
Ohio Trauma Systems



Marketing Plan

Team 7 presents to you the marketing plan for
Ohio Trauma Systems.

OHIO TRAUMA SYSTEM

PREVENT. TRANSPORT. TREAT. RECOVER.

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Executive Summary

Background

As it stands, the current trauma system in Ohio is loosely structured and suffers from poor consumer awareness. To better serve EMS as well as the health and safety of Ohioans, a unifying brand connecting all entities of the trauma system is necessary. The name of this proposed brand is Ohio Trauma System (or OTS).

Brand

Aside from unification, and a clearer organizational structure, the ultimate goal of Ohio Trauma System is to raise awareness of trauma services in Ohio. To help facilitate this goal, the branding elements reflect major organizational functions. The tagline “Prevent. Transport. Treat. Recover” succinctly lists these functions to consumers. The brand logo builds upon this theme by utilizing symbolic imagery in the form of an “O” segmented into quadrants, each segment representing a function.

Tactics

A number of creative tactics will be implemented in order to cement Ohio Trauma System's presence in the minds of Ohioans, which is an essential goal during the first year of the organization's existence. Speeches, strategic business partnerships, fundraising, and in improved social media and internet presence are some of the strategies that OTS will employ.

Budget

Since it would be impossible to effectively market a startup brand during its first year without any money, a modest investment of \$28,700 is suggested. This figure ensures that the suggested tactics can be implemented as described, while augmenting their flexibility and success.

Timeline

The scope of this marketing plan is one year's time; a calendar has been prepared to help organize and better coordinate OTS's tactical plan. The calendar is not intended to be extremely rigid, and allows for some flexibility on the behalf of OTS.

Value

The ultimate value of Ohio Trauma System is organizational efficiency, which will help facilitate better communication amongst Ohio's four major trauma entities while at the same time allowing trauma services to be more visible, and thus more profitable. Value is also created for Ohioans through increased knowledge about relevant services which could end up saving their lives, as well as their loved ones.

For more detail, please turn
to Appendices A for the

Project Brief

Current Context

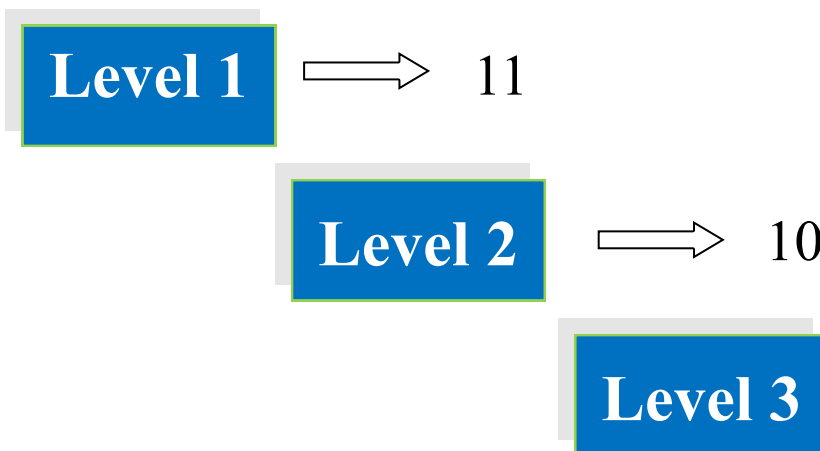
A trauma center is a hospital equipped to provide comprehensive emergency medical services to patients suffering traumatic injuries. Trauma centers grew into existence out of the realization that traumatic injury is a disease process unto itself requiring specialized and experienced multidisciplinary treatment and specialized resources (Hoholik). Time Critical Diagnosis is a medical condition that requires



(College of Surgeons emblem)

rapid diagnosis and treatment by a facility that can provide timely, definitive care to minimize risk for preventable complications and death (ODPS Emergency Medical Services Trauma System). Rapid advancements in medicine have created a need for TCD systems. In the United States, a hospital can receive Trauma Center verification by meeting specific criteria established by the **American College of Surgeons (ACS)** and passing a site review by the Verification Review Committee.

Official designation as a Trauma Center is determined by individual state law provisions. Trauma centers vary in their specific capabilities and are identified by "Level" designation: Level-I (Level-1) being the highest, to Level-III (Level-3) being the lowest (some states have five designated levels, in which case Level-V (Level-5) is the lowest, this is not the case for Ohio) (Hoholik). Ohio has 11 adult Level I trauma centers, including Ohio State and Grant Medical Center. Ohio also has 10 Level II trauma centers, including Mount Carmel West hospital and Riverside Methodist Hospital, which, like Grant, is owned by Ohio-Health (ODPS Emergency Medical Services Trauma System).



The operation of a trauma center is extremely expensive. Some areas - especially rural regions - are under-served by trauma centers because of this expense. As there is no way to schedule the need for emergency services, patient traffic at trauma centers can vary widely. A variety of different methods have been developed for dealing with this.

A trauma center will often have a helipad for receiving patients that have been airlifted to the hospital. In many cases, persons injured in remote areas and transported to a distant trauma center by helicopter can receive faster and better medical care than if they had been transported by ground ambulance to a closer hospital that does not have a designated trauma center. The trauma level certification can directly affect the patient's outcome and determine if the patient needs to be transferred to a higher level trauma center (Hoholik).

Historical Context

The EMS, which first took shape in 1966, has a long history. Its creation can be credited to a 1966 Academy of Sciences report that focused on accidental death and disability in America. The report found America's emergency care systems to be startlingly underdeveloped. The NAS report found that “the average American had a greater chance of survival in the combat zones of Korea or Vietnam than on the nation's highways. . .”, ultimately prompting Congress to pass legislation which resulted in the National Highway Traffic Safety Administration (NHTSA), which was essentially the groundwork for the first federal EMS standards.

1966



(NHTSA).



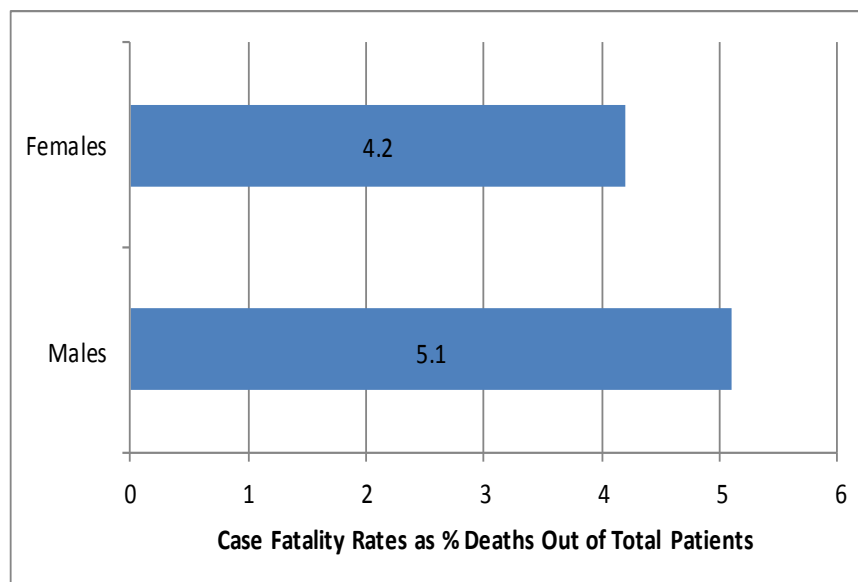
(EMS).

Today Ohio is one of the lucky states that has access to a time-critical diagnosis (TCD) system. A TCD system is one that deals with medical conditions requiring rapid diagnosis and treatment by a facility that can provide timely, definitive care to minimize risk for preventable complications and death. While there are many conditions that can be classified as TCD, trauma is perhaps the most notable. Ohio has had a trauma system since July of 2000, but it continues to have issues involving the passage overarching legislation that unifies oversight for all TCDs. Also concerning is that the Ohio EMS is not receiving adequate monetary support from the federal government. Thus, in a historical context, we can see that while the federal government was smart to lay the groundwork for the EMS system in the first place, it is necessary that it continues to nurture and improve upon the organization's foundation..

Market Analysis

In every field of economics or business the market could be defined as the segment of people that can be viewed as potential customers. When it comes to selling physical goods or services such as financial advice the market is where the opportunity for business exists. When it comes to a more delicate issue such as emergency medical service it is harder to view the patients as customers. From the standpoint of consulting they will be treated as customers that need to be informed and urged to use the product, in this case emergency medical service and trauma center care.

There are many segments and market factors that are worth noting for this study. At the most basic level the differences in gender need to be examined because they require emergency care at different rates. **Males have a higher case fatality rate (the rate of deaths for the sampled medical cases) of 5.1% compared to women at 4.2% (EMS Office of Research & Analysis).** This number does not seem staggering but when considered in the context of death it is. Another gender trend is the time frame at which the rates diverge. In the first 14 years of life women and men are similar in their fatality rates but once adolescence occurs males begin to have a higher case fatality rate than women and the trend does not change on average for the rest of their lives. Another basic classification of people is age. Young children (defined as children aged 5-9) had the lowest case fatality rate while young adults (specifically 20-24) had the highest case fatality rate. It is fair to conclude that people in the 20-24 age demographic sport more reckless lifestyles and are more physically active which leaves them vulnerable to incidental injuries. The next highest case fatality rate belongs to seniors which should come to the surprise of no one.



