

*Virginia's Babies Can't Wait*

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Marketing and PR Plan

# Agenda

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# Vision

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*To position “Virginia’s Babies Can’t Wait” as a recognized and beneficial comprehensive treatment and information program for infants and toddlers birth to 36 months who have special needs, developmental delays or disabilities.*



# Service Identification

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Virginia Babies Can't Wait" is a state-wide program which provides assistance and services to infants and toddlers from birth to 36 months with developmental delay or conditions that could lead to such delay.

The program falls under Early Intervention Services within the Department of Mental Health, Mental Retardation and Substance Abuse Services. It is a discretionary program funded by Part C of the Federal Individuals with Disabilities Education Act (IDEA).

**Through collaboration with the public and private sector the services offered by this program include:**

- Family training and counseling (family, group or individual)
  - home visits
  - respite care
  - speech-language pathology
  - audiology
  - occupational and physical therapy
  - psychological services
  - diagnostic medical services
  - health services
  - nursing services
  - vision services
- assistive technology devices and services
- nutritional counseling
- transportation
- medical services (for diagnostic and evaluation purposes only)
  - social work services
  - service coordination

# Who is eligible?

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- ◆ Children who are born prematurely
- ◆ Those who have had trouble during birth
- ◆ children who have conditions such as Down Syndrome, cleft palate, hearing loss or vision impairment, ect.
- ◆ Those with weak or tight muscles
- ◆ Children who have demonstrated trouble breathing
- ◆ Children who are developing slower or at a different rate than other children in areas such as eating, sitting, standing, walking or behaving.

The program is available throughout the state at the local level. It is designed to help families create the best possible learning environment for the child, support the child's family and help children begin to learn skills needed later in life.

*Early identification and treatment for these children has proven to be an effective way to prevent or reduce problems at a later age*

# Goals and Objectives

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## **The top objectives:**

### ▼ Provide comprehensive education

Raise public awareness of the mission of Virginia's Babies Can't Wait program through a comprehensive public relations campaign.

Market Expansion- Increase the number of *children and families* helped through this service.

Identify and partner with industry, medical providers, other child development services for the purpose of joint ventures to expand market penetration (program awareness)

Heighten acceptance of children with disabilities into society.

## **Success Criteria:**

We have raised public awareness of the mission of *Virginia's Babies Can't Wait* as measured in post-campaign poll results.

We have increased the number of children as measured through the use of the 800# and reports from localities.

We have successfully identified and partnered with industry, medical providers and like programs.

We have secured active participation in the campaign to heighten awareness from state and local level.

# Market Identification

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Virginia's population reached 6,187,358 in 1990, a 15% increase since 1980

According to projection, the population by 1998 reached 6,791,000.

**In 1990, 72.5% of all Virginians lived in metropolitan areas.**

Virginia is the fourth largest of the South Atlantic States. The total area is 40,767 square miles.

## **Virginias most populous cities:**

Virginia Beach: 343,069

Norfolk: 261,229

Richmond: 203,056

Newport News: 170,045

Chesapeake: 152,000

Portsmouth: 103,907

Roanoke: 96,397

Northern Virginia populations recorded as county)

## **What do Virginians do for a living?**

**Manufacturing** Almost half of the manufactures are outside metropolitan districts a each county and city in the state. The four chief industries in order of value are chemical and chemical products, food and kindred products, tobacco products, and textile mill products.

**Agriculture** - The average Virginia farm has about 150 acres. Almost half of Virginia's farm income is derived from livestock and poultry and their products. About one-fifth comes from tobacco grown chiefly in Lower Piedmont. The eastern counties grow vegetables, peanuts, potatoes, grains and hogs. Apple orchards, bluegrass, grains as well as cattle, sheep and poultry farms are found in the mountainous western section of the state.

**Minerals** - In the Appalachian region, minerals are an important commodity. The most important is coal. Virginia is also the only producer of aplite. Tidewater furnishes sand, gravel, clay and marl.

**Fisheries** - Along Virginia's 1,280 miles of tidal coastline on the Atlantic Ocean, Chesapeake Bay and tidal rivers, fisheries furnish part or full employment for 6,000 to 10,000 fisherman. In the coastal counties are numerous seafood plants and fertilizer factories.

**Trade** - Virginia has four ports on the Hampton Roads Harbor, ranking second in the US in foreign trade tonnage. (Coal is 95% of exports)

**Military** - The military population in Virginia is over: In military language, this Hampton Roads area is known as a "compassionate" area.

