PUBLIC OUTREACH BY REGULATORS AND CERTIFIERS

Proceedings of a Conference Convened by the Citizen Advocacy Center (CAC)

April 9, 2013

Editorial Note: This document is not a verbatim transcript, but it is faithful to the remarks of the presenters.

Introduction: Regulators often lament that the public does not know their agencies exist or does not understand the work they do. It is true that public outreach is challenging. And, unlike Smokey the Bear, licensing boards and certifying bodies rarely have the resources for massive media campaigns. Even in the age of the Internet, a perfect Website accomplishes little if no one knows to visit it.

Despite the difficulties, a few regulatory and certifying bodies are finding ways to communicate what they do and convey why it is important to consumers. The following Proceedings reveal what trend-setting licensing boards and certifying bodies, umbrella agencies, regulatory board and credentialing board associations, and membership organizations are doing to accomplish public outreach.

Opening Remarks: Becky LeBuhn, CAC Board Chair

Please indulge me if I introduce the day by recalling a personal story. Many years ago, I was the executive director of an association of purchasing cooperatives called funeral and memorial societies. Those of you who read Jessica Mitford’s book entitled The American Way of Death will remember that she and her husband decided to write their very amusing expose of the funeral industry because they were among the founders of the San Francisco Bay Area chapter of this national network of memorial societies. These groups negotiated contracts with funeral homes willing to provide coop members with simple, dignified, affordable funerals.

While I was working there, the Federal Trade Commission held a rulemaking proceeding on funeral industry practices and my organization was designated the representative of the consumer interest. It was during the rulemaking that the role and impact of licensing boards entered my consciousness because the attorney representing the National Funeral Directors Association was simultaneously the attorney to the association of funeral licensing boards. This arrangement, I thought, offered too many opportunities for collusion and conflicts of interest. Although I’d been active in the public interest and consumer protection worlds, I hadn’t been aware of the power of licensing boards to affect the quality, availability and cost of consumer services. Why, I pondered, wasn’t this better known?
Meanwhile, pipe-smoking Representative Millicent Fenwick declared on the floor of Congress that in all her years as Director of the New Jersey Division of Consumer Affairs, the state’s funeral board received only a handful of complaints. This assertion aroused curiosity at AARP, where the editors of Modern Maturity published an article about funeral industry practices, which concluded by inviting readers to write to my office if they wanted to share their experiences with funeral arranging and learn about memorial societies. Visualize this: I occupied one small room in a suite of offices belonging to the Cooperative League of the USA. Within days of the publication of the Modern Maturity article, the mail began flooding in. In all, I received nearly 20,000 letters from AARP members, many of whom complained of being exploited by funeral homes when they were grieving and vulnerable.

How does this comport? When invited to do so, the over-50 demographic bursts forth with stories about bad practices, but they didn’t know to take their complaints to the boards that are the institutions empowered to take corrective action. For their part, the boards can’t act unless they receive complaints.

Around the same time, the District of Columbia elected a new mayor who promised to include more diversity on boards and commissions. I submitted my resume and was appointed the first public member of a DC regulatory board – the Board of Funeral Directors and Embalmers. Most of my educated and politically knowledgeable friends had no idea such institutions existed. Nor, I learned when I accepted invitations to speak at community groups, did most DC residents. I think I was the only board member who sought out speaking engagements – consumer education was not a priority for the funeral directors on the board.

When the City Council decided to revise the funeral board’s enabling statute, I had what I thought was an inspired idea to invite a Washington Post reporter to a board meeting as part of her research for a story. That reporter, by the way, was Margaret Engle who is now the executive director of the Alicia Patterson Fund for Investigative Journalism.

She and I arrived together for the meeting and when I introduced her, the usually loquacious board chairman was so nonplussed to have an outsider, not to mention a reporter, in the room he could barely call the meeting to order and his fellow licensees didn’t know what to do to help him out. Recovering, he conducted a little routine business and then called the board into executive session so he could evict the intruder.

It was painfully obvious what this signified about the board’s inability and disinclination to interact with the public it was supposed to protect.

* * *

This was a long time ago, and I’m sure none of your organizations are as clueless or tin eared as my board was way back then. But, some of the things I experienced are still true. The public still doesn’t know much about regulation, licensing, or voluntary
credentialing. Many regulators continue to be uncomfortable, or at least ambivalent, around the media.

Credentialing of professionals is an esoteric subject that becomes attention grabbing only when, to cite a few examples, a dental office in Oklahoma uses rusting, unsanitary equipment; a compounding pharmacy in Massachusetts spreads meningitis; a pediatrician in Delaware behaves inappropriately with scores of patients; or a radiology technician can hospital-hop, divert meds, and expose patients to disease without being reported to authorities.

So, what is the good news? The good news is that there are regulatory boards and certifying bodies that have cracked the nut – that are finding ways to inform the public about what they do and to cultivate good relations with the media, lawmakers, and employers.

Prestigious media-related organizations are waking up to the importance of covering topics related to health care. For example, the Association of Healthcare Journalists held a conference a few weeks ago in Boston. CAC’s Dave Swankin was one of the speakers – and he urged the audience to pay attention to what regulators and credentialing bodies are doing. The Commonwealth Fund has several projects underway to foster coverage of healthcare issues. One is a pilot rural health news service in Nebraska, another is a program to train editors and writers about complex health care issues, and a third is a project with Columbia Journalism review which includes a new blog called “The Second Opinion.”

An organization called The Informed Patient Institute provides localized online information to consumers – tip sheets, information on practitioner and institutional report cards, and more – you’ll learn about it from IPI’s founder, Carol Cronin. Finally, most of you probably noticed the widespread media attention a few months ago to the “Choosing Wisely” campaign, which encourages patients and practitioners to avoid inappropriate (and often unsafe) use of diagnostic tools and therapies.

Public awareness really matters for your organizations because, as things stand, your institutions don’t have the resources or the authority to proactively police what is going on in your professions. You depend on reports and complaints from people out in the marketplace.

Greater public awareness may also make it easier for your organizations to appeal to the public and advocacy groups to attend your meetings, participate in and enrich your rulemaking proceedings, and support legislation that improves your regulatory powers and appropriations, or elevates the status of assessment based credentials in the marketplace.
Regulatory and Credentialing Association Panel

Paul Grace, President and CEO, National Board for Certification in Occupational Therapy (NBCOT)

Dawn Kappel, Director of Marketing and Communications, National Council of State Boards of Nursing (NCSBN)

Nancy Kirsch, Director of the Doctor of Physical Therapy Program, University of Medicine and Dentistry of New Jersey, and Member, New Jersey Board of Physical Therapy

Denise Roosendaal, Executive Director, Institute for Credentialing Excellence

Moderator: Becky LeBuhn

LeBuhn: Why does your organization believe educational outreach is important? Nancy and Dawn, your websites contain lots of information for your member boards, so we know you think outreach to your members is important. What about outreach to other major audiences, including the general public?

Kappel: As citizens, we know the police are there to keep us safe, but rarely have interaction with them. Regulatory boards are similar – they are in the background, protecting the public, and for the most part the public isn’t aware of them unless there is an issue. The fact that boards are there protecting people is something the public needs to know about. If consumers don’t know regulatory boards exist, they won’t know they can report problems to them. And the boards may be the only ones who can help.

Kirsch: In the Federation of State Boards of Physical Therapy, we try to educate our members to educate the people they are regulating. If our responsibility is to protect the public, we are responsible for educating the public what that protection represents. We are not doing as good a job at this as we could be doing. Consider our websites. Consumers have to click and click in order to find information, and even then, it may not be the information they want and need.

What can regulatory board associations do to help our member boards provide the right information to the public? If we are not providing information to the public about the services they should be getting, how will they know when they are not getting good services? How will they understand what to report, and how to file a complaint?

LeBuhn: Paul, you recently hired a PR firm to publicize what NBCOT is doing in relation to continuing competence. Why did you do that?

Grace: The easy answer is that I am not a public relations specialist. The real answer is that we wanted to use an organization with a track record for communicating with the public. One of the problems we all encounter is that we don’t know how to speak to
consumers. Professionals who are credentialed by our organizations develop our websites and other materials, so these materials are written in “credential-speak.” One thing we have learned from our analysis of our website and our written materials is that the content is terrific, but the average person probably won’t understand it. We are in the process of crafting what we believe will be rich, consumer-friendly information.

One of our challenges is determining how to address different publics. NBCOT’s primary public is the 51 regulatory boards that rely on our credentialing process. Does that mean that consumers of our certificants’ services aren’t important? No. But, we have to make sure we are communicating to different publics in a way that is appropriate for each one.

**LeBuhn:** Denise, your primary audience is probably employers. What is ICE’s outreach to employers, and does ICE consider it important to reach out to the general public to inform them about credentialing?

