Community Relations 2.0: 
*Up Close & Personal Strategies to Take Your Story Directly to Consumers and Influencers*

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Who are we?

• Three professionals who have seen first hand, that community relations efforts can:
  – Transform, shape, enhance reputation – reputation that’s essential to reception of your marketing messages
  – Build relationships that support business objectives
  – Create the brand promise of an organization that cares about the community
  – Build a goodwill bank for withdrawals in time of crisis

• And who have (successfully) executed the core strategy – building relationships with community influencers
What are we doing today?

• Talking about the importance of community relations right now, in 2016
• Updating what CR really is and can be
  – We all tend to think of CR as so old and been there
  • Especially when we can do Instagrams or whatever the newest “hot” tactic is
• Sharing real-life, real-results examples of what can be done
• Convincing you that CR really matters because . . .
Communities matter

• “Hospitals exist with the tacit permission of the communities they serve”
  – Zoning, building, regulations
  – Tax-exempt status, state funding
  – Support at federal level
  – Philanthropy
  – Potential employees (and proud current ones)
  – Oh, and . . . patients
    • Reputation does matter

• And “community leaders” (KOLs, thought leaders, power brokers, VIPs) matter a lot
Memory lane: CR back then
(“That old dog?”)

• Anemic speakers’ bureau
• Tours for 3rd-graders
• Advisory boards with little impact
• Sponsor $$ = free T-shirts
• Reactive, independent of marketing or reputation strategy
CR 2016: Change the vernacular

From community relations to. . . . .

Community relationships!
CR 2.0

• Intentional
• Strategic imperative
• Laser-focused on key audiences
• Tightly integrated with fund-raising, government relations, marketing, media relations
  – Aggregating and linking programs executed by each of these areas magnifies the impact
• Essential tool for crisis management
• Foundation for engagement
  a.k.a “offline communications”
CR 2.0: Foundational Steps

• Involve key internal players from all relevant departments to build buy-in
• Audit – there may be more going on than you know
• Consider a community relations advisory board or committee of the board
• Map the community – who’s who, who connects to whom
  – Not just Chamber of Commerce CEO list
  – The 100 or 326 who are so connected to all sectors that if you talk to them, you’ve reached their spheres of influence and the entire community, from clergy to CEOs to Junior League to NAACP to AFL-CIO to . . . . . .and include power brokers who may not have titles
CR Next Steps: Re-tool the basics

- **Purposeful Platforms**: Getting our best and brightest in front of the people we want to talk to
- **Welcome Mat**: Using our facility (tours, meeting space) for face-to-face time with influencers
- **Payback**: Making sponsorships generate real value beyond the T-shirt
- **Onboarding**: Using our board and our people on other boards to expand our influence
More re-tooling the basics

• Leverage those “sponsor” tables at big dinners
  – Pick the right leaders as guests
  – Assign a table leader who introduces everyone at table to everyone else
    • AND works the room

• And that’s just the beginning . . . .the only limits are creativity and energy

• As evidenced in state-of-the-art programs in two unique markets . . . . .
And a core effort to build relationships with community influencers that positions the hospital/system as the leader, the source of insight and information, and a good community citizen

“INSIDERS” PROGRAM
Pebbles in the Pond:
Creating the influencer relationships that have a significant ripple effect
Pebbles in the Pond: Insiders extend influence

- Two-phase program that helps bring community leaders "inside"
  - Face-to-face small group “briefings” by CEO/execs
  - “Pen Pals” – ongoing written communications, varied in topic and style, to stay top-of-mind
- Start with a carefully culled list that spans the community
  - Not just the C of C
- Announce the program so they know that they are special because they’re invited
Insider Briefings:
It’s the CEO host, and the content

- Breakfast, lunch, cocktails – what works in your market
- 12-15 guests ideal although can vary by market, 1 staff host to 3 or 4 guests
  - Invite guests a group at a time for each date, or give them multiple dates and let them pick
  - Cross-sector groups create “salon” effect
- Briefing and dialogue
  - Briefing focuses on issues of concern to THEM
    - This is not an infomercial, but you can weave in “for example, we’ve been doing . . . . . .”
  - Lots of time for breakfast conversations plus Q and A
Insider “PenPals: Constant conversation

- Plan some kind of written contact every 4-6 weeks – frequency matters!
  - Never less, can be more if “things happen”
  - Letters, not newsletters – varied in topic, sender, style, so it seems more personal
  - Vary sender – CEO, CMO, public affairs, etc.
  - And vary style
    > One time it’s a 1 ½ page personal letter (“this new national data has bearing on our region”), next it’s an article with an FYI note, next a link to an MD or faculty blog on an emerging issue
Insider “PenPals”