# Important data

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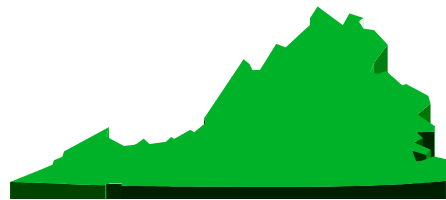
## **Summary of basic areas of Virginia:**

There are three Physiographic Areas:

Atlantic Coastal Plain or Tidewater

Piedmont Plateau

Appalachian Chain



## **For the purposes of our marketing efforts, we are going to break up the state in these basic categories:**

Central (Richmond and Tri-Cities) - Urban

Northern (Fairfax, Springfield, Alexandria)- Urban

Western (Charlottesville, Staunton, Roanoke to counties west to West VA line) Urban and Rural

Southern (Amelia, Dinwiddie to Emporia) - Rural

Eastern (Tidewater area) - Urban and Rural

Northern Neck (West Point, Urbanna areas) - Rural

Eastern Shore - Rural

**To simplify our efforts advertising target markets can be broken up into two basic categories: Urban and Rural.**

# Births/Population Profile

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According to the US Bureau of the Census, there were 94,944 births in the state of Virginia\*. That is an average of 14.7 per 1,000 resident population. Of those, 11% were to mothers under 20 years of age.

Approximately 7,200 children under the age of three in the Commonwealth of Virginia are born with developmental delays and/or disabilities. Almost 36,000 additional children under the age of three are born with one or more risk factors for developmental delay.

Population Profile (*According to the 1990 US Census Data*):

Virginia residents: 6,343,394

White: 4,791,739

Black: 1,162,994

Hispanic Origin: 160,288

Asian (incl: Russian, Chinese, Vietnamese, Laotian, other): 156,036

American Indian, Eskimo, of Aleut: 15,282

Not defined: 57,055

\* 1993 statistics



*Note: The Asian population is the fastest growing group in all regions. Asians are the fourth largest of the race and Hispanic origin groups.*

# Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

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## Strengths:

- Program works- strengthens families and fosters independence
- Program services cross all socio-economic and cultural boundaries
- Program services are available in all parts of the state.
- Budget is available (not endless, but workable)
- Supported by multi-departments throughout the state
- Services can be accessed throughout one source (800#)
- Support and partnerships in existence with hospitals and physicians.

## Threats:

- Other programs vying for limited news time and media coverage (Head Start, March of Dimes)

## Opportunities:

- Opportunity for public/private partnerships - provides opportunity to partner with hospitals, private sector businesses, media, other agencies such as March of Dimes, Women's organizations
- No name recognition - we can enter as a "new program" i.e.. newsworthy
- May be able to enter into state-wide partnerships such as utilities, March of Dimes, Allied

## Weaknesses:

- No name recognition (new name)
- No industry/private sector partners (outside of providers)
- Limited budget
- Available research to target minorities
- Population needs vary by region

# Situation Analysis

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During the past several years the Early Intervention program has struggled for identification. The poll results indicate that there *is* name recognition to the term “Early Intervention” (59% in 1994) but those that recognize the term do not recognize it appropriately (only 5% could answer the poll question correctly). To review the data further, 68% of the respondents did not know any help was available to infants with delayed development.

In 1996 the Public Awareness Committee of the VICC pulled together a packet of information to help the localities increase public awareness of the program. The information provided was comprehensive and on-target. Sample press releases, recommendations for use of posters, creative ideas to increase public awareness, letters and guidelines were all appropriate and easy to understand. In addition, brochures, posters, radio ads, and give-aways were printed/available to the localities. However, these items were inconsistent in name, message and design. Many of the localities made their own brochures and photocopied information to provide the public. While this may be cost-effective, it contributes to the inconsistent message and recognition of the program.

The market variations demand variations in activities however, the past efforts lack a consistent name, look and message which is fundamental to a successful public awareness campaign.

# History/Previous efforts

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- ◆ Brochure - First Steps
- ◆ Brochure - Next Steps
- ◆ Poster - Most of the Real Growing
- ◆ Radio Ads
- ◆ Posters- Your Child Grows
- ◆ Local efforts including physician contacts
- ◆ Media package (sample press releases, ideas for local events, letter writing campaign)
- ◆ Child Advocacy Day
- ◆ Bus “billboards”
- ◆ “Sales” calls to local physicians
- ◆ Media contacts
- ◆ Polls tracking results
- ◆ Brochure - What is early intervention?
- ◆ 800# accessible by the entire state
- ◆ Partnership with United Way
- ◆ TV Spot - 30 sec spot
- ◆ Media Contacts
- ◆ Video - localities
- ◆ Early Intervention Month



# Evaluation of brochures, ads, posters

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Logo, program name - Both the logo (babies) and program name can work. However, the name of the program is long which makes it harder to recall. The logo itself is a little cumbersome but it transcends nationality and race. Can be used easily with questionnaire brochure demonstrating age appropriate activities

Most of the Real Growing Poster. - The PR committee has identified that this piece is too large. A smaller 12-18 would be easier to distribute. The message on this poster is buried and too “gimmicky”. ID what the service is (example: Does your baby need help progressing?” Use a call to action that encourages thought. Add the local “tear sheets” and track the need for replacement.

