increase sustainability of your organization.

List additional goals of our organization:
Section II – Developing Your “Brand”

You will find the Logo Development Template included in this toolkit helpful as you develop your “brand.” Generate a list of questions and steps for further defining your organization.

- How do we want to be known?

- What do we want to be the first things that come to mind when people think of our organization?

- What do we **not** want people to think of when they think of our organization?

- Perhaps include ways you are currently seen that you want to change.

- What are some symbols which define how we want to be known. This will be helpful in developing your logo. Think of simple images that bring to mind the items listed in the above categories.

- Who is our target audience? Who are we trying to reach?
  Be specific: include hard to reach populations in your community.

- What are tactics we can use to reach our target audience (social marketing, brochures event participation)?

- Would it be best to place print ads, do direct mailing, website upgrades, new brochures etc?

- Are there events/organizations we can **partner** with to reach our target audience?

**Defining what you do **not** want to be is as important as defining what you **do** want to be.**

**Something as simple as “trading links” with another organization can have an impact - adding their link to your website and asking them to do the same.**
Section III – Marketing Calendar January-June

Use this calendar to plan your monthly marketing goals, including steps to accomplish your goals. Generate this from your list of goals and the items listed to develop your brand.

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### Marketing Calendar July-December

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### Section IV – Marketing Budget Worksheet Sample

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<td>Message testing</td>
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<td>Promotional items (magnets, CDs, pens)</td>
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<td>Public relations</td>
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<td>Pitch / generate two-three positive media stories about the brand, per year</td>
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<td>Direct mailing</td>
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<td>Radio: Public Radio</td>
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<td>Write, review, revise (three news spots)</td>
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<tr>
<td>Six-week media buy / statewide</td>
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<tr>
<td>Or, develop radio spots to be used by individual communities as they could fund</td>
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<tr>
<td>Television advertising</td>
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<td>Newspaper (statewide, health center locations)</td>
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<tr>
<td>Design</td>
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<tr>
<td>Six-week media buy - one ad per week $~7,000 in Anchorage</td>
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<tr>
<td>Management (services for above, ~130 hours)</td>
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<td><strong>TOTAL COST TO IMPLEMENT MARKETING PLAN</strong></td>
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<td>List all items created for marketing campaign.</td>
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<td>Add up total costs for each product or service.</td>
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Marketing Budget Worksheet Template

Once you develop your goals and plans, develop a detailed corresponding budget.

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TOTAL COST TO IMPLEMENT MARKETING PLAN

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Section V – Measurable Outcomes

All members of your organization must be committed to tracking the results of your marketing efforts. Do you currently have questionnaires and/or satisfaction surveys? If so, what type of information do they provide you with? Include feedback questions on materials: How did you find out about us? How would you rate us? Would you recommend us to other? Give them room to describe why/why not.

Example:
Develop a campaign, such as offering low-cost sports physicals during a time when most kids are returning to school. Gain a public radio spot about the availability of the physicals, through paid or donated advertising. When people schedule appointments for the physicals, ask that how they heard about the physicals be tracked. The results will give helpful information about how effective the radio ads are for your organization. This exercise can be repeated with newspaper ads and other types of marketing.
COMMUNICATIONS AUDIT

Complete this audit to determine the extent of your organization's marketing efforts.

Brainstorming

- If someone gave you a check for $500 to spend on marketing purposes, how would you spend it?

Planning / Demographics

- Is marketing or public relations included in your annual work plan or strategic plan? **Yes/No**
- Who on your staff is responsible for marketing or public relations?
- How do your internal stakeholders view marketing and public relations?
  - Clinical Staff:
  - Non-clinical Staff:
  - Board Members:
- Who are your stakeholders in the community beyond your staff and board?
  - (clients, former clients, medical community, schools, businesses, community groups)

Who is your target audience?
- Geographic location/s
- Income level
- Insurance status
- Number of clients
- Gender
- Age
- Ethnicity

Who are your present clients?
- Geographic location/s
- Income level
- Insurance status
- Number of clients
- Gender
- Age
- Ethnicity

Target Audience Analysis

- What are the barriers to reaching your target audience?
- What are you doing specifically to reach your target audience?
- Do you conduct any client or community surveys? **Yes/No**
  - How often? *(monthly, quarterly, yearly)*
- What is the most important thing you have learned?
Communications Marketing + Public Relations Tools

Do you have a logo or other identifying symbol with name/type style? **Yes/No** Describe:

Do you have a slogan or theme? **Yes/No**

Do you have a website? **Yes/No**
  - If so, who manages it?
  - How often is it updated?