**Roosendaal:** Dividing the public into audiences is probably the most critical analysis. Reaching the consumer, en masse, is not only difficult for messaging; it is also very expensive. Because of information overload, it takes as many as three consistent messages just to get consumers’ attention, and seven messages to get them to act. So, slicing up the mass audience is important. Credentialing organizations have had success focusing on employers rather than a mass audience. One organization that has gone after the mass audience, at a very high price tag, is the Certified Financial Planner Board. They spent $36 million on a PR campaign over several years. In contrast, the organizations that go after employers can speak to specific needs and ask for specific actions at a much lower cost.

One of the things we understand about our credentialing organization members is that the demands of marketing to their own certificant population leave very little left for marketing to the public. Research shows that they now spend about 4% of their revenue for marketing, and this marketing is primarily for their certificant population. The Small Business Administration says that any business of less than $5 million should be spending between 7% and 8% of their revenues on outreach.

**LeBuhn:** Let’s talk about what your organizations are doing to help your member boards with outreach.

Dawn, I was recently reading the online publication, *Leader - Leader* on the NCSBN website. Someone in the Mississippi Board of Nursing wrote that, “Understanding the climate of the legislature and meeting respective legislators are challenges when our board of nursing seeks to implement new and /or amended nursing laws.” My question to you is this: Does NCSBN help member boards of nursing in outreach to legislators, to the public, or to any other audiences want to reach?

**Kappel:** We definitely try. We have sponsored in-services and webinars and various other initiatives to help our member boards reach out to legislatures, especially when bills
are going forward. We work with a group in D.C. to try to keep our fingers on the pulse of what is going on in Congress. We disseminate this information such as fact sheets and statistics to our member boards.

We have done some marketing campaigns. For example, we ran a series of commercials in Missouri promoting Advanced Practice Registered Nurses in the context of the need for more primary care and specialty care providers to coincide with the implementation of the Affordable Care Act. Many legislators took notice of it. We also provided materials to the Missouri Action Coalition.

LeBuhn: Denise, a recent article in the *Northwest Indiana Times* commented about the alphabet soup of designations following professionals’ names and the importance of letting the public know what they mean. ICE’s definition of assessment-based certification was referenced in this article. What does ICE do to encourage and help its member organizations place articles like this or do any other kind of outreach to the public?

Roosendaal: We are in year three of a press release series that helps connect certification with social trends. In the first year, we focused on how credentialing and certification help employers understand the skills and competencies of job applicants. Last year, we concentrated on items in the news, such as green building, green jobs, and food safety. The public needs to understand how certification affects service levels and product quality in the marketplace. The curve of education is very long, but it really helps if you can get the information out at point of purchasing goods and services.

Grace: We created a fact sheet designed for the consumer. We targeted decisions consumers have to make about evaluating a provider’s credentials and the facility where care is being given. We distributed it via CNN Business from which it was picked up by 454 newspapers. The net result was a circulation of well over 3 million. The release identified NBCOT as the source, but didn’t promote occupations therapists, per se. Our board felt this helped consumers make good decisions about health care by explaining how to evaluate credentials, educational background, licensure, facility accreditation, infection rates, and so on.

LeBuhn: Have you been able to measure the impact of this release on consumer awareness?

Grace: The only thing I can say is that the article got traction as evidenced by the fact that it was picked up at a growing rate by electronic and print media, including *The New York Times*, the *San Francisco Chronicle*, and other large circulation newspapers.

Kappel: Speaking of alphabet soup, nurses have a lot of it. Nurses are probably the healthcare professionals most people have the most contact with. In many instances, people don’t understand the difference between a Registered Nurse and a nurse aide and a licensed practice vocational nurse, and so on. Everyone in the hospital wears scrubs so patients can’t tell the difference between a Registered Nurse and an Advanced Practice
Nurse. It is a struggle to create a consumer piece that explains the meaning of the alphabet soup. Explanations that make sense to professionals may not make sense to consumers. We hope the volumes of materials we distribute to the public are hitting the sweet spot.

**LeBuhn:** Nancy, the Federation’s model practice act for PT boards contains a provision saying that each licensee and certificate holder shall provide the public with information on how to file a complaint with the board against a licensee or certificate holder. I think that’s a terrific way to convey information at the point of service about the existence of a regulatory board and its openness to receiving complaints. Do you know how many member boards have this provision in their practice acts and whether they enforce it?

**Kirsch:** Actually, this provision is in most practice acts. The information is required to be posted in all the places where physical therapists practice, so it would be near the PTs registration certificate. It’s part of the wallpaper and consumers don’t seem to notice it all that much. Although, when they need to, they take note of it.

I think the Federation does a good job of giving information to member boards through monthly newsletters. Our current focus is on continuing competence, so we resource people to board meetings to help them understand what they can do in relation to continuing competence, or another issue of pressing interest. We don’t get a lot of requests for information or assistance in connection with public outreach. This is an area where the Federation should be doing more. Perhaps, we need to be the catalyst and reach out to the boards and ask what assistance we could provide them with their websites and other outreach.

**LeBuhn:** Now let’s talk about what your member boards and organizations are doing in the way of outreach to the public. What do they tell you about whether they are succeeding, and about the forms of outreach that are most effective? Do they tell you about their frustrations? How do they evaluate the effectiveness of what they are doing?

**Kirsch:** In preparation for this meeting, we polled our member boards and found a wide variation in board outreach efforts. Florida may have the most effective public outreach program through public service announcements which inform the public about what they should be looking for in a physical therapist and what services they should expect. I don’t know that they are able to gauge effectiveness or impact.

Most board outreach is through websites, so the public has to know enough to visit the website. Many boards also distribute printed material. The Oregon board, for example, the board distributed brochures with information about PT and consumer rights. They were disappointed in the level of consumer interest, so they discontinued the program. Some boards use social media, but there isn’t much information about effectiveness. Boards tend to be reactive rather than proactive about outreach, a paradigm which probably ought to change.
Roosendaal: We created a toolkit which our members use to survey stakeholder groups, including employers, regulators, and the certificants themselves. We are hoping to learn from the survey results what organizations are learning about how to articulate their message about the value of certification.

At last year’s annual meeting, we showcased an initiative undertaken by the Oncology Nursing Certification Corporation (ONCC). The messaging spoke to employers in terms they understand, such as risk reduction, lower insurance rates, and other aspects of a business model. ONCC took an integrated approach, using video, brochures, social media, and the Internet.

Grace: The weak economy has impacted our boards’ ability to perform basic functions, including outreach. We provide member boards with a document developed by five regulatory organizations that advises legislators what to consider when evaluating expansions of scope of practice. We walk legislators through that book.

In my opinion, many board members don’t fully understand their responsibility to protect the public. Most are members of the profession, appointed by the governor and they think in terms of their members’ interests rather than that of the public. We try to enhance awareness of the public interest.

We also supply boards with information about how to communicate the value of continuing competence, why discipline is important, how to file a complaint, and so on.

Kappel: Our boards are also feeling pressure from the weak economy. This has impacted their ability to do the kind of outreach many of them would like to do. Conversely, they have done a lot of work in the past few years making their websites more consumer-friendly. Some have expanded into social media. There is great variation in board structure – some are independent and some in umbrella agencies – and that affects how they are able to conduct outreach and disseminate information. Many boards have taken independent initiatives and worked with printed materials; one even ran commercials on TV. When the economy improves, they will be able to do more.

LeBuhn: Was the board that advertised on TV able to measure the impact on the number of complaints and inquiries, hits on the website, and so on?

Kappel: It was the Colorado umbrella board. They had a very positive response. When the NCSBN advertised, we had 400% increase in the number of individuals who visited the National Council’s website in search of consumer information. We saw a 35% increase for advanced practice registered nurses when we ran an ad about them. When I polled our member boards, they told me they saw an increase in public inquiries and complaints.

LeBuhn: What kinds of relations do your associations have with the media? How good are your members’ relations with the media? Have you been the subject of any exposes,
and if so, what was the result? Have you had success placing positive stories in the media that explain what you do?

**Kappel:** Several years ago, one of our boards was the focus of very intense media scrutiny, which reverberated to some of our other boards. Charles Ornstein, the head of the healthcare journalists’ association and director of ProPublica wrote a series about problems with boards of nursing. He encouraged other journalists across the country to look at their states. There were some positives that came out of the media coverage in the sense that increased scrutiny of some boards revealed that the boards have insufficient resources. In some states, the result has been increased resources and staff.

We try hard to place positive stories about what boards do. We conduct media training to help boards with their media relations.

**Grace:** This past Christmas, The Washington Post published an article we were able to facilitate about an occupational therapist working at Walter Reed Medical Center with amputees. It focused on his career in the military. We supported the story to highlight the things that occupational therapists do. We noticed an increase in phone calls from people aspiring to become occupational therapists.