Next Steps Brochure - Do physicians really take the time to read a brochure telling them what their patients need as it relates to this program? Brochure itself is still too heavy and should have been scored. Possibly put this type of information on a flyer or in a bi-annual newsbulletin. Use much less verbiage and id the program with web address.

Your Child Grows poster - Good size, good color (bright, coated, quality) but hard to read. The message is good but the phone number and program name need to be more prominent to enhance name recognition. This is a more usable size and the addition of the “tear sheets” could easily be added.

# Evaluation of brochures/ads/other PR activities

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Radio Ads- The four radio ads that were produced are good. The use of testimonials are good. I recommend in #1 identifying what “help” means before the audience believes it is in relation to stress from raising a child. The words: Parents know their children best” is excellent and empowers parents to take responsibility for their children’s health.

First Steps Brochure- Good information, recommend continuing to use “questionnaire” format. However, the piece is too busy, too heavy and doesn’t encourage actual usage as a questionnaire. The program name and web address need to be added.

Media Kit - The media tips, ideas for poster placement, ideas for media coverage, sample letter to government officials are all very good. This should be updated with more details regarding successful contacts/activities in other areas (i.e... partnership with specific media, hospital organization or women’s group)

Polls - The polls completed in 1992 and 1994 accurately represented the composition of the state, was easy to understand with measurable results. The questions were short and easily understood. Recommendations include using the same format, change the program id and repeat in 12-18 months.

# Successful Campaigns

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- ◆ **Maryland's *Teen Pregnancy Prevention*** Media Campaign is targeted primarily to children ages 9-14 and adult influencers. Campaign utilizes television, radio, outdoor and print media. Program is reinforced through school and other initiatives. Financed through multiple state services including Department of Mental Health and Mental Hygiene, Education, Human Resources and Juvenile Justice.
- ◆ **Michigan's *Early On Program*** - The *Early On* program in Michigan is a multi-agency initiative of the Michigan Departments of Education and Community Health and the Family Independence Agency. The program identifies eligible children through an Individualized Family Service Plan (IFSP) which addresses the developmental needs of the baby and family. The program boasts a Family-centered plan which builds partnerships between families and professionals. The PR activities have included TV, radio (Video PSA's) and print. They use a state-wide intake office and pass information to the localities. They have not partnered with businesses but are targeting Day Care providers which is proving successful. Concerns with the PSA approach has included lack of control of placement of the PSA . This has lead to undesirable follow-up ads. (i.e... Injury Attorney spots)
- ◆ **Missouri's *First Steps Program*** - Missouri appears to be experiencing the same process as Virginia. The program is now under "redesign". This is the result of survey results which reported that the visibility of the program was low (or "Hard to locate"), the brochures were not user-friendly, physicians were not referring to the program because of losing "control" of their patients and lack of follow-up by program providers. They plan to increase brand recognition, put logo on all forms, phone contacts and *childfind* materials and link to existing early childhood marketing campaign.

# Recommendations

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All programs throughout the state should have the same name. The campaign name, logo, phone number and web site address should consistently appear on all television, radio, outdoor, and print media. The look and use of the name and logo should be consistent to enhance brand recognition.

Initial research should be completed. The current poll results assist us in understanding that we have little to no recognition of the program. However, research is needed to understand how parents who do use the program heard about it, what mediums they use (print, radio, TV, billboards, ect) . We should also conduct a blind poll requesting the same information. March of Dimes has conducted a Gallup Poll with similar research that may be useful. Research is very important before implementing any marketing plan. It is recommended that 15% of any marketing budget be spent on research.

Target audiences for general public advertising are parent/guardians ages 14 to 49. There is no economic boundaries however, our campaign should focus on minorities and other underserved populations. Different advertising formats need to target the different populations within the state. One focussing on the urban market and the other the rural market is recommended. The campaign should last no less than 3 years. **It takes three years of consistent exposure to change behaviors.**

Other Target audiences should include industry, physicians, other state agencies, other possible referral sources. Audience can be targeted through personal contacts, direct mail, speakers bureau and trade show participation.

The theme of our campaign should support the message that many children have disabilities and may need extra help; that it is OK to ask for help and state supported help is available for those who do and don't have financial resources. We should also promote the message that early identification and treatment for these children has *proven* to be an effective way to prevent or reduce problems at a later age.

