The L.A. Trust for Children’s Health
Marketing Strategy Project

UCLA Anderson Board Fellow Presentation
22 May 2017

PREPARED BY:

MARCEL ACEVEDO, PRIYA KAMBHAMPATI, COLIN MEADE, AND PHIL SPRAWLS
Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Program</th>
<th>Industry</th>
<th>Organization</th>
<th>Volunteer Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marcel Acevedo</td>
<td>FEMBA 2019</td>
<td>Consulting</td>
<td>Advisory Board Company</td>
<td>Project Open Hand</td>
</tr>
<tr>
<td>Priya Kambhampati</td>
<td>FEMBA 2019</td>
<td>Energy</td>
<td>Fluor Corporation</td>
<td>Fluor Community Involvement Team</td>
</tr>
<tr>
<td>Colin Meade</td>
<td>FT MBA 2018</td>
<td>Healthcare</td>
<td>AMN Healthcare</td>
<td>Inglés Abre Puertas</td>
</tr>
<tr>
<td>Phil Sprawls</td>
<td>FT MBA 2018</td>
<td>Technology</td>
<td>Hansel</td>
<td>School on Wheels</td>
</tr>
</tbody>
</table>
Contents

- Project Background and Scope
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- Project Timeline
- Observations
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Project Background and Scope

Project Background

- The L.A. Trust for Children’s Health supports Wellness Centers on 14 LAUSD campuses with the mission of driving student success through student health
- Wellness Centers serve students and nearby communities; current utilization is 40% students and 60% community members
- To further its mission, The L.A. Trust wants to increase student utilization of Wellness Centers
- In late 2016, The L.A. Trust asked UCLA Anderson MBA students to partner in creating a marketing strategy

Project Scope

- Identify factors that influence student utilization of Wellness Centers
- Create a sustainable marketing strategy that increases LAUSD student utilization of Wellness Centers
- Deliver findings and recommendations to The L.A. Trust for Children’s Health
# Project Timeline

<table>
<thead>
<tr>
<th>Project Phase and Key Tasks</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kickoff:</strong> Welcome call and scope finalized</td>
<td>Dec 2016</td>
</tr>
<tr>
<td><strong>Research:</strong> Stakeholder interviews, literature review</td>
<td>Jan 2017 – Apr 2017</td>
</tr>
<tr>
<td><strong>Strategy Development:</strong> Analysis of data collected, recommendation creation, delivery sign-off with The L.A. Trust</td>
<td>Apr 2017 – May 2017</td>
</tr>
<tr>
<td><strong>Delivery of Recommendations:</strong> Presentation draft review, Learning Collaborative Presentation</td>
<td>May 2017</td>
</tr>
</tbody>
</table>
An overview of the onsite visits and stakeholder interviews completed for this project:

<table>
<thead>
<tr>
<th>Group</th>
<th>Stakeholder</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>The L.A. Trust Administration &amp; Board of Directors</td>
<td>MaryJane Puffer</td>
<td>Executive Director</td>
</tr>
<tr>
<td></td>
<td>Sang Leng Trieu</td>
<td>Program Director</td>
</tr>
<tr>
<td></td>
<td>Kelly Bui</td>
<td>Program &amp; Research Associate</td>
</tr>
<tr>
<td></td>
<td>Krystle Gupilan</td>
<td>Program &amp; Research Associate</td>
</tr>
<tr>
<td></td>
<td>Christian Beauvior</td>
<td>Youth Advisory Board Liaison</td>
</tr>
<tr>
<td></td>
<td>Jeanne Aguinaldo</td>
<td>Student Engagement Director</td>
</tr>
<tr>
<td></td>
<td>Andy Kreiss</td>
<td>Communications Manager</td>
</tr>
<tr>
<td></td>
<td>Patty Anton</td>
<td>Chair of Board Operations Committee</td>
</tr>
<tr>
<td>Clinical Partners</td>
<td>Guadalupe Moreno</td>
<td>Patient Services Representative, SCFHC</td>
</tr>
<tr>
<td></td>
<td>Armando Abril</td>
<td>Outreach Representative, SCFHC</td>
</tr>
<tr>
<td>External Partners</td>
<td>Toyomi Igus</td>
<td>Communications Consultant</td>
</tr>
<tr>
<td></td>
<td>Robert Zeithammer</td>
<td>UCLA Marketing Professor</td>
</tr>
<tr>
<td>LAUSD</td>
<td>Clara Howell</td>
<td>ELC Campus Intern</td>
</tr>
<tr>
<td></td>
<td>Sylvia Renteria</td>
<td>Healthy Start</td>
</tr>
<tr>
<td>Students</td>
<td>Belmont HS, Sal Castro MS</td>
<td>Students</td>
</tr>
<tr>
<td>Teachers</td>
<td>Osvlado Gomez</td>
<td>English Teacher</td>
</tr>
</tbody>
</table>
Observations
Marketing Framework