Market Analysis

The nature of the causes of their injuries is probably quite different for different types of people. If you consider a young adult falling and a senior citizen falling the cause could be quite different. A young adult could have been playing soccer and been tackled to the ground causing an injury while a senior citizen may have fallen due to lack of balance and the inability to do mundane, physical tasks. **After falls, which account for close to 40% of in-hospital deaths, the next highest cause of death in these trauma situations is automobile accidents at 17.2%** (EMS Office of Research & Analysis, pg. 30) .

There is a misconception about the most common trauma injuries and deaths. Although car accidents, assaults, and firearm deaths dominate the headlines the most common ones are falls. These fall injuries could be remedied by simply educating people on their limitations.

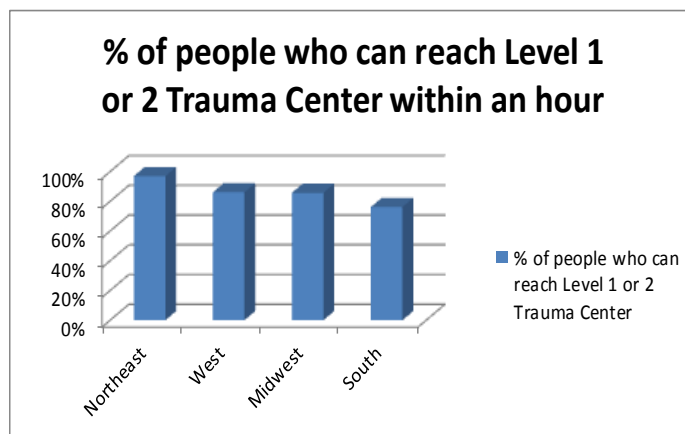
Another way of segmenting the market for EMS is to examine areas which are currently serviced by EMS personnel and areas that are underserved. Clearly areas that do not have trauma centers within a reasonable proximity needs to be the first candidates for new trauma centers as well as expanding the zones that EMS can operate in. Even though there is a widespread lack of awareness of EMS services it is not unreasonable to think that areas that are underserved are especially ignorant of the benefits that EMS offers. When one examines a map that illustrates where the trauma centers are located in Ohio it becomes clear that urban areas have much greater access to these services and rural areas that surround the do not have many if any trauma centers in close proximity. Given the nature of time crucial diagnoses the lead time to get to the trauma center in these rural areas is problematic.

Industry Analysis

As of January 2005, there were 190 level 1 trauma centers, 255 level 2 trauma centers, and 258 level 3 trauma centers in the US. In the appendices in Table B, there is a breakdown for the percentage of citizens that could get to a level 1, 2, and 3 trauma center within 45 or 60 minutes. Level 1 and 2 centers are the focus in most of this discussion because Level 3 centers evaluate and assesses the problem and then send patients to a higher level trauma center, while the level 3 centers have tried to develop a more extensive system of care for patients since the '90s (Branas). The percentage of people in these areas that can reach level 1 or 2 trauma center within an hour is listed below:

National Trauma Centers

Level 1	190
Level 2	255
Level 3	258



There is more detail in Appendices B with % of populations access to Trauma Centers by Regions and States

These do not seem like low numbers but if we look at accessibility by rural location we can see there is a problem. **Only 8.4% of rural folks, 72.7% of suburban people, and 89.4% of urban people have access to level 1 and 2 trauma centers within an hour.** Helicopters are most effective at getting victims to trauma centers within an hour; many Americans who are taken by ambulance are unable to arrive within an hour (Branas).

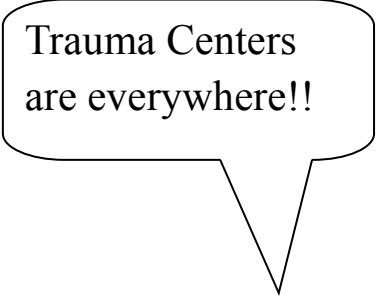
The primary reasons that people are underserved by trauma centers are high costs and an uneven distribution of trauma centers. Trauma centers can charge almost anything they want but are also very expensive to maintain. It costs \$260 billion each year for the centers to stay in operation (“Trauma System Agenda for the Future: Key Issues in Developing Inclusive Trauma Systems”). Many trauma centers focused on increasing revenues reside in urban areas due to higher attendance rates. This uneven geographic concentration has led to fierce competition for surgeons and specialists. There are also fewer patients to cover fixed costs and consumers end up having to pay

Industry Analysis

more (Galewitz).

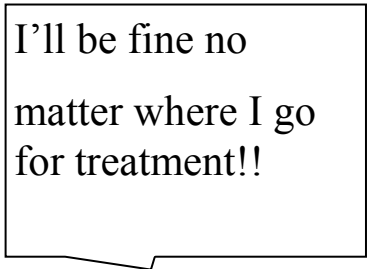
There are certain trends in American perception and comprehension of trauma centers. The national population understands the gravity of having trauma centers and have high expectations for them but do not understand how they work and how many there are. Most Americans do not recognize that injury is the leading cause of death but most do know that car accidents are the leading cause of injury-related death. They also think that they would be given the best care if they had an injury that was life threatening and don't seem concerned that they would have problems. Almost all parents take extra precautions with younger children but as they grow they are less cautious. 13% of Americans do not make their children wear seatbelts and half of Americans do not wear a helmet (Harris Interactive).

Citizens do see the importance of being treated at a trauma center and that an ambulance should take them there but they are confused about the availability and accessibility of trauma centers. Most of them would be concerned if they found out there was no trauma center within a small distance as well as if they knew some were closing down. **8% of 6000** hospitals are trauma centers and more than half of Americans believe there is a trauma center near them and a third of them believe the closest hospital is a trauma center. The sad truth is that 90% of level 1 and 2 centers are located in metropolitan centers, which underscores the fact that most rural areas are underserved (Harris Interactive). Many also have high expectations of the trauma centers when it comes to their handling potential natural disaster/some sort of attack but few states have systems set up where information is easily linked to other facilities and where transfers are easily arranged (Harris Interactive).



Trauma Centers
are everywhere!!

FALSE



I'll be fine no
matter where I go
for treatment!!

FALSE

Competitor Analysis

Overall benefits of trauma centers make OTS (Ohio Trauma System) the first priority service to be utilized when any traumatic injuries happen. The significant figure that trauma centers could offer victims is a 25 percent higher survival rate has established a huge advantage for the service. As part of the public services that are provided to Ohioans and the residents who live around the border, there should be little to no competition with OTS. However, the low utilization rate of the trauma system is a reflection of the fact that awareness has to be raised among patients. So the lack of awareness is a competitor in the sense that it is an obstacle to Ohioans safety. First of all, there is still a very low recognition of the service and its benefits – a lot of people don't know **the differences in service (professionalism) that a service trauma center and a hospital could provide**. Another reason would be that a lot of people are used to the service that a local hospital provides. Local patients have build up trusts and emotional attachment with their doctors. Whenever the residents are not feeling well, they will go to a local hospital since their doctors know their medical history and background well.

In a way The Ohio Trauma System is competing against the mentality of its potential patients. Refusal or lack of knowledge is a competitor that our organization needs to combat. This will be done by educating and raising awareness.

A potential form of competition to the professional trauma service would be an intra-system competition – competition among different levels of trauma centers. Patients have a better chance of survival from life-threatening injuries if they're treated in a Level-1 trauma center rather than a Level-2 one. A higher patient volume gives a trauma center more opportunities to perform a certain task more frequently -in the process perfecting it through experience, which indirectly brings a higher quality of service to its patients. There are no existing studies that show trauma center of different levels are competing for patients, but my hypothesis indicates that this kind of positive competition ultimately brings better services to patients.