We do supply a limited amount of information to the member boards about how to respond when called by the media. We encourage boards to cultivate relationships with local media. I recently attended a state that was receiving media attention. At first, people were ambivalent about the media presence, but hallway conversations eased the atmosphere and created a nice dynamic.

**Roosendaal:** ICE’s role is to help our member organizations with their own media plans and messaging. We offer some tools, including a webinar on working with the media and conference sessions on media relations. There are two recent examples of putting a positive spin on a negative story. The Dental Assisting National Board (DANB) issued a positive press release in response to the stories about unsanitary conditions in an Oklahoma dental office. Their motivation probably was to distance themselves from the issue, but they were able to disseminate positive information while the public’s attention was attuned to dental practices. About two years ago the American Culinary Federation was able to do a positive story because they have aligned their certification to help exiting military personnel into the private sector. So, it is possible to get coverage of positive messages, especially if you link to current trends and newsworthy events.

**Kirsch:** We all know the media would prefer a story with an edge of scandal. We try to anticipate when such a story might be coming and forearm our member boards. An example is when we knew we were going to have to go to fixed state testing, we prepared our boards in case the media picked up on the story.

Many of our boards have positive relationships with local media. Sometimes a lucky event comes out of nowhere, like the Aflac commercial with the wonderful duck, who has his wing re-habilitated by a PT.


**LeBuhn:** A couple of you have mentioned scope of practice. There is increasing coverage in the media about this subject, primarily regarding advanced practice nursing, but also about PT, OT and other professions. Are you finding that this attention to scope of practice offers an opportunity to convey messages about regulation and to further public awareness of the differences between professions?

**Kirsch:** I think it is an opportunity to help the public understand the differences and also the similarities among professions. It is an opportunity to inform the public that they can choose from among professionals who do many similar things. Many of our scopes of practice overlap, so patients can select the appropriately credentialed practitioner they think will provide the best service. I think we need to inform people where to go to find out if a particular practitioner is appropriately credentialed to provide the service they need.

**LeBuhn:** Where would you attempt to place an article or advertisement with the information you are talking about?

**Kirsch:** I think the best place for this kind of information is online.

**Kappel:** The challenge for us is the enormous number and variety of nurses in the United States. We can educate journalists, and by extension the general public, about what nurses and other healthcare providers do, and how they work as an integrated team for the betterment of care. We walk a fine line, especially in the case of advanced practice nursing, because we don’t want to get involved in turf battles. As implementation of the Affordable Care Act progresses, it will be apparent that there are not enough primary care providers. Most people know that advanced practice nurses have the education and expertise to provide primary care, but regulations governing practice and supervision vary state by state. I think public awareness and patient demand will force a solution to some of the scope of practice turf battles.

**Grace:** I believe we should change the way we treat scope of practice in this country. The Canadian model has a lot of advantages. It gives people a real choice by identifying what members of a profession can and cannot do. We may not be able to get the scope issue resolved so that we aren’t rehashing it in political battles in 50 different states until the federal government does more to bring some rationality to it.

Other professions present OT with scope challenges. I was really pleased to see that at the state level, it was possible to provide decision makers with valid data showing why a particular group that wants to do what OTs are doing does not have the education or training to do so.

**Comment:** CAC has had many meetings on the subject of media coverage and we have had many speakers from the media who tell us that boards circle the wagons when the media appears. This makes reporters think the boards are hiding something. So, when boards think the media is unfair, they may have brought it upon themselves.
I’m impressed by *USA Today*’s decision to include a graph on the front page of every issue. If boards can provide data that lends itself to a pie chart or graph, the media would be likely to pick it up.

**Kappel:** During my years at NCSBN, the media has been most interested in aggregate data about discipline. It used to be hard to get that data, but now that it is available, we are no longer thought to be hiding anything.

**Question:** I am a public member of a dental board. My question is: do national associations request information from member boards to help you develop best practices for all states to emulate?

**Grace:** Part of our annual meeting is devoted to sharing information on board functions and best practices, such as effective rulemaking, sharing disciplinary information, website design, conducting disciplinary hearings, etc. Members talk to members, with expert speakers added to the mix. We then package the material for the benefit of constituents who didn’t attend the annual meeting.

**Kirsch:** We do the same at our annual meeting and collect the information in a repository accessible to everyone.

**Kappel:** NCSBN has a biannual meeting where we look at best practices and research findings. Boards also work with each other through webinars and online communication. We have a national database available to employers and the public that holds licensure information on all nurses in the US.

**Question:** How have you gone about measuring what your different audiences already know and adapting your messages accordingly?

**Grace:** We gathered stakeholders in focus groups—employers, practitioners, regulators, etc. We found that many employers don’t understand OT credentialing, including requirements for maintenance of a credential. We built some products around this focus group finding. We have a higher than typical recertification rate in OT, and we attribute that to the fact that employers are now demanding a current credential. We also crafted some consumer education materials.

**Kirsch:** We recently learned that we were not dipping deeply enough in our communication. For example, we were reaching only the program director level in our outreach to educators. So, we now approach educators at all levels. We don’t yet know the impact.

**Kappel:** We haven’t done any formal research, but we know there is confusion about specialties, even within the nursing profession. So, we have developed materials for nursing educators about nursing specialties and the workings of regulation.
**Question:** I am a public member of a certification commission. Could you please elaborate about your point about the Canadian model?

**Grace:** In Ontario, regulations are written around the tasks members of a profession are competent to perform. Members of other professions may also perform some of these same tasks. As a profession or credential grows, the list of permissible tasks grows with it. In other words, Ontario’s system regulates *acts*, rather than giving title protection. More than one profession may be authorized to perform the same act.

**Umbrella Agency Panel**

**Rachel Derrington,** Publication and Website Manager, Colorado Department of Regulatory Agencies

**Basil Merenda,** Former Secretary of the Commonwealth of Pennsylvania and Commissioner of the Pennsylvania Department of State, Bureau of Professional and Occupational Affairs

**Moderator:** Ruth Horowitz, Public Member, New York State Board for Professional Misconduct, Member, CAC Board of Directors

**Horowitz:** I was first appointed as a medical board public member in 1989, a time when nobody thought to cultivate public access. Things have changed a lot, but I see three remaining issues. First, what do we mean by the public? Second, what does the public want to know, and who gets to decide what it should know? Third, how should the public become informed? In the broadest sense, democracy survives only with information and conversations between different groups of people.

**Merenda:** I was the Commissioner of Pennsylvania’s Bureau of Professional and Occupational Affairs. This is an umbrella board, composed of Pennsylvania’s 29 licensing boards. I was in charge of administration and was a voting member of 27 boards, but I had no responsibility for investigators and prosecutors because that would have been a conflict of interest.

My goal as Commissioner was to make Pennsylvania’s licensing boards more accessible, responsive and accountable. I tried to do that in two ways. First, I instituted a program, which I called, “The Commissioner Takes the Boards on the Road.” The boards held their monthly meetings at a school that offered courses for that particular profession. The students could see exactly what would be expected of them if they were licensed to practice in the state. We took the medical board to every medical school in the state; the nursing board went to all the nursing schools; the pharmacy board went to pharmacy schools, and so on. Some of the licensing boards held disciplinary hearings on the road. This made it easier for witnesses and licensees to attend the hearings.
There was some push back from my superiors who argued that it was too expensive to take the boards on the road. I contended that it came out even in the end, because board members would have had to travel to Harrisburg if all the meetings were held there.

The second thing I tried to accomplish was to make myself available to speak to the public. One of the county prosecutors referred to the Bureau and its 29 licensing boards as “the best kept law enforcement secret in the Commonwealth of Pennsylvania.” By making myself available to consumer groups, associations, community groups, etc. to explain the Bureau and the licensing boards I was able to improve public awareness.

I also urged our board members to go to their associations and their communities to make presentations. I invited them to use a Power Point that I had developed for my own use. The previous administration had discouraged board members from engaging in public outreach, but I viewed the board members as professionals, responsible enough to know how to explain the board processes. I don’t know whether the current administration has continued this program.

My final point is to urge you to beware of the press. My experience is that the press doesn’t want to report on the day-to-day workings of licensing boards unless there is a case that is not handled properly or had tragic results. My experience is that the press is lazy and does not want to try to understand the nuances of the boards and their duties. They just want to cover the one case that slips through the cracks where a board didn’t take appropriate action. They let the thousands of cases that boards handle properly go by the wayside, without any mention. The press is interested in stories that involve a good guy and a bad guy – a foil. The press portrays itself, in my experience, as the good guy; but for their reporting, the public would never have known about this egregious case. Of course, the press needs a bad guy – the foil – and the easy target is the board.

Despite this, I recommend trying to establish contact with the press. I wish I had done a lot more press outreach. Unfortunately, I let the press office in the Department of State take the lead. If I had it to do over again, I would have taken the lead in developing the press contacts.