Do you have an automated phone answering system? **Yes/No**
  - If so, do you use it for communications / marketing purposes? How?

Do you have a brochure of your services? **Yes/No**
  - If so, how often do you update it? (monthly, quarterly, yearly)

Do you have a standard press or media packet with background information and statistics about your organization? **Yes/No**

Do you publish an annual report? **Yes/No**

Do you send out a newsletter? **Yes/No**
  - If so, is it emailed or is a hard copy mailed out?
  - Is it published in house or do you contract out for printing?

Do you prepare any direct mail or hand out pieces for the community, including calendars, health promotion information, health tips, special screenings or special focus health events such as Breast Cancer Awareness Month? **Yes/No**
  - Please list your outreach efforts.

Do you maintain a media list of press contacts in your area? **Yes/No**

Do you have a relationship with an editor or reporter at your local paper/s? **Yes/No**

Do you have a relationship with an editor or reporter at your local radio/TV stations? **Yes/No**

Do you have a person designated to speak to the media? **Yes/No**
  - If so, do you have a policy regarding this?

Do you generate press releases to newspaper, radio or TV stations? **Yes/No**
  - If so, do you distribute these electronically or via fax or mail?

Do newspaper, radio or TV representatives contact you for media stories or interview you, your staff or your board? **Yes/No**

Have media stories about your organization in the last year been positive or negative? +/-
Communications Marketing + Public Relations Tools

- Do you track/log every mention of your organization in the press (newspaper/radio/TV)? Yes/No
  If so, who is assigned to this task? ____________________________
  How many times have you been mentioned? ____________________________

- Do you do any newspaper advertising? Yes/No
  If so, how often? ____________________________

- Do you create your own advertising or do you use someone else? (advertising firm, contractor, newspaper staff)
  ____________________________

- Do you do any other print advertising? (programs, school yearbooks, athletic activities) Yes/No
  If so, is someone appointed to decide when and where they appear? Yes/No

- Do you run any radio advertising? Yes/No
  If so, how often? ____________________________

- Do you have a system in place to measure the results of your advertising? Yes/No

 Outreach

- Do you have any promotional items? (magnets, posters, cups, shirts) Yes/No
- Do you have an exhibit or display materials? Yes/No
- Do you host any events such as open houses, health fairs, education forums, etc? Yes/No
- Do you participate in these types of events when hosted by other organizations in the community? Yes/No
- Do you ever provide speakers to other organizations? Yes/No
- Do you do any kind of sponsorships in your community? Yes/No
- Do you do public policy advocacy? Yes/No If so, please describe activities, in local government and state government.

Final Thoughts

What has been your most successful marketing or public relations effort? ____________________________
LOGO DEVELOPMENT GUIDE

Here you’ll find some pointers from a professional graphic designer. Some of the information will be useful to you as you determine what your logo should look like.

It is worth its weight in gold to have a professional graphic designer meet with you and develop your logo. If that is not possible, or you have limited funds, you can either design and create something yourself using the following guidelines, or use the following guidelines to develop a basic idea to bring to a designer.

It is important to remember that you should have two types of logos, the short and the long version, as they will be used for different purposes.

For example, the short version can be used when showing sponsorship, on fliers or other materials. Here is the Alaska Primary Care Association’s “short” logo:

The long version of the Alaska Primary Care Association logo, which is typically used for letterhead, and in our case includes our mission statement is:

Helpful hints:

As you begin to develop your logo, remember that although you want your logo to be able to convey to the viewer what your organization does, and your mission statement, be careful of developing a logo that tries to say too much.