Situation Analysis: Company, Competitors, Customer

- **Company**: The L.A. Trust – a fundraising, advocacy, and program development organization supporting school-based health clinics and health education
- **Competitors**: Student-success non-profits, hospitals/private practice clinics, inertia, and Wellness Centers
- **Customers**: Primarily LAUSD and donors; Secondarily LAUSD students

Strategy Analysis: Segmentation, Targeting, Positioning

- **Primary Segmentation**: district and school administrators
- **Secondary Segmentation**: School-aged children, infants, and adults living in close proximity to Wellness Centers on 14 LAUSD campuses; students segment into different social cliques and medical needs
- **Targeting**: students who communicate with emojis, 140 characters, and internet memes
- **Positioning**: Wellness Centers are conveniently located on campuses to provide integrated physical, mental, and oral health care services for LAUSD students and their families

Tactics: Product, Price, Promotion, Place

- **Product**: Information and funding for Wellness Centers providing patients with integrated health services and education
- **Price**: $0 to the customer; reimbursement to Wellness Center if appropriate payment processes executed
- **Promotion and Place**: To patients through community, on-campus events, and online; advocacy to government

Sources: Board Fellows interviews with The L.A. Trust stakeholders including staff and student champions; School Based Health Centers in Los Angeles County, Presentation to Fresno County Office of Education, Sang Leng Trieu, The L.A. Trust, 11/14/14
Initial Findings – The L.A. Trust’s Capabilities

Pros
▪ Wellness Centers have websites, marketing content, events, and programs for student outreach
▪ Clear organizational mission as viewed on The L.A. Trust website
▪ Organization provides infrastructure and resources to student (SAB, YAB - The L.A. Trust student liaisons)
▪ Current best practices include: Wellness events (e.g. wellness week), student word-of-mouth initiatives, promotion through faculty

Cons
▪ Analytical resources to measure student utilization of Wellness Centers are limited
▪ Each Wellness Center has its own unique culture to meet the needs of its associated campus, neighborhood, and clinical partner
▪ Current social media presence appears to have a limited impact on students
▪ Student groups can be better coordinated with The L.A. Trust and clinical partner to support marketing process

Marketing strategy should target student segments through multiple channels (online, copy, experiential)

Source: Board Fellows interviews with The L.A. Trust stakeholders including staff and student champions; 2016 LAUSD Wellness Network Encounter Data July 2015-June 2016
Social Media Marketing

- Social media platforms are weakly promoted
- Wellness Centers not present in many social media avenues
- Who should control social media platforms: Clinical partner? The L.A. Trust? Students?
Role of Student Advisory Board

Pros

- Peers are most influential source
- Provide feedback to Wellness Centers

Cons

- Annual turnover means large resource expenditure on retraining
- Few events during crucial beginning part of the year
- Adult ally turnover is very high
- High school students make mistakes (pass out incorrect information)
- Members may have the same social network: limiting reach
- Only weekly meetings at best
Motivators

The L.A. Trust
- Outreach Measurement for future fundraising
- Altruism

Clinical Partners
- Plan sign-ups (community)
- Brand awareness in students
- Altruism

Schools / Principals
- Academic Performance
- Attendance
- College Admission Rate
- Low cost problem resolution

Students
- Feel better
- Convenience
- Learn about healthcare (?)
- Confidentiality

Parents
- Convenience
- Free (if qualify)
- Can take the whole family

Faculty
- Fewer student health & behavioral outbreaks
- Attendance
- Altruism
Incentive Misalignment Obstacles