I also urge you to get out in front of a bad case. Explain to the press what happened, how it happened and what resulted. Stand up for your rights and your position. For example, the press may try to pin the blame for a bad case on the board when it was actually the prosecutors and investigators who either closed the case before it got to the board, or didn’t investigate or prosecute vigorously. Board members are volunteering and want to do a good job and they deserve better treatment in the press when cases slip through the cracks.

Derrington: I will tell some of the things the Colorado Department of Regulatory Affairs (DORA) is doing. First of all, we concentrate on our branding as DORA to promote public awareness.
A bill passed in 2008 created a consumer outreach fund drawn from fines collected by licensing boards. This means we are taking money from people who are harming consumers and putting it back into the community. We did a webinar with CAC last year about our consumer outreach fund, which you can find on the CAC website.

We have prepared public service announcements. We partner with news stations to broadcast them during prime time. We pay government rates. We have advertisements on light rail and buses. We have been talking about the hype around the most dramatic, problematic cases in our states. We play on this in Colorado, but we also try to be proactive by publishing tip sheets and fact sheets.

We post what we call “DORA Alerts” on our website. Basically, this is our list serve. Consumers sign up for mass emails in the subject areas they are interested in. I work with the boards to develop consumer-centered messages for the alerts. So far, we focus mostly on policy summaries, but I hope to start disseminating information about purchasing services, and things of that nature. We hired a public information officer who has media contacts. This has been really helpful in breaking through many of the media barriers.

Finally, we have published a generic consumer guide for DORA as a whole. Eventually, this will be tailored for each licensing board.

**Question:** Can you measure the impact of what you are doing? For example, how many people sign up for alerts and which boards get the most traffic? Can you compare the effectiveness of various outreach techniques?

**Derrington:** We track how many people sign up for each licensing board’s list. We have an outreach database where each board can document all outreach activities. We also have an outreach manager who works with each board to make sure their messaging is being disseminated. I can measure website hits. At this point I am using Google Analytics. I can see the timing of the hits, so I can see if hits coincide with PSAs or other advertising. This kind of measurement isn’t optimal, but we have to work within our resources.

We do have some numbers which show what we call impressions on TV or online. Some of our impressions for 2008-09 show over 55,000 website hits per PSA aired. We had about 92,000 people total on all list serves in 2011.

**Question:** Regarding the fines, is there a certain percentage that each regulatory board contributes to the fund? I ask because some boards’ fines are higher than others.

**Derrington:** I am not sure how that is calculated.

**Question:** Are either of you using social media?

**Merenda:** When I departed in 2011, we were not using social media.
**Derrington:** DORA has a Facebook account. In the future, I would like to see licensing boards do social media campaigns. It is important to have one designated communications person and strict standards for what can be posted.

**Question:** Basil, you did a great job getting licensing boards out to schools. Did you do anything to make the boards more transparent to the public?

**Merenda:** We invited the public to meetings and we saw an increase in the number of people attending meetings when we took the boards on the road. We tried to make the website more accessible to the public. We placed op-ed articles and press releases that were picked up by community newspapers. I thought this initiative had more bang for the buck.

**Question:** Given the diversity of boards within your department, how did you coordinate crisis communication when an issue arose?

**Merenda:** Each of the 29 licensing boards had its own personality, priorities, and policies. When a particular board was the subject of publicity, I called in the administrator and legal counsel and discussed the issue. More likely than not, the publicity was about a disciplinary case, so there are limits to what the board can say. In most cases, the investigators and prosecutors have prosecutorial discretion. They can make a decision to close a complaint, sometimes without the board being aware of the case. But, it is the board that is in the media’s spotlight.

**Membership Organization Panel**

**Justin Elliott, Director of State Government Affairs, American Physical Therapy Association**

**Eileen Henshaw, Director, AARP’s State Health Team**

**Kasey Thompson, Vice President, Office of Policy, Planning, and Communications, American Society of Health System Pharmacists**

**Thompson:** The American Society of Health System Pharmacists (ASHSP) represents more than 40,000 pharmacists who practice in acute care hospitals and ambulatory clinics. We have two key goals for our educational efforts. The most important is to educate the public and policymakers around the effective use of medications. A second goal is to showcase the patient care roles pharmacists play in hospitals and health systems around the effective use of medications.

Our consumer website, www.safemedication.com, gets almost 100,000 hits each year. We are heavily engaged in social media: Facebook, Twitter, LinkedIn, YouTube, and our own private social media platform, where we communicate messages to our members about our key outreach efforts. Media relations are a big part of what we do. We foster
relationships with print and broadcast media, write editorials and op-eds, and provide background information. We teach our members how to be effective public relations advocates and use some of the tools and resources in their communities.

Our resources include four fulltime public relations staff, four fulltime web staff, contractors in communications – writers, editors, designers, producers, etc. I have worked with small coalitions that don’t have the resources we do, but still find ways to do effective outreach.

We are the only not-for-profit publisher of drug information in the world. We provide reliable information free to the public on Safemedication.com. We also share our information with the National Library of Medicine and others. Some of our state affiliates have a similar online presence.

We developed a YouTube channel where we post videos about safe medication use. We use our Facebook page for broader corporate communication efforts. It is primarily a member platform. We convey messages about what pharmacists do in hospitals and health systems to improve safe and effective medication use. We use twitter to communicate when something new has been posted to the website or Facebook. We use a LinkedIn page as a low-cost method of communication.

One of the most important things we do is educate our grassroots advocates using our website and other channels. We developed materials that can be adapted to many settings. These include tools for planning PR at a practice site, healthcare observances, community outreach, talking to reporters, talking to legislators, and so on.

You can Google grassroots efforts, social media, web-based tools and find many good free resources.

**Henshaw:** I direct our State Health and Family Team at AARP within the State Advocacy and Strategy Integration Unit, which is a small team within the Government Affairs Unit. Our top priorities are Medicaid expansion under the Affordable Care Act, implementation of consumer-friendly healthcare exchanges, and improving access to home and community-based services.

AARP has more than 37 million members and the largest circulation magazine in the country. But, we remain at heart a social change organization. AARP was founded by Ethel Percy Andrus, whose initial goal was to obtain affordable health insurance for retired teachers nationwide. She viewed AARP as an “army of useful citizens, with the ability, the experience and the desire to promote and enhance the public good.” Her message of outreach and engagement continues to resonate.

When I think of public outreach, I think of both sending a message out to the public and also listening to what the public has to tell you. So, there are two kinds of activities. First the receiving activities: we systematically and proactively seek out the views, skills and knowledge of others. We use all of this to inform our work, influence our decisions,
build our capacity, and inspire us. The other kinds of activities are transmitting activities, where we tell about what we are doing, educate, influence the public’s decisions, or inspire them to action.

At AARP, we conduct surveys, polls, and focus groups. We have a call center and communications center. We are committed to listening to the views of multi-cultural communities. We regularly hold forums where members and the public can share their opinions. Many of you may have seen our ads “You’ve earned a say,” where we invite the public to share their thoughts about Medicare and Social Security. That campaign included holding community conversations in all 50 states, soliciting feedback through questionnaires, and publishing summary results on our website. We helped people share their opinions with members of Congress. We hosted opportunities for people to record their thoughts. While we are listening to the public and to our members, we seek out and heavily rely upon the skills of our volunteers. They give us amazing expertise. They service on our board of directors and national policy council. They are a necessary and vital force in achieving our vision. It is a critical way for members to become more connected, involved and engaged with us. The volunteers recommend and establish AARP’s public policy and they themselves seek input from members through a variety of sources.

At the same time we are gathering input, we are transmitting information, tips, tools, guidance through a robust education and outreach effort that provides clear information and is delivered through multiple channels that people regularly use and trust. Some of these vehicles are our multiple publications. In addition, our outreach is accomplished through numerous other channels, including the web, TV, radio, and social media.

The kind of outreach I am more closely involved with includes a state-of-the-art field apparatus for national, state, and local advocacy. To inform our members and the public about key advocacy issues, we run ads, use paid media, robocalls, and email blast alerts. We hold town hall meetings and webinars to provide information to the public. We use social media to spur action. While we are telling our story clearly and succinctly about what we do, we are building relevance. We also do outreach to state legislators and policymakers through our relationships with their national organizations at conferences and legislative forums.

A number of years ago CAC assisted us on an advocacy campaign in Virginia that would require healthcare professionals to periodically demonstrate their current competence. We knew that public support for this effort was going to be essential. We surmised that this was going to be difficult since we thought, but had no evidence to prove, that the public mistakenly believed that healthcare professionals were already required to be currently competent. We commissioned a survey of residents aged 50 and older which confirmed that suspicion. The survey was released at a press conference in Richmond. We distributed a two-page fact sheet with additional background on the subject. These survey results were extremely useful in presentations to state legislators, professional associations and regulatory agencies. They gave real credibility to the argument that the public thinks that a practitioner’s license means the state has assured itself that the
licensee is currently competent. It also demonstrated the public’s strong support for our efforts.