Objectives

	Quantitative Benchmark	Measurement Method
1	<u>Response Rate of Survey</u>	Analysis of survey conducted in county fair
		<i>Through collecting and analyzing the data, we can have a better understanding on people's opinion and attitude towards OTS</i>
2	<u>Site Traffic to official website</u>	# of unique IP pings to official website
		Discussion on Forums
		<i>The more people that visit the website for information, the more they know about our services and benefits</i>
3	<u>Response on Social Media</u>	
	Facebook	Number of "likes" to Facebook page, number of people sharing information about Ohio Trauma System
	Youtube	Number of "Subscribers" to our YouTube channel, number of "views" to our videos
	Twitter	Number of "Followers", number of people responding to our posts and number of shares
		<i>The level of interaction/communication with the public via social media reflects their recognition of OTS, which also spreads the word about OTS</i>
4	<u>Public Opinion on OTS</u>	Articles on Newspaper, research done by professionals
		<i>The more number of articles and research are published, the more people are exposed to our information. It also shows that the public cares about OTS, that's why they talk about it.</i>

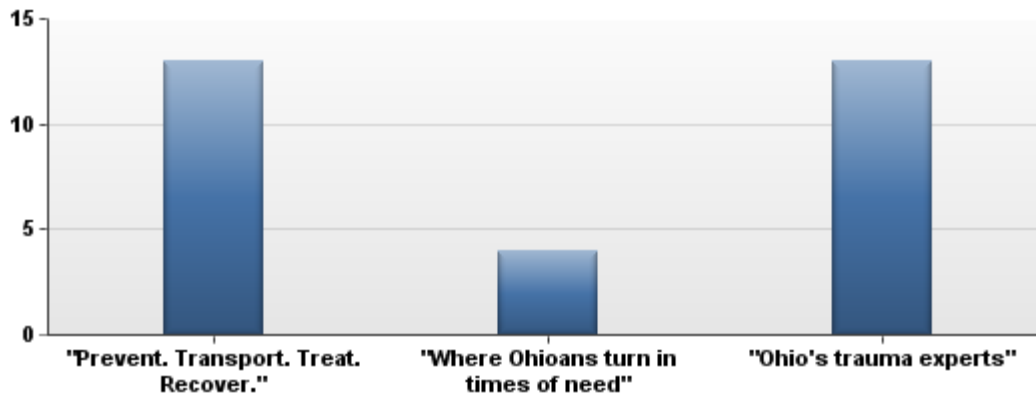
Objectives

5	<u>Patient Attendance Rates</u>	Hospitals data of visiting patients
		Utilization of trauma center equipment, emergency rooms, etc.
		<i>The increase in number of patients using OTS shows that people know more about OTS and are willing to use our services</i>
6	<u>Intra-Organization Monetary Support</u>	Amount of money raised by private fund comprised of organization's entities
		<i>The amount of money raised indicates people's recognition</i>
7	<u>Public Monetary Support</u>	Donation to sponsored charity event
		<i>Amount of sponsorship obtained and partnerships established with companies indirectly enhances OTS' recognition</i>
8	<u>Public Response to Events</u>	Attendance rate of events (Trauma Education, Sponsored events)
		<i>The more people aware of OTS, the more likely they would come support these events</i>

Market Research

In order to nail down some crucial elements of our brand strategy, we needed to conduct both quantitative and qualitative market research. This was achieved by creating a hybrid survey/focus group using Qualtrics software. For a full report as well as a copy of the survey/focus group please see page X. The following are the results and interpretations of the data received from our respondents:

Brand Tagline/Slogan



#	Answer		Response	%
1	"Prevent. Transport. Treat. Recover."	<div></div>	13	43%
2	"Where Ohioans turn in times of need"	<div></div>	4	13%
3	"Ohio's trauma experts"	<div></div>	13	43%
Total			30	100%

Analysis:

Due to the exactly equal number of responses for options #1 and #3, we were left with a tough decision as to which of the two taglines is better-suited to represent OTS. We felt that "Prevent. Transport. Treat. Recover." was the better option in that it ties directly to the brand's four core values. Ohio Trauma System prevents traumatic injuries from happening through education, transports patients swiftly in those dire situations where such injuries occur, treats patients effectively with trauma certified staff, and helps patients recover quickly so that they can be return to their loving families healthy and happy. The four active verbs help to hammer this point home so that people understand the comprehensive way that OTS serves Ohioans. One of the qualitative responses we received summarized our position on the issue: "The 'where Ohioans turn in times of need' tag line felt too passive and 'sadder', while the 'ohio's trauma experts' tagline felt extremely generic. The one chose [sic] I felt portrayed action, and no nonsense."

Our Recommendation for Brand Tagline/Slogan:

Option #1 - "Prevent. Transport. Treat. Recover."

Market Research

Brand Logo

Likeability Metrics

Option #1



Quantitative Data:

From the question: “How does the proposed logo rank in the following categories (1 star = lowest; 5 stars = highest)?”

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Visually appealing	2.00	5.00	3.59	1.15	29
2	Organized	1.00	5.00	4.24	0.87	29
3	Effectively represents OTS	1.00	5.00	3.71	1.01	28

Composite Score: 3.85 out of 5

Option #2



Quantitative Data:

From the question: “How does the proposed logo rank in the following categories (1 star = lowest; 5 stars = highest)?”

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Visually appealing	1.00	5.00	3.14	1.13	29
2	Organized	2.00	5.00	4.07	0.84	29
3	Effectively represents OTS	2.00	5.00	3.38	0.94	29

Composite Score: 3.53 out of 5

Market Research

Brand Logo

Likeability Metrics

Option #3



Quantitative Data:

From the question: “How does the proposed logo rank in the following categories (1 star = lowest; 5 stars = highest)?”

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Visually appealing	1.00	5.00	3.03	1.27	29
2	Organized	1.00	5.00	2.89	1.10	28
3	Effectively represents OTS	1.00	5.00	3.32	1.16	28

Composite Score: 3.08 out of 5

Option #4



Quantitative Data:

From the question: “How does the proposed logo rank in the following categories (1 star = lowest; 5 stars = highest)?”

#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Visually appealing	2.00	5.00	3.83	1.00	29
2	Organized	2.00	5.00	4.17	0.85	29
3	Effectively represents OTS	1.00	5.00	3.83	1.04	29

Composite Score: 3.94 out of 5

Market Research

Brand Logo

Likeability Metrics

Option #5



Quantitative Data:

From the question: “How does the proposed logo rank in the following categories (1 star = lowest; 5 stars = highest)?”






#	Answer	Min Value	Max Value	Average Value	Standard Deviation	Responses
1	Visually appealing	1.00	5.00	2.72	1.28	29
2	Organized	1.00	5.00	2.83	1.04	29
3	Effectively represents OTS	1.00	5.00	3.31	1.11	29

Composite Score: 2.95 out of 5

Market Research

Logo Rankings

Respondents were also asked to rank the logos. They were asked to “Rank the following logos, a rank of 1 being your favorite, and a rank of 5 being your least favorite.” **Here is a table of the results (a lower mean implies higher favorability):**

Answer	1	2	3	4	5	Responses	Mean
	12	9	5	3	0	29	1.97
	0	6	5	10	8	29	3.69
	5	9	11	4	0	29	2.48
	6	3	2	7	11	29	3.48
	6	2	6	5	10	29	3.38

Analysis:

From the data we see that as in the Likeability Metrics section, Option #4 barely edges out Option #1. In the Likeability Metrics Option #4 received an approximately 0.09 higher composite score. In the Logo Rankings section Option #4 was ranked 0.51 above Option #1, yet again a small margin. The rest of the logos tested did not fair nearly as well and therefore only Options #4 and #1 deserve real consideration as a logo.

Market Research

Our Recommendation for Logo: Option #1



Justification: Despite the fact that Option #1 fared worse than Option #4 in both of our metrics, it is our personal opinion that Option #1 is actually the better of the two logos. The main reason for this the clear segmentation of the “O” into four distinct segments serves as a connection to the brand's tagline which references the brand's value statement. Each segment of the “O” represents the four ways in which OTS distinguishes itself as the best option for traumatic injuries through prevention, transportation, treatment, and recovery.

In the qualitative research for this logo, respondents' main criticism was that the “O” could be construed as a target or gun sight. It can be hypothesized that this ended up pushing Option #1 below Option #4 in the metrics as well as the fact that the sample size used was fairly small. If, after additional research, this criticism of the logo continues to be an issue, simple alterations could be made to the logo by either rotating the chunks missing from the “O” forty five degrees, or by changing the segments into four distinct colors.

Appendices: Demographics of respondents are in Appendices E

Branding Strategy

OHIO TRAUMA SYSTEM

We decided to keep the brand name of Ohio Trauma System simple and direct because we want people to understand what it is right away. The four pillars that hold the trauma system together are the trauma committees of injury prevention, immediate treatment and patient transfer, trauma hospitals, and rehabilitation. We call these the “**four core**” and we wanted our tagline to reflect the four core of the system but also reflect what they do. We utilized actions verbs to create a sense of urgency with this tagline:

PREVENT. TRANSPORT. TREAT. RECOVER.

It is also simple and direct like the brand name.

The logo reflects the 4 core but also the unity that is created when they work together. We wanted the logo to be identifiable and relate to the four core. We decided to divide the first O in Ohio into four separate pieces to show that there are four entities to the trauma system. The O or a circle symbolizes unity and by dividing the O into 4 pieces show that there are four pieces that are unified together, the four core. There is more detail in Appendices C about the different committees that make up the 4 core.



While the current trauma system in Ohio does not possess a clear value proposition, a proposal for Ohio Trauma System's is as follows:

“The Ohio Trauma System strives to prevent injuries and ensure that all Ohio-ans are happy and healthy. However, traumatic injuries are inevitable. In the event that traumatic injuries do occur OTS's highly qualified and readily available staff is there to provide fast and effective treatment. OTS treats their patients compassionately, with the end goal of returning them to their families safe and sound so that they may resume their everyday lives as quickly as possible.”