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Incentive Well-aligned Opportunities

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- Attendance
- College Admission Rate
- Low cost problem resolution
# Student Pathways to Wellness Centers

<table>
<thead>
<tr>
<th>Student Utilization Category</th>
<th>Frequency</th>
<th>Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports teams organize school physicals</td>
<td>High</td>
<td><strong>Coach</strong> → Wellness Center Clinical Partner</td>
</tr>
<tr>
<td>Women’s health needs</td>
<td>High</td>
<td>Serious Health Need → WOM → Wellness Center</td>
</tr>
<tr>
<td>Convenient healthcare</td>
<td>Low</td>
<td>Health need → <strong>Peer from Social Circle</strong> → Wellness Center</td>
</tr>
<tr>
<td>Health and impact interested students (SAB/YAB members)</td>
<td>Low</td>
<td><strong>Older peer</strong> → YAB Facilitator → Wellness Center</td>
</tr>
<tr>
<td>Students whose families use the Wellness Centers</td>
<td>Low</td>
<td>Community Outreach by <strong>Clinical Partner</strong> → <strong>Parent</strong> signs up for network → family visits Wellness Center all together</td>
</tr>
<tr>
<td>Students seeking dental</td>
<td>Low</td>
<td>Routine (or serious) Health Need → WOM → Wellness Center Dental → Wellness Center Medical</td>
</tr>
<tr>
<td>Other</td>
<td>Minimal</td>
<td>Campus outreach event → Routine or Serious Health Need → Wellness Center</td>
</tr>
<tr>
<td>Classroom behavioral issues</td>
<td>Minimal</td>
<td><strong>Teacher</strong> refers to School Nurse → <strong>School Nurse</strong> refers to Wellness Center</td>
</tr>
</tbody>
</table>

*Note: Positive Influencers in bold*
Groups of Positive Influencers

Social Circles
Coaches
Clinical Partner Outreach Team
Parents
Dental & Mental Health Providers
Student Club Leaders
Teachers
School Nurse

Each group requires their own marketing approach
Initial Findings – Barriers to Student Utilization

School environments
- Lack of awareness driven by flood of information from various sources at school
- Difficulty finding facility in select locations (e.g. Belmont)
- Students don’t feel safe visiting Wellness Centers

Complex health care system
- Primary care physician often assigned by MediCal and doesn’t align with Wellness Center
- Payment requirements unclear

Interpersonal dynamics
- Students worry about stigma from peers or being seen by adults
- Reproductive health services carry stigma with many families

Structural problems beyond The L.A. Trust’s direct control shape marketing strategy
## Many Potential Negative Influencers