While few organizations have the kind of education outreach, volunteer or advocacy organization that we do, let me share with you a couple of lessons I have learned about public outreach, both within AARP and much smaller organizations.

- It is important to carefully choose the issue you want to address. It needs to be framed in a way that talks about the consumer: “This is how what we do can improve your particular situation.” “This is how what we do can remedy or prevent a specific problem that you or a loved one might experience.” Our focus groups on Medicaid expansion revealed that people don’t know what Medicaid is, nor do they understand why it needs to be expanded. They didn’t understand why AARP was in this space. A light bulb went off when we made it personal by explaining, for example, how Medicaid expansion would help a 50-64 year old who lost a job during the economic downturn.
- Make the issue easy to understand. Avoid including too many complex facts or unnecessary statistics.
- The issue should be one where your organization has unique expertise or a distinct role to play. When you are the only one addressing a particular issue, your outreach can be particularly effective.

One thing important for smaller organizations is something I call “newsjacking.” It is hard to get the media to focus on the positive things you do. Sometimes it is easier to inject this information into a story that is already breaking. To do this, you have to be fast, nimble, and prepared. A number of years ago, I ran a small nursing home resident advocacy group. One of our members was charged with monitoring bills introduced in the legislature. She found a bill that would have allowed persons convicted of violent domestic felonies to work as caregivers in the state’s nursing homes. We pulled together a press release that got media attention and resulted in a front-page story in The Washington Post. The article identified our organization and the good work we did. This was followed by local TV coverage and the ultimate defeat of the bill. The article also brought new volunteers and contributions to our group.

Public outreach needs to be everyone’s job. It has to be a pervasive and authentic commitment that impacts all aspects of the organization. Everyone needs to understand how what the organization does serves the public.

To recap, do both receiving and transmitting. Make outreach personal. Pick and frame the issue really carefully. Newsjack, when possible. Make sure public outreach is everyone’s responsibility.

**Elliott:** The American Physical Therapy Association (APTA) represents about 80,000 members, including physical therapists, physical therapy assistants, and students of physical therapy. Our mission is to promote the profession and also to promote those issues that impact the patients we serve.
APTA educates the public about issues that impact them, including issues related to Medicare, scope of practice at the state level, and therapy caps. We also try to get the public involved with these issues. From our perspective, getting the public excited and involved is important because patient advocates provide a distinctive perspective to policy makers. It is one thing for a physical therapist to tell a legislator how he or she or the profession is affected as a provider of service. It is more effective when a patient tells their story about how physical therapy has helped them.

Another reason we are ramping up our efforts is because while public policy affects the PT profession, it can have a bigger impact on the patients we serve. A good example is that some states still require a physician referral to access a PT. This is an annoyance and administrative burden for the PT, but for the patient who needs the service, getting a physician referral involves another co-pay, delay getting PT, and potentially worse outcomes.

We used to have just one website, with lots of information about PT. People complained that it was confusing and difficult to navigate. We retained an outside firm to do a website audit. We were told we needed to condense our information and focus on those areas that people are interested in. We were told we were labeling things wrong. We were viewing our website from the perspective of APTA, rather than thinking about it as a caregiver or patient would. So, when we use the term, “government affairs,” an average citizen isn’t going to think of Medicare payment policy. So, we re-labeled things on the website and we re-thought our audience. We had assumed the people visiting the site were PTs or students. We learned that patients and their caregivers, other healthcare professionals, payers, and government officials were also visiting our site. So we began to think in terms of the audience’s needs rather than the association’s needs.

We followed the “three click rule.” If a visitor to the website cannot find the information they need in three clicks, they are lost.

The audit revealed that we needed two entry portals. So, we maintained www.apta.org and fixed it up. We also created another website, http://moveforwardpt.com, intended for patients. It contains information on conditions and situations a PT can treat. The two sites are interlinked with each other.

Our challenge is making sure information is easy to find and folks know where to find it.

I want to tell you about one of our first efforts to use social media and the website to do outreach about an issue that impacts Medicare beneficiaries. It involves the Medicare therapy cap, which was enacted in the late 1990’s. As of 2013, with some exceptions, Medicare beneficiaries who receive PT services in a variety of settings are subject to a $1,900 cap. What this means for APTA is that we have to lobby Congress to extend the exceptions process for another year or two. In October 2012, we decided to not only engage our members in contacting Congress about extending the therapy cap; we also did a public campaign asking patients to contact Congress. On the website, there is a patient
resources tab, which leads to a link for advocacy. That tab has information for patients about the therapy cap. There is a patient action center link, which contains talking points to use with a Member of Congress and helps them locate their elected officials.

In some cases, it involves more than three clicks to get to the patient action center. Our social media campaign with LinkedIn, Facebook, YouTube, and Twitter was an attempt to get the public to the patient action center more directly and encourage them to contact Congress. To judge the effectiveness of this campaign, we looked at the number of emails generated to members of Congress from the patient action center. We looked at social media stats – how many people re-tweeted our tweets; how many people “liked” our Facebook posts; how many views we had on our videos; how many people were Googling for us and how many landed on which pages. We also used podcasts to explain complex issues, which are very popular on our website. We generated about 3,000 letters and emails from patients to members of Congress. It was a good first try and we will learn how to make this more effective. We plan to expand this outreach to additional federal issues and state issues related to scope of practice.

What are some takeaways? Take into account your audience. Be mindful of terminology and information overload. Social media has been an effective tool for engaging the public. It is important to have policies in place, especially with Facebook and twitter. Anyone can post on our Facebook page, so have policies for dealing with rude, erroneous comments and questions in a comment section. In Twitter, it is hard to have a full debate of public policy in 140 characters or less.

**Question:** Kasey, you mentioned an internal social media platform. How do you integrate this with other more public social media platforms? Can you share information about vendors or technology you used to build that platform?

**Thompson:** We set up the internal platform because our members wanted to engage in social media. We thought we could create more member value by creating a peer-to-peer community. It is not fully integrated with Facebook.

**Elliott:** APTA struggled when we first started with social media. Because of the positive response, we now have one full-time employee who deals exclusively with social media.

**Question:** Have any of you had occasion to do something jointly with either certification boards or licensing boards under the broad term public outreach?

**Thompson:** We partner with the National Association of Boards of Pharmacy (NABP) and the Pharmacy Technician Certification Board, and Accrediting Council for Pharmacy Practice. In terms of outreach, we have similar public health missions and public outreach messages. Right now, we are partnering with NABP on pharmacy compounding.
Elliott: We are working with the Federation of State Boards of Physical Therapy on a number of issues and there will certainly be chances to partner on outreach in the future.

Henshaw: We are working to ensure there are adequate numbers of health professionals as we expand insurance coverage. The issue of scope of practice has emerged in many states and we work with boards to ensure people can practice to the full extent of their training.

Working with the Media: A Two-Way Street

Cheryl Matheis, Senior Principal and Counsel, AARP State and National Group

Thomas Goodwin, President, Thomas Goodwin Communications

Goodwin: Both Cheryl and I are interested in helping people be confident they are delivering the messages they intend to deliver to their key audiences, and that the audiences are absorbing and responding to those messages in the way they are intended.

Many questions were asked this morning: Who is the public? What does the public need to know? Why do they need to know it? When do we tell them? Do we use Facebook or Twitter? Is the press lazy? How do we get a good story? How do we fight a bad story? What is the role of media training? These are all important questions, but they are not the most important questions. The most important questions have to do with your mindset and attitude, and the mindset and attitudes of your boards, your co-workers, and the professionals you certify or regulate.

The mindset we want to leave with you today – strategically and practically – is to Think Big and Be Prepared.

I say “Think Big” because most of us tend to thing tactically. It’s okay to think about creating a Facebook page or a website, but that isn’t strategic thinking. Particularly for smaller organizations that worry about resources, if you think strategically you won’t need a lot of resources.

Here’s an example of what I mean by thinking big. The CAC website says on its homepage that it serves the public interest by enhancing the effectiveness and accountability of health professional regulators. I think that’s not thinking big enough.

I would argue that the first step in communicating effectively and understanding public outreach would be to take it a level up and say: every day CAC contributes in its own way to the economic security, quality of life, health, safety, and wellbeing of millions of patients by doing the work that it does with regulatory boards.

I say “Be Prepared” because I remember Admiral Stockdale who ran for vice president with Ross Perot. He began his famous debate performance by asking “Who am I? Why and I here?” This was a great start, but it became apparent that he didn’t know who he
was or why he was there. He certainly was not prepared to participate. He was eaten alive in the next day in the media.

Who am I? Why am I here? What is my organization all about at the highest level?

A man walking down the street sees a bricklayer and asks, “What are you doing?” The bricklayer responds, “I’m making the bricks because we have been hired to build this wall.” The man walks further and asks a second bricklayer, “What are you doing?” The second bricklayer says, “I take the bricks that guy makes and apply mortar and stack the bricks on top of one another to make the façade for a building.” The man walks further and asks a third bricklayer what he is doing. This bricklayer straightens himself up and says, “I am creating a cathedral.”