Brand Personality

For the Ohio Trauma System to become a full-fledged brand it must behave in a way that invokes attachment and associations in its audience, in this case, the people of Ohio. A brand personality needs to make the target audience or customer care about the brand. The people have to care from the standpoint that they are emotionally invested in the brand and not just from the fact that the Ohio Trauma System does good things. The brand must resonate in the people in a way that its functions cannot. When dealing with a sensitive issue such as injury prevention, awareness, and care it is critical that our organization understands the implications of either inducing too much fear or not being serious enough. Our brand will communicate the right combination of safety, trust, and urgency.

Our brand will be associated with the reliability and warm-heartedness of our care and service and at the same time the message will be somewhat aggressive because it is going to take a powerful position to create compliance with the Trauma System. We believe our logo and tagline serves as a good reference point for what our brand personality communicates. The brand will strive to communicate the following ideas:

“ The people have to have an emotional connection to the brand”

Expertise: Our system is comprised of the best physicians, nurses, and emergency and rehab personnel. Our system also has the best facilities. Those ideas will give the people closure from a knowledge standpoint. However, more importantly for the brand's sake, it will make Ohioans feel safe knowing that they are being treated by the best people for the job.

Speed: Our Trauma system is comprised of a large network that is built to respond to incidents and be ready for the task at hand. All of the expertise in the world is not effective unless the medical teams can get to the site swiftly. In trauma injuries there is a very crucial time frame from the point of the injury and getting the needed care. Our commitment to swift action should make the people feel that we are always close by and ready. It is essential that the people feel this way so they can be comfortable. On the flip side the notion of speed should also communicate how serious and urgent trauma injuries are and should compel the people to utilize the system

Unity: The brand represents more than a means to promote the system. This brand will serve as a symbol for the different trauma systems of Ohio bonding together to help the great people of Ohio. This brand serves as a bridge between the patients and the people helping them. Our brand will make people feel that our state's medical staff and the people are unified and that we are all in this together.



Tactics For Promotional Efforts— Foundation

Foundation Blueprint/Strategy

The Pitch:

After consulting with the client, in this case the representative from EMS, we have decided that a very effective way to raise money and more importantly spread awareness is through the construction of a private foundation that will advocate and promote the Trauma System. Given the code of the industry we believe this a great way to spread advocacy and champion the new brand that the Trauma System will have. Under the rules of the industry, any money that is offered through the state in the form of grants and higher taxes has to go to direct increase in care and physical services for patients. Money is not allowed to be used for advertising or promotion if it is received through these channels. However the opportunity is there in the form of a private foundation. The notion of our “zero budget” stems from this guideline in the industry. Our foundation proposal will allow The Ohio Trauma System to lobby on behalf of itself to raise its brand awareness solely. The money that otherwise would not be allowed to be used to advertise the brand can be raised through the private foundation. Although the waters of a private foundation have not been tested in Ohio, other states such as Pennsylvania, have private foundations that serve as the vehicle for promoting their trauma system. It is time for our trauma system to do the same. The foundation will be comprised of a combination of doctors, nurses, industry experts, and volunteers that believe in our idea of the Ohio Trauma System brand. In business you want to find people that believe in the same things you do to do business with. (More specifics in the appendix D)

Problem= Money received through state grants or taxes cannot be used for promotional efforts.

Solution= Private foundation for OTS!

State



Promotion



Tactics on Education– Safety Town



(Safety Town)

Safety Town is an educational program that teaches fire, police, and other emergency service training to Ohio's youth. Many cities offer these programs and it would add value to the Ohio Trauma System brand to tie into this widely recognized program. By implementing an educational program of their own, the Ohio Trauma System could gain recognition among children and their parents. Safety Town programs typically bring in emergency service providers such as policemen, firemen and EMTs to educate children. These jobs are placed high in the minds of children and because of this, these role models can be very successful teachers.



(Safety Town)

This marketing tactic could create extreme long-term value for the Ohio Trauma System as it establishes a brand in children at a young age. As these children age, brand recognition will increase exponentially. By establishing a generation with strong brand awareness, the Ohio Trauma System will have constant brand growth over the long-term. On the short-term outlook, this tactic will also provide a platform for the brand to grow. Parents are constantly monitoring their children's activities and will see the Ohio Trauma System curriculum tied into Safety Town programs. This two-headed marketing strategy provides value through a strong establishment of a brand image. By partnering with Safety Town programs and creating a complementary educational agenda, the Ohio Trauma System would increase public knowledge of its four core goals; to prevent, transport, treat and recover.

COSTS + TIMELINE + PEOPLE

The Safety Town partnership is also unique with both simplicity and low costs. The only real costs associated with this plan would be developing a curriculum to teach to the children. It would take a few people within the Ohio Trauma System to develop this curriculum and therefore costs would be low. With the valuable members of the Ohio Trauma System, this would be relatively easy and should cost no more than **\$3,000 and that pertains to employees time building the brand**. Although every Safety Town program is different, many cities in Ohio hold their programs during the summer. To implement this successfully in 2013, the Ohio Trauma System curriculum must be completed by the end of this May. While this poses a challenge, it also creates an opportunity. The Ohio Trauma System could substantially increase their brand awareness in just a few months. As the Safety Town- Ohio Trauma System partnership becomes stronger, we expect more programs to want this partnership. This tactic provides an immediate impact, while also establishing long term growth of both the Ohio Trauma System brand and its core values.

Tactics on Education– Speaker Series

Education on what a trauma system will bring about the needed awareness for the Ohio Trauma System. OTS will have advocates travel to schools to reach the younger generation and travel to where older generations gather and give a powerful but short informational session on what OTS IS and what it is NOT. Our plan is to focus on High School Students, College Students, and Adults. For any educational speech or session we set up the order of this speech and what it should contain.

Step 1	Choose a patient who had a traumatic injury but also had a successful experience with OTS. This person should have an inspirational story that talks about how he/she was taught about prevention, his/her transport to the hospital, his/her treatment at a trauma hospital, and how his/her recovery went. Have them discuss their story <u>first</u> for 10-20 minutes.
Step 2	Have OTS advocate explain the importance of realizing the difference between a trauma center and non-trauma center, and the importance of the 4 core. Advocate also explains a situation of what happens when someone insists on going to a non-trauma center and what happens if they need to go to a trauma center afterwards and the consequences of that. Have them tell you of hospitals in their area and inform them if they are trauma centers or not. If possible, bring in paramedics and have them show things they would use for transport and treatment. Keep this interactive, have volunteers come up to help demonstrate. Keep to 20-30 minutes.
Step 3	Q & A session. Have the speaker ask the attendants questions about any accident they may have had and their thoughts on it and what the 4 core was like for them now that they know what that means. Ask them what they would change about their experiences; this is a good opportunity for feedback on system. At the end ask them to add Ohio Trauma Systems friends on Facebook and Twitter and have an avenue ready for them to fill out a survey online.

Tactics on Education— Speaker Series

Budget

People that have time for this are the work group tasked with Public Education (15 people), Tim, and committee that workgroup reports to (24 people). All have variable amounts of time they can dedicate to this education. Different workgroup members live across the state and so they can also reach certain schools easier. Gas approx. \$80 for round trip

Rationale— about 2.5 hours to farthest points in Ohio from Columbus

Round Trip Expense= 5 hrs * 65 miles/ hour * 1 gallon/15 miles * \$3.75/ gallon= \$81.25

Timeline

1 time a month- travel to a High School

If possible get several high schools to come to on big gymnasium depending on size to get together, would work better with smaller schools

1 time a month— travel to a University

How to choose a patient to speak about their experience

Hospitals are required to hand out surveys to receive feedback for certification purposes by the Centers of Medicare and Medicaid Services. OTS survey questions are listed below and would be beneficial if hospitals could add these to current surveys. The main goal of these questions is to see if they would be willing to talk about their experience with others and help others to learn about the system. This survey is able to obtain patient's knowledge on trauma systems so this is a good qualitative tool, and also to get their feedback and willingness to help teach people about OTS.

OTS SURVEY QUESTIONS

1. How was your experience at _____ hospital/rehab?
2. What would you change about your experience here?
3. Do you know if all hospitals are trauma centers?
4. If you know that not all hospitals are trauma centers, how did you learn this?
5. Did you know that trauma centers have specialized staff and surgeons available 24/7?
6. Did you know that a trauma system includes 4 phases: the prevention of traumatic injury, the transportation, the treatment, and the recovery/rehabilitation of a patient?
7. Did you know that OTS is trying to educate and help Ohioans to become aware of what trauma systems are?
8. Would you be willing to share your experience with others? Would you be willing to be an advocate for Ohio Trauma System with what you've learned and what you'd like others to learn?

Tactics on Education– Reaching Older Generations

Although some speculation was used in determining where elderly people congregate research seems to suggest that there are common places that seniors tend to spend time on a consistent basis. It is much easier to target kids and younger adults and their parents because they typically have to be a school or college. However, our group has decided that our older segment can be found in a variety of places. Young adults, especially males, and older people sustain trauma injuries at the highest rate therefore they must be a subject of our marketing tactics. The plan is to use the Speaker Series format and apply it to these settings.