<table>
<thead>
<tr>
<th>Hypotheses for Student Underutilization of Services</th>
<th>Real</th>
<th>Perceived</th>
<th>Negative Influencer Identified</th>
<th>Degree</th>
<th>Actionable by The L.A. Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours are inconvenient</td>
<td>x</td>
<td>x</td>
<td>Clinic organization; LAUSD</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Facility is far</td>
<td>x</td>
<td></td>
<td>LAUSD</td>
<td></td>
<td>Not actionable</td>
</tr>
<tr>
<td>Facility is difficult to find (signage)</td>
<td>x</td>
<td></td>
<td>LAUSD</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Facility is physically unattractive</td>
<td>x</td>
<td>x</td>
<td>LAUSD</td>
<td></td>
<td>Yes, partially</td>
</tr>
<tr>
<td>Students don't know facility exists</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Promotion</td>
</tr>
<tr>
<td>Undocumented students will be denied</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td><strong>Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical partners are rude/judgmental</td>
<td>x</td>
<td>x</td>
<td>Clinic staff</td>
<td></td>
<td>Yes - Promotion</td>
</tr>
<tr>
<td>Lines are long / Appts hard to get</td>
<td>x</td>
<td></td>
<td>Clinic organization</td>
<td></td>
<td>Not actionable</td>
</tr>
<tr>
<td>Needed health service isn’t offered</td>
<td>x</td>
<td>x</td>
<td>Misinformation</td>
<td></td>
<td>Not actionable where true; Education of service list</td>
</tr>
<tr>
<td>Clinicians are inferior to other clinics</td>
<td>x</td>
<td>x</td>
<td>Clinic staff</td>
<td></td>
<td>Not actionable</td>
</tr>
<tr>
<td><strong>Social Impact (Stigma)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only for girls</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Only for sexually active (or pregnant)</td>
<td>x</td>
<td></td>
<td>Misinformation; Peers (bullying)</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Only for those w/ severe symptoms (drug effects, obesity, etc.)</td>
<td>x</td>
<td></td>
<td>Misinformation; Peers (bullying)</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Clinicians are unrelatable (don’t look like students)</td>
<td>x</td>
<td></td>
<td>Clinic staff</td>
<td></td>
<td>Yes - Promotion</td>
</tr>
<tr>
<td>Seen by community / fear for confidentiality</td>
<td>x</td>
<td>x</td>
<td>Community; Parents; Peers (bullying)</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Procedural</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental consent needed</td>
<td>x</td>
<td>x</td>
<td>Misinformation; Parents</td>
<td></td>
<td>Not actionable where true; Education of necessity</td>
</tr>
<tr>
<td>Insurance and insurance cards needed</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Cost</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Consequences from missing class</td>
<td>x</td>
<td>x</td>
<td>Teachers</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health consultation not needed</td>
<td>x</td>
<td></td>
<td>Misinformation</td>
<td></td>
<td>Yes - Education</td>
</tr>
<tr>
<td>Services not understandable (language; complexity)</td>
<td>x</td>
<td></td>
<td>LAUSD</td>
<td></td>
<td>Yes - Promotion</td>
</tr>
</tbody>
</table>
Recommendations
Recommendations – Themes

- Simple Focus
- Digital Communication
- Varied and Targeted Outreach
- Frequency
## Frequency → Impressions

Many impressions are needed to ‘sell’ Wellness Centers to students

<table>
<thead>
<tr>
<th>Outreach Channel</th>
<th>Frequency</th>
<th>per yr</th>
<th>Impact <em>(Impression Rate)</em></th>
<th>Student Coverage</th>
<th>Impressions per Student per Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>School art (murals)</td>
<td>Continuous</td>
<td>175</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>1.7</td>
</tr>
<tr>
<td>Tours</td>
<td>1x semester</td>
<td>2</td>
<td>★★★★★</td>
<td>★★★★★</td>
<td>1.5</td>
</tr>
<tr>
<td>Sports (coaches, leagues)</td>
<td>2x sport season</td>
<td>6</td>
<td>★★★★★</td>
<td>★★★</td>
<td>1.3</td>
</tr>
<tr>
<td>Campus Fliers (all corners)</td>
<td>Continuous</td>
<td>175</td>
<td>★</td>
<td>★★★★★</td>
<td>1.2</td>
</tr>
<tr>
<td>In classroom (teacher, guest)</td>
<td>2x semester</td>
<td>4</td>
<td>★★★★</td>
<td>★★★★</td>
<td>1.1</td>
</tr>
<tr>
<td>Events (e.g. Wellness Week)</td>
<td>1x month</td>
<td>8</td>
<td>★★</td>
<td>★★★</td>
<td>0.4</td>
</tr>
<tr>
<td>Online</td>
<td>Content per week</td>
<td>35</td>
<td>★★</td>
<td>★★★★</td>
<td>0.3</td>
</tr>
<tr>
<td>Community (church, etc.)</td>
<td>2x semester</td>
<td>4</td>
<td>★★★★</td>
<td>★★</td>
<td>0.2</td>
</tr>
<tr>
<td>During Health Class</td>
<td>Integrated</td>
<td>1</td>
<td>★★★</td>
<td>★★</td>
<td>0.1</td>
</tr>
<tr>
<td>School Assemblies</td>
<td>1x semester</td>
<td>2</td>
<td>★★</td>
<td>★★★★</td>
<td>0.1</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>1x semester</td>
<td>2</td>
<td>★★</td>
<td>★★★★</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**TOTAL** 8.0

Wide Range of Channels
Consider: Frequency, Impact, Coverage
Recommendations – Execution

- Gift cards
- Wellness challenges
- Wellness Center volunteer opportunities

- Fairs
- Incorporate athletics to wellness
- New student registration and vaccination events

- Wellness Center tours
- In-class health training, discussion
- Student newspaper
- Publicize at student events

- Social media; Websites
- Student giveaways
- On-campus signage & fliers; school art
Recommendations – New Student Registration

Background

- It is challenging to establish the Wellness Center as a student’s medical home after an initial visit
- Wellness Centers lose out on reimbursement for services provided because of inconsistent patient processing
- Parental consent paperwork can be a holdup to students receiving services

What is the recommendation for change?