What cathedrals are you and your organizations creating? What are you doing that instills in you and your people a sense of mission and value and higher calling from which you can develop compelling messages for the media or other outlets?

There are some basic immutable rules of effective communication. Effective communication is a discipline. It means reaching the right audience at the right time with the right message using the right spokespersons and the right vehicle.

The American Society of Health Systems Pharmacists has 11 million members, most of whom are younger. Those who aren’t younger work with people who are. So, naturally Facebook and Twitter are really important to their strategic outreach. They may not be for your organization. I have a Facebook page, but it is not particularly helpful to me in generating business. My website and Twitter are helpful because I can tweet hopefully profound and occasionally silly thoughts about public relations. I see a use for that and actually have some followers. The American Physical Therapy Association is an individual member professional society populated by people of a certain age who read information in a certain way.

Messaging has to start strategically. It has to match your mission, objectives, and goals for the year in the context of the audiences you absolutely have to reach. Some of you are interested in reaching consumers. Are you, really? Are those the people you absolutely have to reach? Are consumers the audience that helps drive the mission of your organization? I’m not saying discount consumers – not for a second – I’m saying think strategically from the top and work your way down and you will get better answers to the question, what is public outreach and what does it mean to us?

The best tactical question we had this morning was what is the public? The public means different things to different organizations. This is the stuff of disciplined brainstorming. You don’t have to spend money on a PR firm to help you do this.

The first constant of effective communications is credibility. Without it, we have nothing. Somebody this morning used the phrase, “circle the wagons.” I can’t think of a circumstance under which I would advise a client to circle the wagons. There may be
legal implications or a scandal involved, but you still have to deal with it. Not doing so affects your credibility and makes people wonder what you have to hide.

The next imperative for communications is that the messages have to be compelling. I suspect that the messages you think are not getting through may not be sufficiently compelling. That is one reason I say think big. What is your most compelling message?

The North American Electric Reliability Corporation exists for the purpose of helping to ensure the reliability of the bulk of the power grid in North America. This is a very important job. Thinking big, I say their mission really is to preserve, protect, and defend the economic security and quality of life of millions of Americans and help keep the lights on by ensuring the reliability of the bulk power system. It takes a normal, everyday, serious, perfectly legitimate job and turns it into something to be proud of and to craft messages around.

The acronym DORA is a good example of this. DORA is compelling because it brings you back to the organization and what they are trying to accomplish.

Take the Farm Credit Council. The farm credit system exists for the purpose of making sure that farmers and ranchers have sufficient capital. Thinking big, I say the council exists to feed the world.

Thomas Jefferson High School for Science and Technology in Alexandria doesn’t exist simply for the purpose of its stated mission, which is to teach smart young students about science, technology, engineering and math. Thinking big, Thomas Jefferson is the first line of defense in our effort to prepare the next generation of research scientists who will help keep America competitive in an increasingly global world.

AARP’s mission is to represent the interests of people age 50 and older. Thinking big, AARP’s mission is to improve, protect and defend the integrity, quality of life, economic security, happiness and wellbeing of American as they age, to the benefit of all society.

When communicating, it is helpful to be reasonably concise. Concise is a relative term. You may not be able to do sound bites, but you can limit the use of technical language because your audience doesn’t care about every little thing you do. The lesson is to package information in a way that audiences can absorb it.

If there is an uncracked nut that keeps PR professionals going is that we collectively spend a great deal of time focused on the message, but not nearly enough time figuring out how to deliver the message in a way our audiences can absorb and react to.

Ask yourselves why you have websites. What role do they play for your organizations? That is the first step on a path that will lead to websites that are less cluttered, more user-friendly, and more frequently visited.
I heard a lot this morning about communication not working. I also heard that organizations don’t have time to put into it. Well, if your communications are not working, it is entirely possible that either you are not putting enough time into it, or that you are going to have to put more time into it. If you start with your mission, objectives, goals, key audiences, most compelling messages at the highest level and work your way down, you will find that your strategies and tactics will fall out and present themselves to you.

Remember. Think big. Be prepared. The media will find you more credible if you are better prepared. The media will find you more compelling if you reach out to them. If you think they are lazy or the bad guy, they will that find out an act accordingly.

There is a distinction between strategy and planning and actual implementation. As a segue to Cheryl, here is a video of someone who did not prepare before going on a talk show: http://vimeo.com/32207413.

**Matheis:** The purpose of AARP’s “You earned a say” initiative was to engage the public (about 606 million people) in a discussion about the future of Social Security and Medicare and to elicit their opinions. In order to get worthwhile opinions, you have to provide the public with some information. So we contracted with two well-known policy houses at different ends of the political spectrum: the Brookings Institute and the Heritage Foundation. We wrote a booklet setting forth a framework for the options for Social Security and Medicare. We let Brookings write the pro side and Heritage write the con. We did this because we wanted the conversation not to be about AARP, but about the issues. We also wanted to be completely open and even-handed about it. AARP’s only goal was to get people to pay attention to the issues, to understand the options, and to make up their own minds.

My job in “You’ve Earned a Say” was to engage opinion leaders, which we defined as anyone who has a sphere of influence greater than his or her friends and family. One of the sets of opinion leaders we wanted to engage was the media. As part of this effort, I went on the road and visited 27 editorial boards at media outlets around the country and answered their questions.

We wanted to be credible. We wanted to be compelling so we wanted to have something really useful to our audience. Most news organizations have to write about Medicare and Social Security, but most of them don’t have expertise. So, we were giving them something unbiased and credible to offer their readers and they could use it to inform themselves.

We visited these organizations not to persuade them to write an editorial, but to build the relationship so that when we went back later with a position to argue, they would be more comfortable understanding how we came to our position.

I was accompanied in my visits by AARP’s president or a local volunteer leader. We each had a role to play. We were extremely well received at most places because we
were well prepared and we had material we knew they would be interested in. Most agreed to do something. If they didn’t want to write something, we offered to write an op-ed for them. Be prepared when you meet with people who don’t agree with what you have to say. You have to somehow bridge the gap to get something out of the interview.

At my first interview at a small paper in a conservative area in California, there were three people from the editorial board and one of them ranted about how she didn’t like AARP and didn’t like Social Security. It was an uncomfortable interview all around.

We had a better result in another very conservative county in California. The editor was a proponent of the Chilean social security system, which is complete privatization. I said we hadn’t analyzed the Chilean system because we included only options that Congress was likely to consider. We suggested he write about the Chilean system, but also write about the other options in our booklet.

We went to a very large newspaper in Florida where nine people from the editorial board attended our meeting. We knew the backgrounds of all the editors, but hadn’t anticipated that the publisher would show up midway through. He began by quoting Alan Simpson saying people should be embarrassed to be members of AARP. We refocused on things AARP was doing in the local community and managed to change the subject. You have to be prepared to be blindsided and have an answer that returns to your message.

We went on a talk radio show in Massachusetts. You never know what a caller will ask. The host of the show told us he was a big fan of Congressman Paul Ryan, who favors privatization of Medicare. We didn’t want to offend the host. Almost every caller said something bad about Obamacare. We built such a good relationship with the host of the show that every time he took a break, we persuaded him to start the show up again by talking about Medicare and Social Security, so we could get back on track for the discussion we wanted to have.

The lesson we learned is that you really have to be on your feet when you work for an organization that engenders strong opinions. You have to be able to get back to your message. Be prepared and know whom you will be meeting with. Be ready to answer any question about anything your organization is involved in. You want to build a relationship so that in the future they will come back to you.

**Licensing Board Panel**

**Shirley Brekken, CEO, Minnesota Board of Nursing**

**Nancy Kirsch, Member, New Jersey Board of Physical Therapy Examiners**

**Dena Konkel, Public Affairs Assistant, North Carolina Board of Medicine**

Brekken:
The Minnesota Board of Nursing’s mission is to protect the public’s health and safety by providing reasonable assurance that the individuals who practice nursing are competent, ethical practitioners with the necessary knowledge and skill appropriate to their role. The key phrases, “providing reasonable assurance,” “competent and ethical practitioners,” “knowledge and skills appropriate to the role” give the public the information they need to make decisions about nurses and what they can expect from the provision of care.

The board is also guided by its core values in its outreach efforts. These values are trust, integrity, responsiveness, accountability and collaboration. We target specific audiences: licensees, applicants, employers, and the public.

We use our website to offer a variety of services to a variety of audiences. We use the website to verify licenses to employers and the public, the status of a license, any history of disciplinary action and the content of discipline. We have information on how to file a complaint about a licensee, as well as statistical data about licensees. We post laws and rules. We present information in public venues about the nurse practice act.