Our first strategy is to create a presence at places of worship across all religions. Although not everyone is religious it is a good start. One does not have to be spiritual to go to a place of worship on a weekend day. Places of worship are often treated as a community center and a social gathering. Our guest speakers and demonstrators will extend their speeches to these places. Our cause is not perceived as a shrewd marketing display. The concept of health and healing the sick is a deep rooted religious principal in all religions. The notion of helping people will be accepted especially by older folks who have most likely experienced a fall in their lifetime. We want to partner with local clergy, use them in our demonstrations, and have them become advocates of our brand. We plan to have a program that educates people about our organization. This can take place on days of services or be an independent event in itself throughout the week. We need to utilize the leaders that are already in place such as a priest or a minister. We will not intervene or ask for money we simply want to remind people in these places of worship that we exist for people like them.

We also want to have a presence in local pubs and veteran clubs. If people are not in a place of worship on the weekend there is a chance that they could be in one of these places amongst their friends. People that spend time in these places will be educated in a slightly different tone. These people might be interested in the action oriented details as suppose to the wholesome big picture that will be pitched to people in places of worship. Many of these people are veterans and have undoubtedly been on the giving or receiving end of medical treatment in a trauma incident. Earning their respect and advocacy will go a long way into building brand loyalty.

Timeline

Once every 2 months attend a Church group meeting or Bible Study; once every 2 months visit Local Pub/ Veteran clubs. Alternate!!!

Budget

Average \$81.25 for round trip

**Places of Worship
+ Local Pubs +
Veteran Clubs**

Tactics on Building Awareness– Blue Jackets

The Columbus Blue Jackets are a professional hockey team playing in the National Hockey League. The Blue Jackets are active in the community and support many local organizations. The Blue Jackets have a large footprint in the Columbus area and are a great outlet to spread the Ohio Trauma System brand. The Blue Jackets play at Nationwide Arena which seats a maximum of 18,500 people. To date in the 2012-2013 season, the Blue Jackets have averaged over 14,000 fans per game. It would be very valuable to the Ohio Trauma System to be able to introduce their brand and marketing message to so many Ohioans at one time. This tactic is unique in that it would target people of every age group. Blue Jackets games provide a family atmosphere where it is common to see children, parents and even grandparents.



(Blue Jackets).

At Blue Jackets games there is time before the game as well as two 20-minute intermissions in between periods where the Ohio Trauma System could be recognized for their value in the community. Children who complete the Ohio Trauma System's education initiatives either through Safety Town programs, or standalone programs could be recognized on the ice at Blue Jackets games. Tickets would be provided at no cost as the Blue Jackets have a program where tickets are provided for local organizations benefiting the community. This marketing tactic would complement our proposed Safety Town tactic by engaging Ohio's youth through a familiar interest: sports. As there are 41 home games in a typical NHL season, the Ohio Trauma System could arrange to employ this tactic at multiple games throughout the year. This would be an effective way to gain brand recognition in a short amount of time. This plan is interesting in that it gets both children and parents involved all while grabbing the attention of thousands of fans.

In addition to the versatility of this marketing program, it is also very cost efficient. There are no substantial expenses as tickets for the game are donated through the Blue Jackets charity program and there is no fee associated with the on-ice recognition. This plan is also simple in that the reach of this tactic increases proportionately with the amount of games at which it is implemented. With the 2012-2013 season almost finished, the 2013-2014 season is more viable. We plan to implement this plan at 10 games throughout the 41 home games next season. This will provide a reach to approximately 140,000 people. With this plan, the Ohio Trauma System can spread their brand image to a massive audience with essentially no costs.

Timeline

We plan to implement this plan at 10 games throughout the 41 home games next season. This will provide a reach to approximately 140,000 people.

Budget

For free!!

Tactics on Building Awareness— Social Media



(Facebook)

Once a Facebook page has been set up for the Ohio Trauma Systems, there are various ways to exploit the uses of Facebook. Some examples of how the OTS brand could use Facebook are:

1. Update/Announce events when OTS is going anywhere for Speaker Series (i.e. announce OTS is going to OSU for public event, free food and t-shirts at the event!)
2. Post stories/testimonials where there was a successful case involving OTS
3. Encourage other people to post about their experiences with OTS and provide incentive for posting (automatically entered into raffle contest)
4. Provide a count of “people saved by OTS today” and “people saved by OTS this week/month/year”

Timeline

Post at least twice a week. What to post options: Events that week like Speaker Series or 5K run, testimonials, fun facts, news about OTS, shout out to

Budget

Creating a home page will be no actual cost for the page setup. Only labor and time costs will go into making and updating the page. OTS will first start with this and then evaluate further spending on Social Media in the future. If actual ads are desired through the main Facebook site in the future, pricing can vary by price per click (CPC) or price per 1000 impressions (CPM).



(Twitter)

A second of social media that is highly recommended for use is ‘Twitter.’ Twitter is an online social networking service and micro blogging service that enables its users to send and read text-based messages of up to 140 characters, known as “tweets”. By sending out “tweets,” OTS can accomplish many of the same social media goals as Facebook such as announcing events, posting success stories (in a much shorter fashion), and announcing saved live counts.

The Twitter site has set up an easy to follow, question based protocol, where businesses can set up marketing efforts. Twitter also offers businesses to tap into online analytics which allows businesses to see exactly how effective their marketing ploys are doing. This is an advantage which comes with using

Timeline

Post at least twice a week. What to post options: Events that week, testimonials, fun facts, news about OTS.

Budget

Creating a twitter account and updating people about OTS will be **free**. To get an actual worthwhile ad onto the twitter page, estimated costs are paying 120,000 dollars a day. Therefore, just the account is suggested.

Tactics on Building Awareness— Social Media



(YouTube)

Another source of social media exposure for the Ohio Trauma Systems brand image could be to use YouTube as a marketing outlet as well. YouTube can be very effective because of the ability to physically show through video what The Ohio Trauma System is all about. The OTS could create a commercial/video of a real live patient who underwent a form of trauma and show what happened to that person and what part the OTS played. They could also record a Speaker Series and post it as well. YouTube has various different brand tools it can incorporate to spread OTS's brand image:

CHANNELS - A channel is a 24/7 broadcast center where customers can watch, share and love your brand. OTS could create their own channel and post video testimonials of successful cases.

Homepage ADS - A Homepage Roadblock makes you the only advertiser on our homepage for 24 full hours. That's about 23 million viewers: equal to a top-rated TV show. It gets better. A Homepage Roadblock is an engaging experience that you design to showcase your brand. This powerful digital stage delivers the massive reach and results your brand deserves. If OTS reserves the homepage roadblock for a day or two, they could post a short commercial advertisement of what happens when someone undergoes trauma. The commercial could be set in first person going through the process of trauma care.

FIRST WATCH - Be the very first ad that most viewers see on YouTube partner videos all day. Reach up to 15 million viewers in a single day. OTS could have ads suggesting people to visit their channel, facebook site, or twitter feed. The commercial produced by OTS could also be put on "First Watch."

Timeline

Post videos of Speaker Series or other events once a month.=

Budget

Approximately .10 to .30 cents (for higher ranked ads) per view of an ad. Since we are targeting mainly the Columbus area, if we wanted to educate around 10,000 people about Trauma systems, the cost would be around 1,000 to 3,000 dollars.

In Appendices F there are reasons why Facebook should be used.

Tactics on Building Awareness-Sponsored 5k Race

An effective tactic that the Ohio Trauma System's brand can use to spread awareness is to host a 5K race. The race not only advertises to the people involved in the race, but also to the people they talk to and the people who see the race take place. The sponsorship that OTS tries to get can also sponsor the race. The race can be set up downtown after talking to various zoning regulators. By being placed in a highly visible place where many people gather, there can be maximum exposure to the public. The race can offer free food, music, inflatable playground (for children and parents waiting for friends to finish



(5K Walk-Run)

race) and prizes for all the contestants. All these things can be provided

by the sponsors that have been acquired. An initial sign up fee for the contestants will be "any amount of donations for the Ohio Trauma System's fund." The reason the sign-up fee will be ambiguous is so as not to deter any racers from participating. The racers are where the publicity will come from, therefore, the more racers the more successful the event. At the event, there should be a live testimonial before the race starts as well as a quick informational speech about Ohio trauma systems. Also, a pamphlet should be provided summarizing the function and importance of OTS. A race is not only a fun way to gather people, but an efficient way of applying word of mouth and publicity advertising.