Clearinghouse - Design and contact information should be provided by the state agency. Local efforts and ideas should be shared at frequent meetings or written correspondence so all can benefit from individual efforts.

Follow-up Poll should be conducted 12-18 months after PR campaign has begun. It is recommended that a name recognition poll be conducted to review efforts, success and direction of the campaign.

# Recommendations

## Summary

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- ◆ All programs throughout the state should have the same name.
- ◆ The campaign name, logo, phone number and web address should consistently appear on all media
- ◆ Initial and follow-up research is needed
- ◆ Target general public parents/guardians ages 14-49.
- ◆ Target other audiences such as industry, physicians and other state agencies
- ◆ Theme should support the message that it is OK to ask for and receive help
- ◆ Recommend frequent contact among localities to share successful ideas and keep communication lines open
- ◆ Follow-up poll results to measure success of program

# How to raise public awareness

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PR Campaign - including monthly media contacts, identifying interesting cases for media coverage, press releases identifying program as a new service, web site, ect.

Radio Campaign - public radio station tour to announce “kick-off” of the program, also spot placement.

TV Campaign - PSA’s or possibly “sell” sponsorship to area industry to tag at the end. This might include a media partner to sell the campaign.

Participation in Healthfairs/local events - professional display available to all localities. Personnel at the local level will be needed to man the display and answer questions.

Print Materials (posters, brochures)- Consistent name and message that can be distributed state-wide.

Direct Mail to physicians, industry, day care providers, Utility co-op. This can be in the form of a letter, flyers or “newsbulletin”.

Print Advertising - Advertising in the local newspapers, parents magazines, military papers or physician newsletters.

Contact local government officials for support - Ideally we’d like to have public support from a delegate which would secure more media coverage and industry partnership interests.

Billboards, public transportation boards - excellent way to increase name recognition especially in the urban markets.

Web site - make the web site easier to access. Suggestion: Virginia Babies.com So many patients and professionals now use the internet for research, the educational site must be easy to find.

# Timeline

## 4th QTR, '99

10/1/99

Plan approved, pr consultant hired.

Review MOD gallup poll or conduct poll to discover what specific avenues we need to use to reach our Market.

Identify industry and business for partnerships

Compose media list

Identify physicians to target

Meetings at the local level to explain plans and assure "buy in"

11/99

begin design strategies for print/TV/Radio and media plan.

Begin designing brochures, posters, write radio scripts, TV scripts

id yellow-pages advertising

12/99

Contact local businesses/media for joint venture

Put together media kit with sample press releases, letters, poster placements, ect.

Contact radio stations for "kick-off" interview"

## 1st QTR '00

## 2nd QTR, '00

1/00

2/00

3/00

4/00

5/00

6/00

"Kick-off" radio tour

Media Kits distributed to localities

New brochures, posters distributed

Press Release - all markets

Print Advertising announcing program

Radio Campaign to begin

Media Pitch - all markets

design of news bulletin for physicians

delegate letter-writing campaign

Display - design and purchase

Identify healthfair opportunities

billboards up

TV Campaign to begin

Preparation for "early intervention month" i.e. press release, feature articles, schedule interviews, set up special events

Newsbulletin distributed

Early Intervention month:

- Media Pitch
- Press Releases
- Speakers
- Radio interviews
- special events

County fairs begin

# Timeline

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3rd QTR, '00

4th QTR, '00

7/00

8/00

9/00

10/00

Radio campaign

Utility co-op  
campaign

TV Campaign

Conduct survey to  
review recognition  
progress

6th month review -  
what is working, what  
is not. Adjust plan  
accordingly

back-to-school.  
Print campaign  
(brothers and  
sisters)

bus-boards

follow-up with  
delegates

# Budget

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- ◆ State budget for design and coordination: \$150,000.
- ◆ Local budgets are unknown, it is important to review what budgets exists to explore what is needed from local partners.
- ◆ Once local budget needs are unrecognized, initiate “joint ventures” with media, hospitals and other partners to increase these local budgets for advertising placements.

# Summary

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- ◆ ***Consistent name and identity:*** Identify program name to be used state-wide and identified on all advertising including 800# and web address.
- ◆ ***Track incoming calls/inquiries*** on a monthly basis to assure localities of success of PR activities.\*
- ◆ ***Review and consult on local budget needs.***
- ◆ ***Develop consultant position*** to manage activities to assure consistency, initiate design and PR activities and assist in local efforts.
- ◆ ***Prioritize activities with timeline.***

\* *It is important to prepare the localities for an increase in calls and need for services when the campaign begins.*

## Resources:

- ◆ Media Lists
- ◆ Census Data
- ◆ Association Contacts
- ◆ County/City States
- ◆ Delegate Lists
- ◆ Economic Profiles