Also remember that your logo needs to be able to be read in both small and large formats. Adding too much detail may make it unreadable for everyday use.
SIX STEPS TO PROFESSIONAL LOGO DESIGN

Logos Design Tutorials and Tips by Barrett Phillips

Use a color scheme
If you use too many colors, typically your designs will begin to look tacky and unprofessional. This does somewhat depend on the business type, however. If you’re creating a logo for a toy store, this would be an exception. But you’d definitely want to stick to only a couple colors if you’re designing for an insurance firm, for instance.

Keep it simple
Try creating logos that convey as much information as possible while also being as simple as possible. This is the mark of a professional designer. Having a simple logo will help in a number of ways, including the ease of distribution. For instance, they are easy to place on letterhead and business cards because they don’t require much space to be recognized and understood.

Make it memorable
You want viewers to become used to a logo, and they will do just that if you make it unforgettable. Think outside of the box and try to create a unique quality that’s never been seen before. Making your logos memorable will, if you are or wish to become a designer, help you in the same way it helps the business it represents, with recognition. If your logo is well-known, that’s a great mark for the portfolio.

Use a font that compliments the style of what it represents
You aren’t going to want to use an old English type font for a pet store logo, and you aren’t going to want to use a child’s handwriting for a debt consolidation firm. Just use common sense in this area. You can also search the web for free fonts if you aren’t quite happy with what you’ve got. There are a bunch of websites out there that contain lots of great community-designed fonts.
**Make your logo fit with different background colors**

If you've got black text and a black icon, they won't show up if you have to place them on a black background, so create multiple versions of your logos to accommodate different background colors. If it's imperative to stick to a certain color, then you might try adding a stroke (border) to your design to make it show up better, or perhaps placing the logo on top of a solid colored rectangle of inverse color.

**(For the graphic designer) Use vectors**

Create your logos using vectors (paths) as opposed to pixels if possible, so you will be able to scale them up at a later date with no loss in quality. This way, you will not run into any issues if you ever need to print out your logo that you've created as a 200*100 pixel file onto a poster or banner. Insufficient size when you're stuck with pixels just isn't very easy to recover from. The only options you would have would be to either ignore the problem and scale it up despite the bad quality, or completely redesign the logo at a higher resolution, and you're simply not going to want to do either.

If you stick to these guidelines, your logos will start looking very attractive, but don’t take them all at face value; rules are made to be broken!
Determine your goals for creating a website and also determine your target audience. Conduct an inventory of your content and amass design critiques.

- Create a list of items you need to have on your website. Write each item on a separate sticky (post it).
- Across the top of a large piece of paper make a list of the audience who will be using your website.
- Place the content stickies under the name of the relevant audience. If one item falls under multiple audiences, write it on various stickies and place it under each appropriate audience.
- Once you’ve placed all of the stickies and have determined that all pertinent information is present, use the final product to create a flow sheet which reflects the structure of the website.
- Develop the content for each item. Keep in mind it is not the web-designer’s job to create content, nor would you want them to do it; you want to create what the public will see in relation to your organization.
- Give your information to the web-designer: both the layout for the website and the content. Try to do this all at once to avoid confusion.
- Once the designer shows you the built website, go through it as a user and note any changes that need to be made. It’s important to have another person, unrelated to your organization, review it and provide suggestions.
- Once the designer implements the first round of changes, repeat the previous step. Keep repeating this step until you reach the final product.
- Make sure you have a system in place to make changes to the website.
- Add website update to your staff meeting agenda to be reviewed monthly; there is no use having a website with outdated information.
Tips on selecting a website or graphic designer:

- Ask to see work samples or a client list.
- Most designers are flexible in their designs, but also have a characteristic “style.” Make sure you select a designer who’s style matches what you’re looking for.
- Know your budget and ask for a cost estimate. Designers will either set terms of a “flat fee” or “time and materials.” A flat fee is the total amount you will pay for your product, as long as your scope of work doesn’t change. “Time and materials” terms mean you will be billed by the hour for as long as it takes to complete the project. Both types of estimates should include an hourly billing rate and description of included services.
- Ask if you will have full ownership for use of the final product.
- Freelance designers tend to be less expensive than design shops or agencies, but sometimes the quality of their work can be less predictable.
- Designate a single point of contact for communicating with your designer. Cost overruns and time delays can be avoided most easily if there is one person in your organization who’s responsible for communicating with your designer. This is especially important if a committee (such as a board of directors) reviews your logo or website designs.
- Have an idea of what you want. Look at other logos or websites that are attractive or similar to what you have in mind.
- Ask for design references from other organizations with effective logos and websites.
PRESS RELEASE TIPS + TEMPLATE

Tips for writing a press release

The easiest way to get your information to the media is to send a Press Release.

