

# Southwest Florida Healthcare Coalition



## Marketing and Outreach Plan 2021

## Introduction

The Southwest Florida Healthcare Coalition (SWFHCC) was created to support the local healthcare coalitions, communities and other response agencies to collaboratively plan for all-hazards emergencies by promoting intra-regional cooperation and sharing of resources. The SWFHCC is comprised of four chapters: the Suncoast, which covers Charlotte and Sarasota Counties; Collier (CHEPC), which covers Collier County; Lee, which covers Lee County; and Heartland, which covers DeSoto, Glades, Hendry, Highlands, and Okeechobee Counties. The local chapters bring members together to discuss plans and situations in their local areas. The results of those local planning efforts and discussions are incorporated into the regional plans and discussions.

Membership in the healthcare coalition shall be extended to the following Essential Partner agencies, institutions, and community-wide emergency response related disciplines located within and serving Southwest Florida:

Core HCC members should include, at a minimum, the following:

- Hospitals
- EMS (including inter-facility and other non-EMS patient transport systems)
- Emergency management organizations
- Public health agencies

Additional HCC members may include but are not limited to the following:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Hospice
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs),

urgent care centers, freestanding emergency rooms, stand-alone surgery centers)

- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Transportation providers
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)

Each of the chapters has set a participation standard in their governance documents that allow an agency to be considered an active member. Attendance at meetings and participation in most events is not limited to active members. However, in most cases only active members may vote. There may be other privileges that are reserved for active members such as subscriptions and paid attendance of trainings and conferences.

### **Current Gaps**

Only active members were included in determining the gaps in membership. There are many agencies who have participated sporadically who are included as gaps. Part of the Marketing Plan will be transitioning these sporadic participants into active members of the Coalition.

#### **Core Members:**

Hospitals: There are 28 hospitals that are active members in the Coalition. There is one specialized hospital that is currently a gap.

EMS: There are no gaps in EMS agencies among the active members.

Emergency Management: There are no gaps in Emergency Management.

Public Health Agencies: There are no gaps in Public Health Agencies.

#### **Additional Members:**

There are significant gaps in the following types of members:

- Behavioral health
- Veterans Affairs
- Home Health Agencies
- Infrastructure Companies
- Medical Societies and Professional Associations
- Non-governmental Organizations
- Primary Care Providers

- Schools and Universities

There are moderate gaps in the following types of members:

- Local Public Safety Agencies
- Jurisdictional Partners
- Outpatient Health Care Delivery
- Skilled nursing, Nursing and Long-term facilities

The following types of members have not yet been assessed for gaps:

- Medical and Device Manufacturers
- Support Service Providers
- Transportation Providers
- Other

## **Marketing Plan**

Under the guidance of the Coalition leaders and members, the Project Manager will be the lead on the completion of this annual marketing plan. The leadership and members of the Coalition will also play a key role in outreach to other agencies as a part of their normal interactions.

- In June 2020, marketing materials for the Coalition and chapters were created. The materials include a brochure, flyer and an invitation card.
- In July 2020, the approved materials were printed and available for distribution throughout the region.
- Materials will be distributed to leadership and members to distribute at meetings or other interaction with agencies that are not current members. Distribution was limited due to the pandemic. The distribution will increase once face to face interactions increase.
- In October 2020, a database of current and potential members was created to better track participation of active and sporadic members as well as gaps in membership. A program coordinator position is being added to the SWFL Healthcare Coalition to track and follow up on gaps.
- By December of 2021, a survey will be created and distributed to active and potential members. The survey will collect information on the perceptions of the benefits of membership in the Coalition as well as suggestions on how the Coalition could be more beneficial to the members and region. The results of the survey will be used to shape marketing messages as well as the Coalition work plan.
- In January of 2021, the Coalition website was updated to better explain the benefits of membership and upcoming events and meetings. A direct URL was created to make the website easier to find. The website is currently being overhauled to increase functionality.

- By December of 2021, each of the core members who are not active members will receive a letter from the Chair/Co-Chairs of the appropriate chapter. By March of 2022, any who continue to not be active members will receive an in-person visit from the Project Manager.
- Each month, the Project Manager or program coordinator will continue to contact at least five agencies in the region that are not active members to explain the Coalitions and the benefits of membership.
- The Project Manager will seek out opportunities to attend conferences, meetings and other gatherings of potential member agencies to distribute marketing materials and encourage membership. This will increase once face to face meetings resume.

### **Desired Outcomes**

The desired outcomes of the annual marketing plan and associated efforts include: one hundred percent participation of core member agencies, at least a twenty percent increase in the number of additional members who are participating, and a better understanding of the wants and needs of members and potential members. All goals should be accomplished by the end of June 2022 at which point the plan will be updated for the next year.