Topic? Carpe Diem

– Plan some topics – find something newsworthy that maps to your intended focus
– Or seize the day – what’s the breaking news and what does your organization think or do about it
– Pass along “info of interest” – Atul Gawande think piece in New Yorker
– Can be hospital or system-focused when the announcement is significant, but always broaden the approach (new clinical chair or SVP = brings experience in expanding population health)
  • Nice touch: “Wanted you to be the first to know”
NB: They do not mind the mail

• “Sending these blogs out is a stroke of genius, and both of them are smart and persuasive.”
  (local author, responding to blog links on end-of-life care law, and NY Times article on medical bills)

• “I appreciate the article – in my work I’m always helping clients with change.”
  (Small-business owner, responding to Atul Gawande article)

• “THANKS for keeping us in the loop”
Insiders Extra: When the crisis hits

- Once you’ve identified the influencers, created the database and built the relationship, when a crisis happens, hit the “send” button
  - Go directly under media radar to your insiders, with the full story and your key facts
  - You don’t have to ask them to spread the word – they will
  - And their influence and opinions will go viral in the best way – W-O-M
Tales from Two Cities

OHIOHEALTH COLUMBUS OH

UNIVERSITY OF VERMONT HEALTH NETWORK BURLINGTON VT
OhioHealth:

- Faith-based, 14 hospitals in Central Ohio from urban/trauma, to Critical Access, and all points in between
- “Test market” cities in “bellweather state” – as goes Ohio . . . .
Improving community health traces roots to faith-based mission

• Embedded: Leaders serve on more than 100 community, government boards and commissions

• Street level: Web-based program offering volunteer opportunities through our partner, VolunteerMatch, is customized for the OhioHealth system as “Mission Matters”
  – More than 4,000 physicians, nurses and other staff share expertise via coordinated volunteer program (22,618 hours for 297 organizations)

• Sweat equity: People power added to dollar value
Services that align with community needs

• “Population health” approach before it became a buzzword
• Mobile wellness clinics – WOW program has improved infant mortality
• Training for faith community nurses and ministers in 43 congregations
• Community leadership training in multiple communities
OhioHealth Community Conversations: Research and results driven

• 2013 – Deep dive, beginning with intensive personal interviews of 25 key community influencers
• Plus survey of several hundred community leaders . . . . AND a control group
• Identified concerns, awareness, attitudes, perceptions – for program design and ROI measurement
• Findings used to shape approach to Insider Briefings: “I need help understanding the national trends affecting my business/organization/community”
Creating the audience: One person at a time

• Integrated team (executive office, PR, marketing, government relations, community relations, foundation) worked through 1,000+ names
  – Business, government, politics, not-for-profits, clergy, arts community, minority communities, education . . . .

• Identified 350 key leaders
  – All would receive ongoing “Pen Pals” correspondence
  – 200 to be invited to first year of briefings
Standardized for efficiency

• Same venue, same time, same *menu* . . . .
• Specific invitees for each date (cross section of sectors to create that “salon” approach)
• CEO “stump speech” explored major national trends, with the reality behind the headlines
  – Included OhioHealth POV on issues
  – Involved Chief Medical Officer on clinical topics
  – Called on other execs present to amplify points
• Result: OhioHealth’s “story” and POV are consistently shared across influencer audience
Response was immediate – and positive

- Emails to OTP mailbox were quick in coming, and always positive (and always received a reply)
- CEO and execs received “great idea” feedback when out in the community
- Participants said “do more of those briefings” when asked in follow up survey and personal interviews
- And the research had other, equally significant findings!
The research said . . . . .

- 20 months after initial research, and launch of the program, the community leader survey was repeated.
- Same audiences – including control group of business execs who had not been part of the program.
  - Responses sorted into three categories:
    - Insiders who attended briefings and received mailings
    - Insiders who only received mailings
    - Control group who were not involved in program
First critical finding: Leaders concerns had shifted

• 2013, concerned about economic issues – jobs, business growth
  – And wanted to know everything about national healthcare trends

• Two years later . . . . Much greater concern about poverty, community needs, and wellness (selves and those they serve or work with)
  – And want to know more about prevention, innovation in clinical care, and community benefit

• 180-degree shift → change in approach and content for the Insiders program
Research also revealed:

The Insiders approach works

• When attributes questions were repeated (“which system do you think of as being ______________”), the results were stunning
  – Compared to control group, Insiders ratings of key OhioHealth attributes highlighted in briefings and letters were anywhere from 20 to 50 points higher
  – And difference between those who attended briefings and received letters, vs. letters only, was nearly double
Research findings validated the approach and guided adaptations