Another way we use the website is to link to nursing organizations and the standards of care for those particular specialties. The public can use this to determine whether the individuals who provide them with care are competent and ethical practitioners. We also use the website for access to workforce data which is used for planning purposes by the legislature and other entities.

The board uses the media to fulfill its educational role. We publish articles in outlets such as Minnesota Healthcare News and the Journal of Nursing Regulation on topics such as complaints and investigations and social media concerns in nursing practice.

The board has developed FAQs for nurses, consumers, and employers. We provide information on scopes of practice and what to expect from practitioners. We use position papers. Two of the most popular are the joint statement on pain management, which was developed in collaboration with the Board of Medical Practice and the Board of Pharmacy, and a paper on accountability for utilization of integrative therapies in nursing practice.

We identify who the board members are, which pictures and a short bio. We post responsibilities and accountability documents and the oath board members take.

On raising awareness, James Gibbs says that raising awareness is the key to getting people to ask the right questions and then they can decide what to do from there. The Minnesota Board of Nursing has participated in many raising awareness activities with other entities and collaborated with many organizations. Currently the board is a member of the Minnesota Alliance for Patient Safety as a partner with providers, insurers, regulators, and consumer groups. The Alliance’s mission is “safe care everywhere.” In 2003, Minnesota was the first state in the country to pass a law requiring hospitals and surgical centers and the boards of nursing, medicine and pharmacy to report adverse
health events to the Department of Health, which in turn publishes a report each year. This information can be used to learn how to prevent future occurrences. We have developed a consumer guide to adverse health events, which consumers can use to formulate questions about what providers are doing to keep them safe.

Links on our website raise consumer awareness. These include tips on medication safety, multicultural healthcare statements, and a statement of support for a statewide culture of accountability, learning and justice.

In summary, as an agency dedicated to public service, our outreach addresses delivery of service, education, and raising awareness. As a result of a review of our website by CAC, we changed our website to organize information by target audience. We have used a variety of methods: website, publishing, public presentations, position papers, collaboration and strategic partnerships. As we plan our outreach services, we have stayed true to the mission of the board and incorporated its values into outreach.

Konkel: Like most of your organizations, the North Carolina Board of Medicine has a variety of key stakeholders, but our primary focus is on the public and the profession. We use the news media to get information to the public about the board and to the profession about board policy, and law and rule changes. We use other outlets to strengthen messages, focus on specific audiences, and get messages out faster.

Like most state public affairs programs, our goal is to further the work of the board in benefitting and protecting the people of North Carolina by keeping the public and regulated profession as informed as the law allows about the responsibility and activity of the board. We do this through education and communication.

The main planks of our public outreach program are the website, social media, presentations to the public, and relationships with the media.

The board’s website is probably the main component of our public outreach. In 2009, we completely redesigned the website with the goal of making it clean, better organized, and easy to navigate. We maintain the website in house through a content management system.

The homepage offers several items that are useful to the general public. We introduced a rotating content feature, which changes weekly. It is a way for us to highlight important information about the board and its work on a weekly basis. We added a Google site-search. Recently, out of concerns about accessibility, we added Google translates.

The FAQ section of the website is especially meaty. In addition to thinking up likely questions, we consulted with the people who answer phone inquiries to learn what callers ask about on a frequent basis and included those questions on the website. Also, users of the website can suggest a FAQ. We respond to the question and sometimes add it to the FAQ section.
We try to interact and engage with the public and the profession through social media as well as the website. There is a prominent feedback button on the website. There is a subscription service that will release RSS feeds to notify people who are interested in the board meeting agenda, or recent board actions, and so on that new information has been added to the site.

Sixty percent of visitors to the website land on the licensee information pages to look up physicians and physician assistants. Our information is comprehensive, unbiased, and official, so it is the best source of information about practitioners. We link to the nursing board website for information about nurse practitioners. The licensee information pages can be used by licensees for marketing because they can post their hours, the languages they speak, their practice philosophy, and so on.

We have a Facebook page, which was popular at first, but interest has waned. It contains information for the profession, media and the general public. We will continue to use the page, but if the audience isn’t there, it won’t be a big part of our outreach.

We use Twitter. It is primarily the media that is following us. We tweet board actions without names but with a link to the public document. Most of the media is interested in the location of the licensee involved in an action.

We make presentations to civic and professional groups, but not as much as we would like to do. It is difficult to dedicate the time and solicit speaking opportunities.

Several years ago, we had a presence at the State Fair with the Board of Nursing. We had a booth for ten days where we informed the public about our existence and the resources we have to offer. It was a worthwhile experience that we may repeat in the future.

We have a proactive and targeted approach to the press. We want to provide them with all the information we are able to within the confines of state law. We want to make sure they can find the information they need and can understand it. We recently decided instead of issuing press releases to post all board actions online and let the press decide which ones are newsworthy. We have worked hard to develop contacts with reporters in our area, but the newsroom climate is changing and a lot of our contacts are no longer there. For example, the medical reporter for the News and Observer is now our Director of Public Affairs. So, we have to reacquaint new reporters with who we are and what we do.

To gauge the impact of our outreach, we have a clipping service to follow media coverage. Google analytics informs us about traffic on our website. Social media analytics tells us who is posting on our Facebook page and who is re-tweeting our tweets to whom.

Future initiatives: We will probably revisit the State Fair with better advance work. We may put a survey on the website asking how people learned of us and include the State Fair as one option. We hope to have an interactive kiosk available to demonstrate to the
public how to use the website to find information about licensees. We didn’t have good systems for measuring our impact when we visited the fair the first time.

We are hoping to do a PSA campaign this year in which we will identify the physicians with the best information pages as examples for other physicians and the general public. We have developed e-learning modules for the website. There will be one about filing a license application and another about deciding whether to file a complaint with the medical board as opposed to seeking redress elsewhere. It is information organized in a succinct, animated, self-guided tutorial. We don’t want to discourage people from filing a complaint, but we do want their expectations to be realistic.

**Kirsch:** New Jersey is trying to have good public outreach, but we’re really not yet there. I asked a friend what he would do if he needed to find a physical therapist. He has enough computer savvy to negotiate the web. He did a Google search. I was surprised to find that the New Jersey State Board of Physical Therapy comes up first – before the professional association. A click on the licensing board link reveals a very congested, confusing website.

My friend was hoping he would find an explanation of the practice of physical therapy. What he did find was an explanation of what the board does. He clicked on the consumer information link with three options: complaint form, physical therapist licensee directory, and the physical therapist assistant directory. He searched the directory for my office. Under business search, he enters the name of my practice in the city where it is located, but the search comes up blank. I gave him my license number, but the search still comes up blank. We are way past the three-click rule. At this point, I tell him we list by individuals, not businesses. He goes to person search and finds my name and license number, but at my home rather than my business address.

What he really wanted to know was how to choose a PT. What do PTs do? What are their qualifications? How do I know that the person I picked is any good? How do I find out? If I do have a complaint, what should I do? None of that is on the website.

As board members, what would we want a consumer to know? Why types of services should they expect? What is available to them if they suspect they are receiving substandard care? How should they submit a complaint?

More important, what happens after a complaint is submitted? We inform consumers that their complaints must be handled within 90 days, but that is all they know. A complaint from another licensee or another practitioner is handled more slowly.

New Jersey does have an outreach app, which can be downloaded from the iTunes site. It doesn’t provide anywhere near the information provided by the North Carolina Board of Medicine. It has essentially what is available on the website: the license number and the existence of absence of board actions. There is none of the other information that would be valuable to consumers in helping them to select a practitioner.
PT boards tell us that it isn’t as simple as it looks to post information. There are cultural sensitivity and comprehensibility issues. We aren’t sure that our message is getting across. My board feels we have to do a better job. We need to inform the public what the standard of care should be. They need to understand what boards do.

We are trying hard and we understand what the message needs to be, so we need to do the kinds of things our colleagues are doing in states like North Carolina.

**Question:** You said you include a link to the public order in your tweets. Do you do the same with an RSS feed?

**Konkel:** The RSS feeds are notifications of changing content on the website. We do provide the name, location, license number and some information about the action. A click on the name doesn’t go directly to the public document, but it will go to the licensee information page where there is a link to the document, as well as other information about the licensee.

**Question:** Could you elaborate about adverse health event reports to the Department of Health?

**Brekken:** A number of years ago, a change to the vulnerable adult act required hospitals, surgical centers, boards of pharmacy, nursing, and medical practice to report any of the twenty-eight adverse health events identified by the Agency for Healthcare Research and Quality. Those adverse events are published in an annual report by facility. The objective is to figure out how to prevent a recurrence of these incidents. There have been calls to action to develop best practices. In addition to the annual report, we developed a consumer guide to how to use the information when asking questions and making decisions about care. In all likelihood, the licensing boards receive this adverse event information in the form of a complaint.