- Be sure to include your logo on the template.
- Include the date of which you will be sending the press release to the media.
- Utilizing the following template, write your press release, including relevant information. Be sure to include, who, what, where, when, why and how.
- Be sure to include your contact info for the media to get in touch with you.
- It is helpful to add a quote into the text of the release; try to get one from a representative of your organization (the Executive Director or similar role).
- Keep the “###” sign at the end of the document. It lets the reader know that the release is complete.
FOR IMMEDIATE RELEASE

[Insert date]

MEDIA CONTACT

[Insert your name]

[Insert your phone number]

Example text follows, replace with your relevant information:

Partnership for Prescription Assistance Launches New Campaign to Help Underserved Alaskans In [Your community]

[Your community], AK (Insert date) – A new pilot project to help thousands of under served Alaskans receive prescription assistance is coming to [Your community].

The Partnership for Prescription Assistance (PPA), a national effort sponsored by America’s pharmaceutical research companies, recently launched a campaign with the Alaska Primary Care Association (APCA) to help under served Alaskans across the state access prescription medicines. The campaign will help low-income, uninsured or under insured patients connect with more than 475 patient assistance programs, including more than 180 programs offered by pharmaceutical companies. Nationally, the PPA has helped over 4 million patients, including more than 8,500 in Alaska.

In [Your community], people who are uninsured can work with the [Clinic name] to see if they qualify for free or nearly free medicines from one of the many programs offered through the Partnership for Prescription Assistance. People looking for assistance can visit the [Clinic name], call the PPA directly at 1-888-4PPA-NOW or go online at www.pparx.org.

“The Partnership for Prescription Assistance is making a special effort to help struggling Alaskans who live in hard-to-reach areas,” said Ken Johnson, senior vice president of the
Pharmaceutical Research and Manufacturers of America (PhRMA). “Together, with the Alaska Primary Care Association, we will work tirelessly to ensure that people who live in remote communities are not left behind when it comes to getting the help they need.”

The Alaska Primary Care Association, which works with clinics in 112 communities, will administer the program to ensure it reaches all Alaskans who might qualify for assistance.

“Our collective mission is to help Alaskans in need, especially those with little or no resources, and the campaign with the Partnership for Prescription Assistance will provide a further safety net for patients who need a helping hand,” said Marilyn Walsh Kasmar, Executive Director of the Alaska Primary Care Association.

The Partnership for Prescription Assistance is also teaming up with other local groups including the American Diabetes Association, the Arthritis Foundation, the MS Society, the City of Anchorage, Access Alaska and more than a dozen other groups that serve Alaskans in need.

The Alaska pilot project, the first of its kind in the nation, will create a road map for helping people in under served areas all across America, such as Appalachian coal towns and small rural communities with little or no medical facilities. The PPA partnership with APCA will mobilize resources and expertise to reach struggling Alaskans and tap into APCA’s statewide network of health clinics that includes 24 organizations operating 126 sites across the state – serving 80,000 people each year.

To increase awareness of the help offered by the PPA, the new campaign will expand outreach efforts by conducting train-the-trainer sessions with Alaska’s leading health care experts, educating local policy makers about the PPA’s resources, and ensuring that local organizations have the tools needed to help patients learn about the program.

To help get the campaign off the ground, the Pharmaceutical Research and Manufacturers of America (PhRMA), the national trade association that represents America’s brand name pharmaceutical companies, is providing a $50,000 grant to APCA. PhRMA will provide an additional $50,000 for local advertising to support the statewide awareness campaign.

More than 2,500 different brand-name and generic prescription medicines are available through participating patient assistance programs. In addition, the PPA provides information on nearly 10,000 free health care clinics and has connected more than 135,000 patients with clinics and health care providers in their communities.

###
MODEL RELEASE TEMPLATE

Use this template if you are planning an event in which you will capture images (photo or video) for use in your marketing materials.

