

Southwest Florida Healthcare Coalition



Marketing and Outreach Plan 2022

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 members from nine counties: Charlotte Collier, DeSoto, Glades, Hendry, Highlands, Lee, Okeechobee, Sarasota.

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
- Nursing Homes

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)

The coalition 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 25 hospitals that are active members in the Coalition. There are five specialty hospitals that are 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.

Nursing Homes: There are no gaps in Nursing Homes.

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 and Long-term facilities
- Hospice

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.
- In 2021, a program coordinator position was added to the SWFL Healthcare Coalition to track and follow up on gaps. The program coordinator assessed the gaps among the five core member types.
- In March of 2022, the Coalition began developing additional methods of communication and coordination among related agency types throughout the region to help mitigate confusion and share best practices.
- In March of 2022, the Coalition began creating a supply chain mitigation plan.
- Beginning in March of 2022, The Coalition will work to develop additional methods of communication and coordination related to agency types throughout the region to help

mitigate confusion and share best practices. Also, the Coalition will work with the county, state, and regional county partners to determine what information would be valuable to share with Coalition members and how the Coalition can best access that information.

- In May of 2022, The Coalition will update and implement its marketing plan to assure that all of member-types are included in the Coalition membership.
- In June of 2022, the Coalition will better enact the Marketing Plan including recruiting additional core and non-traditional members.
- By July of 2022, a task force of members will be created to focus on marketing and outreach. The goals of the group will include increasing the number of members and the participation level of existing members. The task force will develop a work plan that will be used to update this marketing plan.
- By September 2022, the Coalition will update its operations plan to include a communication plan with a system which allows members to identify which messages include critical or essential information.
- By October of 2022, the Coalition will work to expand the contact information to include multiple methods of contact and additional agency contacts to ensure that information is received by the individuals who need it most. The Coalition will also, ensure that the inventory list is publicly available, that the members are aware of the existence of the inventory list and that sharing protocols are clear and easy to follow.
- In 2023, the Coalition website will be updated to better explain the benefits of membership and upcoming events and meetings. The website will also be overhauled to increase functionality.

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 2023 at which point the plan will be updated for the next year.