- Phase 2 of Community Conversations will:
  - Ramp up focus on the topics the influencers want to hear about
  - Shift from CEO-led stump speech on national issues, to more involvement from key senior execs involved in community partnerships, wellness and prevention, clinical innovations
  - So participants will be hearing new messages, and engaging with more OhioHealth leaders
  - And Insiders’ list will expand to include more leaders in Columbus area, as the approach is rolled out by other system hospitals in their communities
University of Vermont Medical Center:

- Leading academic medical center (flagship of University of Vermont Health Network)
- “Small town” environment makes relationships and presence an absolute must
Community Rounds: Up close and personal

- Program launched in 1993, more than 500 community leaders have participated to date
  - Three two-day sessions annually, 15 leaders per session
  - Two morning clinical rotations hosted by 30 physician hosts
  - Annual “alumni” reunion draws big crowd
Community Rounds: Up close and personal

- Goal is to create a ripple effect, as graduates share their learnings in the community, help recruit and identify other participants
- Universal feedback: “I had no idea . . . .”
- Program has its own website with video and blogs
Other CR success stories:

- Small group meetings with CEO/senior execs and leaders of five key business associations to discuss healthcare reform
- Kitchen cabinet – small group of key influencers (“the bishops”)
- Annual “Listening Tour” – CR/GR team members each meet with 5-10 key influencers to help develop CR plan for coming year
Other CR success stories:

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UVM Medical Center Insiders: Four years and counting….

• 2013 – Launched Program. CEO = host/main speaker. 62 attendees over 5 breakfasts.
• 2014 – Year # 2 – CEO = host/main speaker. 48 attendees over 3 breakfasts.
• 2015 – Year #3 – CEO = host. MDs serve as speakers; 85 attendees over 4 breakfasts.
• 2016 – Year #4 – CEO = host; Community Partners Co-Present with UVM Med Center leaders. 71 attendees in first two breakfasts.
E-Vites in Mail Chimp: Keep it simple & stay nimble

Please join us for our...

2016 Community Leader Breakfast Briefing Series

We are pleased to invite you to our 2016 Community Leader Breakfast Briefings hosted by CEO Dr. John Brumsted. This year, we will be joined by colleagues from across our community who will discuss key health care-related partnerships that are underway to address the needs of Vermonters.

We'll kick off our series of four breakfasts in May by focusing on the important topic of housing, and how we are working with Champlain Housing Trust, Safe Harbor, the United Way and other organizations to address this important social determinant of health. In June, we'll focus on the issue of opiate abuse where so many community stakeholders have joined together to address the crisis.
2016 Theme:
Community Partnerships

• May  – Housing is Health Care Collaboration
• June  – Community Response to the Opioid Crisis
• September  – Collaborating with Patients and Families
• November  – Working with Local Farmers to Provide Food to Patients at their Primary Care Medical Homes
May 2016 Breakfast: Video Sneak Peek for Insiders
Followed by video premiere at United Way Awards Ceremony
Insiders topic is anchors an integrated communications effort

- Breakfast – kicks off “Housing is Health Care” campaign
- Blog by UVM Chief Medical Officer – sent in follow-up to key influencers
- Video – Shown at breakfast and then posted by all community partners on their websites
- Social Media – Follow-up posts by partners
- Handout – Requested by insiders to help them share the story in the community
June 2016 Breakfast:
Response to the Opioid Crisis

- Presenters: Recovering addict and his physician – UVM Medical Center MD
- “She saved my life”
- Attendees included:
  - Commissioner, Vermont Dept of Health
  - Burlington Police Chief
  - Chittenden County State’s Attorney
  - CEO of local Mental Health & Human Services Agency
State Senator’s tweet after June breakfast…

Tim Ashe
@TimAsheVT

Dr. Fisher + peers discuss efforts to address opiate addiction. Thanks lifesavers at @howardcentervt + @uvmmmedcenter

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SHSMD asks: Three key take-aways?

1. CR really is the foundation of reputation and relationships that impact marketing, crisis management and all facets of an HCO

2. A broad portfolio of involvement and engagement efforts spreads your word and your value exponentially

3. Those “pebble ripples” created by an Insiders program can become a tsunami of good will and respect throughout the communities you serve

4. You need the CEO’s full engagement!
The *real* key is to start . . .

Start with a core and build out

*Put a toe in the water, toss some pebbles into the pond*
Questions?

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