**Certification Organization Panel**

**Pam Asfahani, Communications and Marketing Director, Oncology Nursing Certification Corporation**

**Fran Byrd, Director of Strategic Initiatives, National Certification Corporation**

NCC is a not-for-profit national voluntary certification corporation. In its thirty-five years, NCC has certified more than 100,000 predominantly specialty nurses in the areas of obstetrics, neonatology, and women’s health. We also have sub-specialty exams in multidisciplinary and electronic fetal monitoring, pediatric transport, women’s healthcare nurse practitioner, and neonatal nurse practitioner.

The world of certification is familiar to us. The world of public outreach is brand new. I credit our board for having the vision to come up with a way of informing the public of
the existence of certified nurses, their value and what they do, and that it’s okay to ask for a certified nurse.

We believe in the importance of increasing awareness because nurses are the foremost provider of healthcare throughout our systems, yet the public really knows very little about nursing as a profession. With the exception of advanced practice nurses, most nurses receive their specialty education in on-the-job training. The general public isn’t aware that nurses can become nationally certified in their specialties.

We have talked about defining the public. NCC chose as our primary focus the consumer, and in particular the expectant mother and the individuals who support her. Certification should be defining itself as a quality indicator. Magnet hospitals will use number of certified nurses as their hospital is applying for magnet status to show quality of care.

The core message was very simple – conveying the certified nurse’s expertise, knowledge, and commitment to giving quality care to patients in their specialty area.

We chose three target audiences. First, the expectant mother and those who support her, to let them know about certified nurses and empower them to “Just Ask” for a certified nurse. Another audience is non-certified nurses to promote certification as part of their professional development. A third audience is medical institutions to remind them that certified nurses add value to patient care and consumer confidence rises with the knowledge that the facility has certified nurses.

Our goal was to raise awareness and increase interest. We decided to use video to do this. We chose broadcast TV because of the availability of CBS Community Partnerships. We chose to run the ad in larger cities with upper echelon neonatal intensive care units. The length of this campaign was 18 months of staggered TV broadcast. There is a continued web and social media presence.

Promotion was via direct mail to institutions and broadcast emails to our certificants. We used web display ads. CBS Community Partnerships promoted it on its regional broadcast websites in an in kind donation. NCC added it to the Amazon website and social media.

We used a 30-second format for the video. We retained a PR firm to develop the concepts. They did months of research at mothering blog sites, baby magazines, and other places likely to be important to an expectant mother and talked to nurses in the perinatal units of magnet hospitals. They developed three concepts; one was practical, one emotional, and one slightly humorous. The NCC board of directors chose the slightly humorous one.

Filming was done at the University of Illinois Chicago Medical Center. All of the nurses in the 30-second spot were volunteers from the perinatal unit. The only paid talent was the pregnant woman.
Working with CBS Community Partnerships was incredible. They handled the filming, production and editing and they turned the product around in five days. The hardest part was getting permits and other logistics completed.

It was important to alert institutions to anticipate their patients might begin asking for certified nurses. We included a small flash drive with a video of NCC’s institutional certification program opportunity, which offered a discounted registration on exam application for large groups from a given facility.

The timeline was short. The commitment was made in October 2010 and the video went live in August 2011. The total cost was about $500,000. CBS Community Partnerships donated the production costs, editing, the in-kind for their regional website, and they gave us 15-20% more spots than contracted for in Los Angeles, New York and Chicago.

Did we meet our goal of raising awareness and getting the message out to at least some of the three target audiences? There was a 12.7% increase in exam applications over the same period in the prior year, some of which is probably attributable to the ad. A better indicator may be that the website visits increased almost 19%. New visitors to the site increased almost 10% and page views went up almost 50%. In all, 4.3 million more pages were viewed than during the previous year.

Currently, NCC is considering a campaign called, “Certified Nurses are Everywhere,” which will include other nursing organizations. A six-minute video entitled, “Certified Nurses Changing Lives” is on the NCC home page. A “Just Ask Me” video is under development as a sequel to “Just Ask.” So, we are in this for the long run. It is an experience that has been good for the certification organization and hopefully for the general public.

**Asfahani:** Our organization is very similar to Fran’s. We offer seven voluntary certification programs from basic oncology care to pediatric, breast care, and so on. A couple of years ago, our board decided we needed to reach out to consumers to make them aware that certified nurses make a difference. We believe passionately that nurses who are knowledgeable deliver better patient care. The only way you can know a nurse is knowledgeable to provide care for cancer patients is if that nurse has been certified and therefore his or her knowledge has been validated.

Our message was very simple: certified nurses make a difference. One of the big questions was how do we get the message out to consumers. People don’t want to think about cancer and cancer care until a loved one or friend has cancer. Another group we wanted to reach was employers because their facilities will provide better care if they employ certified nurses. We concluded that the best way to reach both audiences was directly through certified nurses themselves. They are the ones holding the patient’s hand, delivering the chemo, and influencing employer’s decisions about whether they will support certification of nurses.
We designed a DVD and collateral materials to be distributed to consumers and employers by certified nurses. The DVD is 4½ minutes long. It features a cancer survivor, his daughter, and oncology nurses on the job. They talk about why certification is important to them, what they believe it means to their patients, and why they believe more facilities should employ certified nurses.

The DVD package includes a brochure for consumers. It was written at the seventh grade level because some terms exceed the ideal fifth grade level. The brochure describes certification and emphasizes that certified nurses have specialized knowledge, experience, and a commitment to patient care proven by the fact that they have become certified. Like NCC, we encourage patients to ask if their nurses are certified.

We also did a poster geared more toward institutions, which they could display in their waiting rooms, break rooms, nurses stations, bulletin boards, and so on. It was a good way to advertise continuing education opportunities, certification review courses, or the identity of certified nurses in the facility.

All of these things were packaged together and distributed to certified nurses to be used in the workplace, either in conjunction with their employers to garner support for certification, or to help their patients understand what certification means.

Our timeline was similar to Fran’s. We discovered the longest part of the process is the planning. It takes months to develop an RFP and to research and select an agency to conduct the program. Once we selected the agency, we spent a couple of months refining the concepts. The agency’s first inclination was to make the program touchy-feely. But it isn’t necessary to sell people on the idea that a nurse is a caring person. Our message was that certified nurses are knowledgeable. Other pre-production work included recruiting nurses to be in the video, deciding where to shoot it, and drafting the collateral pieces.

It began to fall into place in February or March of the year we launched. We launched May 1. It really moves fast once filming starts. We spent about two days doing the filming, one day in the patient’s “home” and one day in a medical center where we showed nurses on the job. The editing took less than a week, followed by about three days of perfecting and re-editing.

Even though we used a full-service agency, ONCC staff had significant responsibilities including budgeting and educating the agency on what we wanted to communicate. We had firm deadlines because we launched at a national conference. We had to approve every script, all the copy, the design, timelines, facilities, and so on. We recruited the nurse participants and ensured their employers were willing to release them for the filming. We were onsite during filming, which was very important to be sure there wasn’t anything inappropriate in the background. We made some script changes during filming.
We selected a local agency, local film crew, local filming facilities, and local nurses. The agency developed the overall concept and plan, especially for the collateral materials. We scaled back their plans for packaging because they exceeded our budget. They scouted the filming locations and made sure that everything was ready to go when we arrived on site. They developed storyboards and scripts. They were the middleman with the film crew and supervised the onsite filming and editing. They secured original music because it was easier to get the rights.

Our budget was about 10% of what Fran’s was. We weren’t aiming for broadcast and we had economical ways to reach the certified nurses who were our distributors. We wanted to keep the budget lean. That’s why we used local talent to avoid travel and per diem expenses.

Our rollout took place at the Oncology Nursing Society annual congress, which is the largest meeting on oncology nurses. We played the video at several times and several locations during the congress. We held a luncheon for our 700 advocates, who are certified nurses who promote certification in their chapters, workplaces, and community.

We posted it on our website and YouTube. We continue to distribute the video at professional meetings. We distribute it on Certified Nurses Day on March 19.

Did the project make a difference? Yes, it did. In the first year, we saw a 21% increase in our initial test candidates. In year two, we saw a 5% increase in employer support for certification. Sometimes they support certification directly; sometimes they give a salary increase for certification. We saw a continuing increase in initial candidates and an increase in renewals. We saw an increase in our website visitors, as well.

Although we do not know how many patients and families the video, our certified nurses tell us how they have used it in their facilities. It is on the oncology channel at Duke Medical Center. It is on the inpatient channels at other major medical centers. It is often played on a loop in patient treatment and waiting areas. To encourage nurses to become certified, it is used as an opener for certification review courses. Many nurses have taken it to their employers and their nurse managers to illustrate why they should support certification.

**Comment:** I am with the College of Nurses in British Columbia. We have a health regulators organization for which I am spearheading a public awareness campaign on the role of the health professional and how the regulatory body connects. We will use TV and newspapers. We will have a website which we will be able to link with all the other regulatory sites.