I hereby grant to the Alaska Primary Care Association (APCA) the irrevocable right and permission to copyright a photograph and video image of me and/or my children in its own name or otherwise to use, reuse, publish, and republish, and otherwise reproduce, modify and display the photograph or video image, in whole or in part, individually or in conjunction with other photographs or images, and to use my name in connection therewith if it so chooses. I hereby release and discharge APCA from any and all claims and demands arising out of or in connection with the use of the photograph or video image, including without limitation, any and all claims for libel and/or invasion of privacy.

APCA may assign, license or otherwise transfer all rights granted to it hereunder. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assignees of the Association.

I am of full age (eighteen and older) and have the right to contract in my own name and/or on behalf of my minor child(ren). I have read the foregoing and fully understand the contents of this Release.

This Release shall be binding upon me and my heirs, legal representatives, and assignees.

Name: __________________________
Location/(Event): __________________________
Date/Time: __________________________

Authorized Signature with Date __________________________
Printed Name __________________________
Address __________________________
City, State, Zip Code __________________________
Telephone number __________________________
MARKETING NOTES

Alaska Primary Care Association Quick Reference:

APCA: www.alaskapca.org
Online toolkit: www.alaskapca.org/toolkit
Phone: 907.929.2722
Fax: 907.929.2734

903 W. Northern Lights Blvd, Suite 200
Anchorage, AK 99503
Included are additional resources to assist you in providing an “Open Door” policy. If you don’t find what you’re looking for here, please see the companion website at: www.alaskapca.org/toolkit.

Denali KidCare Multilingual Brochure .................................................p.65
Resources + FAQs ..............................................................................p.66
Collaboration, inclusiveness and cooperation in the delivery of our services
The multilingual brochure supplies instructions and contact information about how to obtain State of Alaska health insurance for pregnant women and children under age 19. It's been translated into Spanish, Korean, Tagalog, Samoan, Laotian, Russian, Hmong, Mandigka and Albanian.

Download the brochure from the APCA website: www.alaskapca.org/toolkit to make copies available to your patients.
RESOURCES + FAQs

For updates to this toolkit, current information and additional resources, visit: www.alaskapca.org/toolkit.

Alaska Primary Care Association

903 W. Northern Lights Blvd., Ste. 200
Anchorage, AK 99503-2408

Phone: 907.929.2722
Fax: 907.929.2734
Website: www.alaskapca.org

First Health Services Corporation

Contact information according to department:
www.alaska.fhsc.com/providers/phnaddr.asp
Online newsletter:
www.alaska.fhsc.com/providers/newsletter.asp

Alaska Medical Assistance

Division of Health Care Services
4501 Business Park Blvd., Ste. 24
Anchorage, AK 99503-7167

Recipient Helpline: 1.800.780.9972
Provider information (in Anchorage): 907.644.6800
Provider information (statewide + Outside): 1.800.770.5650

Denali KidCare Eligibility

Denali KidCare
P.O. Box 240047
Anchorage, Alaska 99524-0047

Information (in Anchorage): 907.269.6529
Information (toll-free statewide + Outside): 1.888.318.8890
Website: www.hss.state.ak.us/dhcs/DenaliKidCare

Email: Denali_Kid_Care@health.state.ak.us
FAQ’s: www.hss.state.ak.us/dhcs/DenaliKidCare/faq_den.htm

Denali KidCare Program Operations

Barbara Hale
Division of Health Care Services
P.O. Box 110660
Juneau, Alaska 99811-0660

Barbara Hale’s phone: 907.465.5833
Email: barbara_hale@health.state.ak.us

For Frequently Asked Questions ...

about income, other eligibility questions, questions about other insurance, newborn notification procedures, questions about application or renewal: www.hss.state.ak.us/dhcs/DenaliKidCare/faq_den.htm

For questions regarding Medicaid or Denali KidCare coverage, call the Recipient Helpline (also listed above) 1.800.780.9972 Monday through Friday between 8 a.m. and 5 p.m., or leave a message after hours for a return call the following business day, or email Helpline staff at recipienthelp@FHSC.com.
uncompromising in the pursuit of access to primary care for all Alaskans

Outreach + Marketing Toolkit