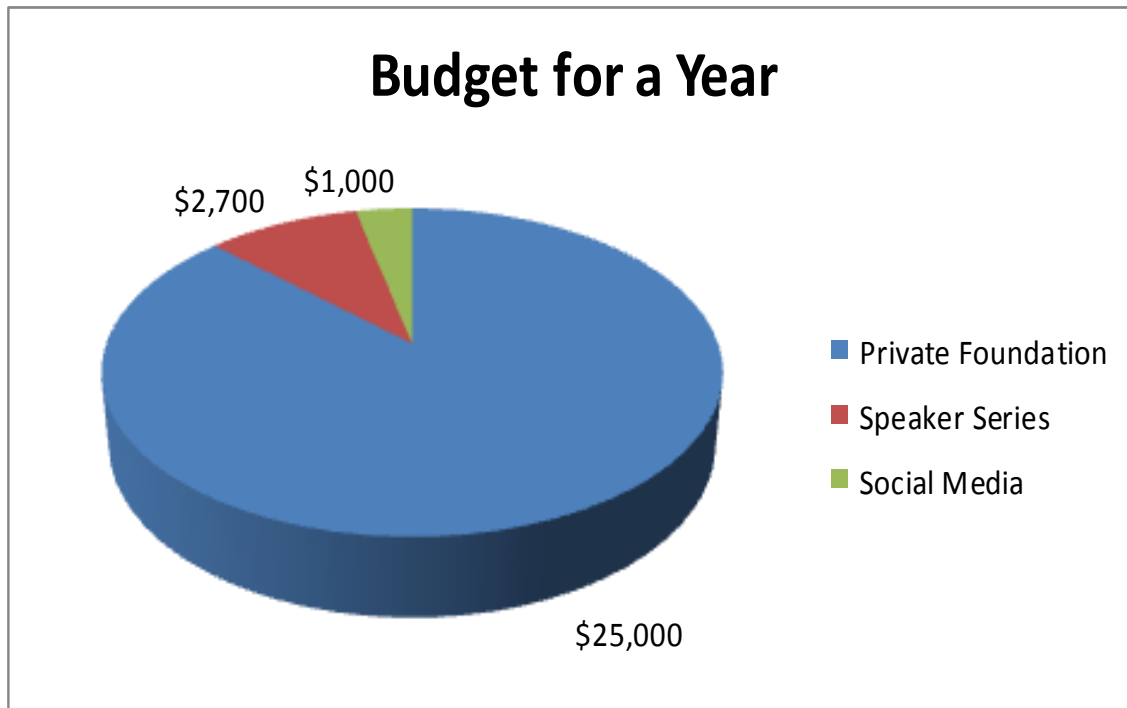
OhioRunner.com is a way to advertise the race to the online community of racers. The advertising rates are as follows (CPM is cost per thousand):

Ad Zone	Ad Type	Size	CPM
1	Leaderboard	728X90	\$3.59
2	Banner	468X60	\$2.99
3	Skyscraper	120X600	\$3.19
4	Button	120X60	\$0.45
5	Large Button	120X140	\$0.55
6	Box	300X250	\$3.99
7	Banner	468X60	\$0.69

Posters, flyers, and social media outlets are various other ways to advertise the race. The 5K race can also be a different distance other than 5K.

Marathon Budget:– The plan is for the marathon/5K to be sponsored by other companies that have an altruistic stance on society health.

Budget



	Budget for a Year
Private Foundation	\$ 25,000
Speaker Series	\$ 2,700
Social Media	\$ 1,000
Safety Town	\$ -
Blue Jackets	\$ -
Sponsored 5k Race	\$ -
Total	\$ 28,700

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Appendices— A

Project Brief

The Assignment

Currently, the trauma system in Ohio is a disjointed network consisting of four main entities that operate independent of one another. This has led to a confusing, and largely inefficient system that suffers from virtually no brand awareness. Our objective as a team is to create a brand from scratch (the Ohio Trauma System) that unifies the four main entities into a cohesive system. It is our hope that the Ohio Trauma System will be beneficial to the entities that comprise it by simplifying their operations via clear leadership roles, enabling them to more easily communicate the value of their services, and providing them with an overarching brand that resonates with Ohioans.

The primary measure of success in the first twelve months of this endeavor is awareness about the Ohio Trauma System brand. Awareness is paramount when a new organization is being created because it facilitates the transfer of knowledge about relevant services to the general populace. The secondary measure of success is not just awareness, but that people respond favorably to the proposed brand. For OTS to reap the benefits of its newfound awareness people must positively view it as an organization that creates value for them. A variety of metrics will be employed to ensure that OTS has achieves these two main objectives. Some of these include... [insert more detailed information about metrics here]

Brand's Value Proposition

While the current trauma system in Ohio does not possess a clear value proposition, a proposal for Ohio Trauma System's is as follows:

The Ohio Trauma System strives to prevent injuries and ensure that all Ohioans are happy and healthy. However, traumatic injuries are inevitable. In the event that traumatic injuries do occur OTS's highly qualified and readily available staff is there to provide fast and effective treatment. OTS treats their patients compassionately, with the end goal of returning them to their families safe and sound so that they may resume their everyday lives as quickly as possible.

Brand Personality and Voice

Our brand expresses itself in a way that invokes an emotional connection between our organization and its patients. In order for the brand to thrive the audience must care about it and not take it for granted. Our logo represents a unity throughout the different trauma organizations and our patients. Our expertise will make Ohioans and neighboring folks feel safe knowing they are in good hands. We also express a commitment to swift action and this will make people feel comfortable knowing we are always close by.

Appendices— Table A

Where Does the Brand Find Itself Today?

The Ohio Trauma System is an unofficial network of different organizations that combines to treat and educate about trauma injuries. The members of the system are like an unsung hero whose work is taken for granted and not recognized on a public level. The lack of a unified brand and marketing strategy is inhibiting our Trauma System from promoting itself, educating the public and further improving treatment.

Why Are We Spending Money On This Brand?

There are two main reasons that we are spending money the Ohio Trauma System brand. The first reason is that as it stands the trauma system in Ohio is in need of a restructuring that would unify all parties involved into a single organization that fairly addresses and represents all of their respective needs and concerns. The new format would allow for clearer leadership, simplifying decision-making. Additionally, instead of a fragmented network of entities having to acquire funding themselves, OTS's streamlined structure would potentially allow more money to be raised (from the community and the government) as well as an easier time allocating it. Essentially, the hope is that the Ohio Trauma System brand would be more than the sum of its parts.

The second reason that we are spending money on the Ohio Trauma System brand is the health and safety of those people who require trauma services. Currently, there is extremely low public awareness of trauma services and the benefits they offer. Spending money on OTS helps to ensure that people care, and are knowledgeable about the trauma services offered so that they can ultimately protect themselves and their loved ones if need be.

What Do Others Typically Do?

There is a push to develop state and regional trauma systems due to evidence from assessments that show huge gaps between “the current investment in system development and the magnitude of the injury problem” (“Trauma System Agenda for the Future”). There was a survey sent to state EMS directors and American College of Surgeons Committee’s state chairpersons and there were 8 vital components that were evaluated. There were only 2 states that had all eight parts that a trauma system should have (JG). Hence, there are many states that do not have a cohesive state trauma system but this is acknowledged and developments are being made.

Key Takeaways

- 4 core: Prevention, Transportation, Treatment, Rehabilitation
- 4 Core are pillars of Ohio Trauma Systems
- Recognition of OTS and what is needed

Appendices— Table A

Mandatories

-Treat 4 core equally but the committees and systems within the 4 core equally

-Be Brand Agnostic

Timeline

1 year

Budget

	Budget for a Year
Private Foundation	\$ 25,000
Speaker Series	\$ 2,700
Social Media	\$ 1,000
Safety Town	\$ -
Blue Jackets	\$ -
Sponsored 5k Race	\$ -
Total	\$ 28,700

Appendices– B

Table 1. Population Percentages With Trauma Center Access by US Census Regions and States*

	Levels I and II Only, %		Levels I, II, and III, %	
	Within 45 min	Within 60 min	Within 45 min	Within 60 min
United States (total)	69.2	84.1	74.2	88.7
Northeast				
Connecticut	94.1	100.0	94.5	100.0
Maine	47.4	78.9	47.4	81.2
Massachusetts	83.6	96.8	85.3	97.1
New Hampshire	53.8	81.0	73.0	98.8
New Jersey	90.5	100.0	90.6	100.0
New York	87.7	96.8	87.7	96.8
Pennsylvania	88.5	99.3	89.2	99.3
Rhode Island	83.8	100.0	83.8	100.0
Vermont	30.3	66.6	31.3	76.3
Midwest				
Illinois	84.2	92.1	84.4	93.8
Indiana	48.2	90.3	48.2	90.5
Iowa	46.1	67.6	63.8	85.1
Kansas	48.5	62.3	49.2	64.5
Michigan	54.6	84.2	54.6	84.2
Minnesota	60.5	75.5	60.5	75.5
Missouri	65.3	79.4	73.0	89.3
North Dakota	50.5	54.5	53.5	57.6
Nebraska	23.4	74.4	59.6	76.9
Ohio	80.3	96.8	82.3	98.8
South Dakota	25.2	31.7	28.0	35.4
Wisconsin	55.3	82.9	55.4	83.6
South				
Alabama	24.9	47.5	24.9	47.7
Arkansas	1.7	6.1	1.7	14.8
Delaware	62.8	84.6	100.0	100.0
District of Columbia	100.0	100.0	100.0	100.0
Florida	78.4	93.9	78.4	93.9
Georgia	65.5	85.9	65.5	86.1
Kentucky	45.8	72.0	48.4	79.3
Louisiana	34.3	44.9	34.3	48.9
Maryland	87.5	96.7	95.9	100.0
Mississippi	36.9	60.5	54.8	76.7
North Carolina	51.1	80.6	56.0	81.8
Oklahoma	28.4	36.8	76.6	90.2
South Carolina	58.8	79.1	74.5	93.6
Tennessee	54.8	83.9	58.2	85.4
Texas	63.2	74.2	81.1	93.3
Virginia	71.5	90.2	75.3	92.1
West Virginia	39.1	62.1	58.5	78.9
West				
Alaska	42.3	51.7	42.3	51.7
Arizona	60.9	64.1	60.9	64.1
California	87.3	96.4	88.9	96.5
Colorado	80.9	87.3	87.8	92.9
Hawaii	71.8	71.8	71.8	71.8
Idaho	38.8	49.4	49.2	69.9
Montana	33.9	38.4	33.9	38.4
New Mexico	38.4	59.0	51.6	69.6
Nevada	86.5	93.7	86.5	93.7
Oregon	55.6	72.0	86.4	94.3
Utah	74.0	84.7	74.0	84.7
Washington	76.5	83.9	88.9	96.7
Wyoming	29.5	32.5	59.3	67.5

*By either ambulance or helicopter and including the trauma care resources of neighboring states.

Appendices– C

Injury Prevention

Ohio Injury
Prevention
Partnership
(OIPP)

Immediate Treatment & Patient Transfer

Ohio Association of Emergency Medical
Services

Ohio Fire Chiefs Association

Ohio Association of Professional Firefight-
ers

Ohio Ambulance and Medical Transporta-
tion Association

Ohio Association of Critical Care Transport

Trauma Committees

Trauma Hospitals

Ohio Society of Trauma Nurse Coordina-
tors

Ohio Chapter, American College of Sur-
geons, Committee on Trauma

Ohio Hospital Association

Ohio Chapter, American College of Emer-
gency Physicians

Ohio Chapter, American Academy of Pe-
diatrics

Rehabilitation

Ohio Society of
Physical Medicine
and Rehabilitation

Appendices- D

Foundation Formation specifics:

All parties involved with the foundation need to demonstrate commitment given that benefits received by the foundation are for the benefit of a public service.

An attorney must be at the service to help file and determine whether the foundation meets the guidelines required by the state. In order to either be a private or public foundation strict rules must be adhered to especially in the form of taxes.

The foundation should create a set of bylaws that all participants within the foundation have to abide by. Even if the practices of the foundation are deemed okay by the state the foundation and its members should be held at a standard even higher than outside regulations.

The foundation should set up a criterion for donors and benefactors as well as a system of awards.

This foundation will only deal with certain types of grants and donations. All grants and donations should be recorded. Whatever the foundation does with the money should be made visible on records. This foundation is set up to benefit the people and the operations should be transparent.

The foundation will contain a board of representatives that will handle decision making and the direction of the foundation. The foundation should be comprised of representatives from each of the regional trauma systems. The board also needs to have representatives from each segment of the trauma process. This includes leaders from the injury prevention entities, immediate treatment and transport groups (private and public), the trauma hospitals, as well as people from the rehab facilities. Representatives could be anyone but many of them should have experience in the field to provide expert testimony and knowledge. Other members of the board will be more business savvy with experience in business functions. Although the goal of the foundation is not to earn wild profits it must have people that are capable of making sound business decisions to keep the foundation afloat and appealing to benefactors and recipients.

The foundation will need to form a sustainable plan. Given the fact our foundation will likely start with very little capital it is essential to fundraising. This can be done in a variety of ways including raffles, events, and dinners. Although the plan is to raise awareness through the foundation money needs to be raised to get the project off the ground.

Appendices- D

The functions that we envision:

- 1) Event planning that will incorporate sponsorships. Foundation will have to sell idea to companies from the standpoint of exposure and good public relations.
- 2) Holding trauma education and demonstrations at schools. Getting support from parents is a crucial step in building our brand. They are always a group directly and indirectly affected by trauma injuries, especially given the fact that a major segment of trauma injuries occurs within age groups that are still dependent on their parents.
- 3) The foundation and its members will perform grass roots campaigning, especially in areas where the population is underserved from a medical standpoint. This is pragmatic and symbolic of the fact that rural areas seem to have less awareness of the benefits of trauma professionals and hospitals.
- 4) Fundraising efforts.
- 5) Create a process of constant promotion on the benefits of the Trauma System

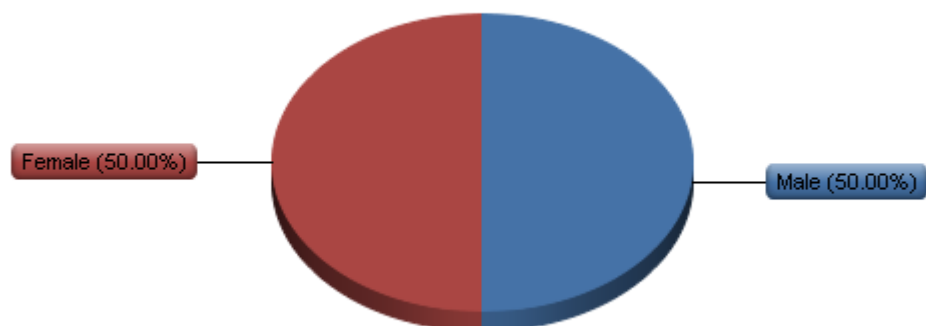
Foundation budget:

Legal consulting for the start-up of the foundation is a must. The foundation also requires the help of an accountant to verify the foundation under the proper rules of a non-profit. A maximum of \$25,000 to pay professionals like lawyers and hosting events (can be as much or as little as possible depending on how quick the creators want the foundation to grow for start-up costs could be incurred). Depending on the level of volunteer work the costs for operating year to year could be every different. The foundation would not become a well-oiled machine with that many paid employees until it attracts a large amount of donors. For the mean time we think the suggested start-up cost or even less could be helpful in creating the foundation and initially spreading awareness so that the foundation can raise a lot of money in the long run for the Trauma brand.

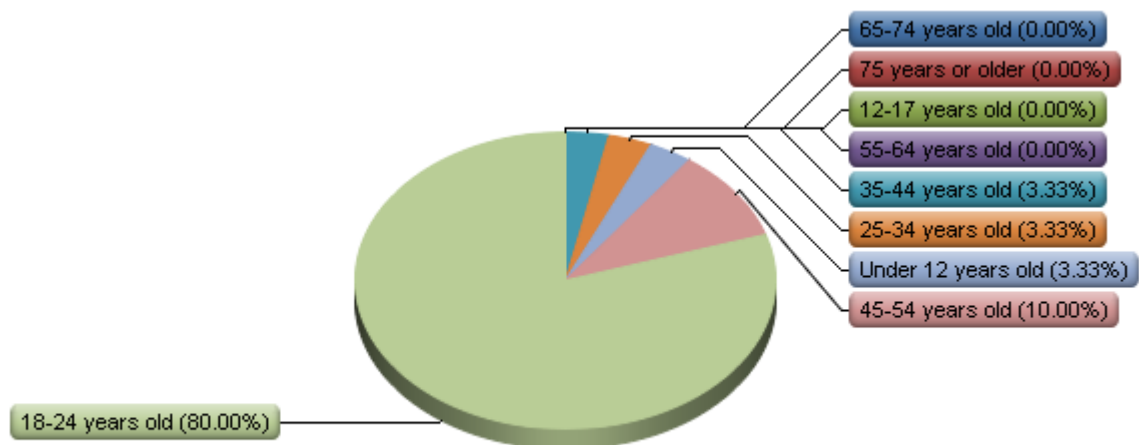
Appendices— E

Demographics Surveyed

Gender



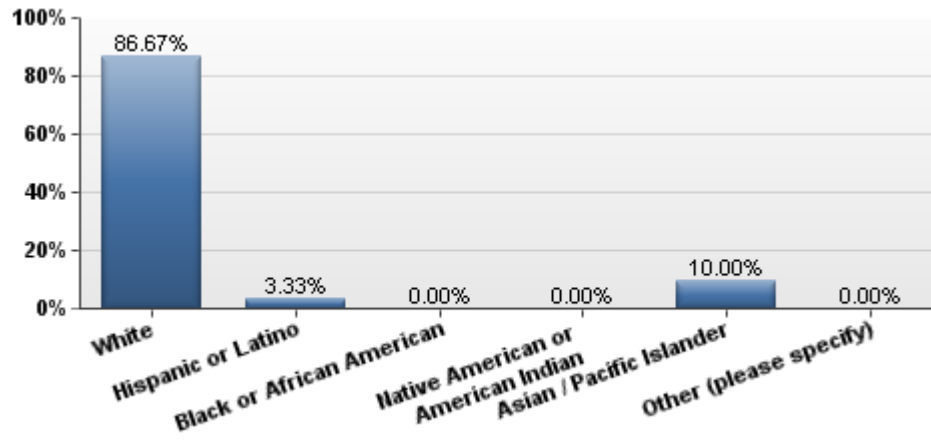
Age



Appendices– E

Demographics Surveyed

Race/Ethnicity





Education

Answer		% ▲
Bachelor's degree	<div></div>	62%
Some college credit, no degree	<div></div>	21%
Master's degree	<div></div>	7%
Professional degree	<div></div>	3%
Trade/technical/vocational training	<div></div>	3%
High school graduate, diploma or the equivalent (for example: GED)	<div></div>	3%
Doctorate degree	<div></div>	0%
Nursery school to 8th grade	<div></div>	0%
Some high school, no diploma	<div></div>	0%
No schooling completed	<div></div>	0%
Associate degree	<div></div>	0%
Total		100%




Appendices— E

Demographics Surveyed







Marital Status

Answer		% ▲
Single, never married		83%
Married or domestic partnership		17%
Separated		0%
Widowed		0%
Divorced		0%
Total		100%

Employment Status

Answer		% ▲
Employed for wages		59%
A student		34%
Military		7%
Retired		0%
Unable to work		0%
A homemaker		0%
Self-employed		0%
Out of work and looking for work		0%
Out of work but not currently looking for work		0%
Total		100%

Annual Household Income (Before Taxes)

Answer		% ▲
\$25,001 - \$49,999		34%
Under \$25,000		31%
\$75,000 - \$99,999		14%
Choose not to answer		10%
\$150,000 and over		7%
\$50,000 - \$74,999		3%
\$100,000 - \$149,999		0%
Total		100%

Appendices— F

Why Facebook?

Facebook is an excellent source of marketing exposure for a new or upcoming brand image. Facebook is a social media network that can help spread information about a new/existing product or service. Using Facebook advertising as a tactic to spread brand awareness could be very successful. There have been other previous companies using Facebook to spread their brand name and the testimonials are very impressive. The Arizona-based bicycle manufacturer State Bicycle Co. wanted to use Facebook to familiarize people with its brand and vision. The results were as follows:

\$500,000 in annual incremental sales from coupon codes and traffic exclusively from Facebook

12% of traffic to the State Bicycle Co. website came from Facebook

1/5th cost per click on Facebook compared to other advertising platforms

10x growth in the number of people who like their Page, from 4,600 to 46,000-plus within 12 months

Obviously, the effect that Facebook can have on brand awareness is huge. The created Facebook ad/page can be used to spread information in the form of Emergency Medical Service costs, background information about trauma, and also personal testimonials about Ohio Trauma Systems. To use Facebook as a marketing ad, there are 4 easy steps as described by Facebook:

1. Build a Facebook Page

Add a unique cover photo and use your logo as a profile picture

Create a post so when people visit your Page they see recent activity

Make sure to like your Page and share it with your friends

2. Connect to your fans with ads

Create multiple ads to help build an audience for your Page

Use the targeting options to show your ads to only the people you want reach

See which versions of your ads work best

3. Engage your fans with great content on your Page

Add a new post to your Page at least once a week

Pin your most important posts to the top of your Page

Ask questions, share exclusive news and respond to people when they post or comment on your Page

4. Influence the friends of your fans

Encourage check-ins, participation in events or create an offer to encourage more activity on your Page

When people interact with the content on your Page, their friends are eligible to see the activity

When people do things such as like, comment or check-in to your Page, you can promote those activities to their friends

Appendices— E— Timeline

May 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 Open Facebook, Twitter, and YouTube accounts.	2 Post Commercial style video on YouTube	3 Publicize accounts and inform about speaker event	4
5	6 Continue Facebook posts and Tweets about event...	7	8	9	10	11
12 Speaker Series at Place of Worship	13 Post recap video of speaker on YouTube	14	15 Contact attorney and accountant to validate proposal	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30 Safety Educational Curriculum Finished	31 Facebook and tweet about upcoming events	

Appendices— E-Timeline

June 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Begin Safety Town Implementation	4	5	6	7 Facebook and tweet about upcoming events	8
9	10 Have foundation bylaws created	11	12	13	14 Speaker Series at Local Pub/Veterans Club	15 Post recap video of speaker on YouTube
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July 2013

Appendices— E-Timeline

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5 Facebook and tweet about upcoming events	6
7	8 Continued posts and tweets about both events...	9	10	11	12	13 5K Walk-Run for public awareness
14 Speaker Series at Place of Worship	15 Post recap video of speaker and 5K on YouTube	16	17 Recruit Board of Representatives for foundation	18	19	20
21	22	23	24	25	26 Facebook and tweet about upcoming events	27
28	29	30	31			

Appendices—E-Timeline

August 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2 Speaker Series at Local Pub/Veterans Club	3 Post recap video of speaker on YouTube
4	5	6	7	8	9 Facebook and tweet about upcoming events	10
11	12	13	14 OSU STARTS SCHOOL	15 Begin posting testimonials about awareness success stories	16	17
18	19 Speaker Series at a University	20 Post recap video of speaker on YouTube	21	22	23 Facebook and tweet about upcoming events	24
25	26	27	28	29 Speaker Series at High school	30 Post recap video of speaker on YouTube	31

Appendices—E-Timeline

September 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6 Facebook and tweet about upcoming events	7
8	9	10	11	12	13 Speaker Series at a University	14 Post recap video of speaker on YouTube
15 Speaker Series at Place of Worship	16 Post recap video of speaker on YouTube	17 Post testimonials about awareness success stories	18	19	20 Facebook and tweet about upcoming events	21
22	23	24	25	26	27 Speaker Series at High school	28 Post recap video of speaker on YouTube
29	30					

Appendices—E-Timeline

October 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4 Facebook and tweet about upcoming events	5
6	7	8 Finalize list of Board of representatives	9	10 Facebook and tweet about upcoming events	11 Speaker Series at a University	12 Post recap video of speaker on YouTube
13	14	15 Post testimonials about awareness success stories	16	17 Speaker Series at Local Pub/Veterans Club	18 Post recap video of speaker on YouTube	19
20	21 Facebook and tweet about upcoming events	22	23	24	25 Speaker Series at High school	26 Post recap video of speaker on YouTube
27	28	29	30	31		

November 2013

Appendices—E- Timeline

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Facebook and tweet about upcoming events	2
3	4	5	6	7	8 Speaker Series at a University	9 Post recap video of speaker on YouTube
10 Speaker Series at Place of Worship	11 Post recap video of speaker on YouTube	12	13 Form sustainable marketing plan for foundation	14	15 Post testimonials about awareness success stories	16
17	18 Facebook and tweet about upcoming events	19	20	21	22 Speaker Series at High school	23 Post recap video of speaker on YouTube
24	25	26	27	28	29	30

Appendices—E- Timeline

December 2013

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2 Facebook and tweet about upcoming events	3	4	5	6	7 Speaker Series at Local Pub/Veterans Club
8 Post recap video of speaker on YouTube	9	10	11	12	13	14
15	16 Post testimonials about awareness success stories	17	18 Begin forming events for foundation__>	19	20	21
22	23	24	25	26	27	28
29	30	31				

Appendices—E-Timeline

January 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 Begin Blue Jackets Partnership	3 Facebook and tweet about upcoming events	4
5	6	7	8	9	10 Speaker Series at a University	11 Post recap video of speaker on YouTube
12 Speaker Series at Place of Worship	13 Post recap video of speaker on YouTube	14	15 Post testimonials about awareness success stories	16	17 Facebook and tweet about upcoming events	18
19	20	21	22	23	24 Speaker Series at High school	25 Post recap video of speaker on YouTube
26	27	28	29	30	31	

Appendices—E-Timeline

February 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Facebook and tweet about upcoming events	4	5	6	7 Speaker Series at a University	8 Post recap video of speaker on YouTube
9	10 Facebook and tweet about upcoming events	11	12	13 Post testimonials about awareness success stories	14 Speaker Series at Local Pub/Veterans Club	15 Post recap video of speaker on YouTube
16	17 Facebook and tweet about upcoming events	18	19	20	21 Speaker Series at High school	22 Post recap video of speaker on YouTube
23	24	25	26	27	28	

Appendices—E- Timeline

March 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 Facebook and tweet about upcoming events	4	5	6	7 Speaker Series at a University	8 Post recap video of speaker on YouTube
9 Speaker Series at Place of Worship	10 Post recap video of speaker on YouTube	11	12	13	14 Facebook and tweet about upcoming	15 Post testimonials about awareness suc-
16 events	17	18	19	20	21 Speaker Series at High school	22 Post recap video of speaker on YouTube
23	24	25	26	27	28	29
30	31					

Appendices—E- Timeline

April 2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4 Facebook and tweet about upcoming events	5
6	7	8	9	10	11 Speaker Series at Local Pub/Veterans Club	12 Post recap video of speaker on YouTube
13	14	15 Post testimonials about awareness success stories	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30 Prepare for 1 Year anniversary with new YouTube video			