- Goal: streamline patient processing by establishing medical home at Wellness Centers when new students register for school in their first year; have process in place to onboard students arriving mid-year
- Promote Wellness Centers to families regarding vaccinations required for students; Use this as an opportunity to engage parents with consent forms
- Steps: get paperwork into hands of students with incentives for showing to parents and following through; during tours of Wellness Centers make references to medical homes and challenge students to see if they know theirs
Recommendations – Modified Advertising

Where do we advertise?
- Social media
- On-campus fliers

What do we say?
- Emojis catch attention
- Logistical information so that students can take action and reach center
- Include maps and hours of operation
Recommendations – Gift Cards

Background

- Monetary rewards such as gift cards can help incentivize people to make positive health decisions
- LAUSD Wellness Center Best Practice: Carson High School offers $25 Target gift cards to female students for getting sexual health check-ups.
- Dual Benefit: health check ups and opportunity to collect data on encounter

What would this cost?

- Goal: 10% increase in male student encounters (~3200 encounters); 2016 data shows male encounters are lower than female encounters
- Offer one $10 gift card for a specific health visit (i.e. physical, mental health session, dental check up)
- Estimated cost today: $1,350,128
- Execution: initial cash payment today in low-risk treasury bond with ~2.35% return could be the source of funding for $10 gift cards for the foreseeable future. Staff resource likely need to manage relationship with asset manager.
Recommendations – Promotion Materials

Background

▪ Students unaware of how to make an appointment
▪ Students often don’t know where Wellness Centers are located on campus

What is the recommendation for change?

▪ Goal: Provide students with lanyards or place information on ID cards to guide them to Wellness Centers
▪ Enough space available on student IDs to include Wellness Center information. Distributed at beginning of school year with information about the Wellness Center
▪ Lanyards are inexpensive and information printed on them will be retained by students. Can be distributed to new students at beginning of year and existing students at Wellness Center events
Recommendations – School Promos

Background

▪ Students are stigmatized for using Wellness Centers

▪ Continued education about Wellness Centers through student-run organizations – like school newspaper / daily announcements / sporting events can help normalize utilization

What is the recommendation for change?

▪ Goal: coordinate with student-run programs (e.g. newspapers) to include health education and Wellness Center updates during recurring events

▪ The L.A. Trust and Youth Advisory Boards can offer newspaper editors and contributors with content, stories, and advertising materials to make school newspapers a source of information for a broad range of students; similar content can be provided to other types of student-run programming
### Potential Marketing Solutions

<table>
<thead>
<tr>
<th>Solution</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gift cards delivered in exchange for health visit</td>
<td>Provides direct incentive to students</td>
<td>Costly, unclear who would pay</td>
</tr>
<tr>
<td>Modified flyers</td>
<td>Low cost</td>
<td>Impact unclear</td>
</tr>
<tr>
<td>Lanyards/Student IDs</td>
<td>Brings students to Wellness Center</td>
<td>Complicated to execute</td>
</tr>
<tr>
<td>New student registration coordination</td>
<td>Efficiently establishes medical home when students are registering for school</td>
<td>Complicated to execute in coordination with LAUSD</td>
</tr>
<tr>
<td>Student-led organizations</td>
<td>Student-led initiatives to education student body on health issues</td>
<td>Impact on utilization difficult to measure without advertising incentives</td>
</tr>
</tbody>
</table>
Ownership of Marketing Plan

**Students**

- **ABILITY:** ▼ lack skill, investment
- **DESIRE:** ▼ variable; probably small
- **CONNECTIVITY:** ▲ integrated within school; miss broad picture

Propose – Supporting Role

**The L.A. Trust**

- **ABILITY:** ◀► vast knowledge but small team; control the $
- **DESIRE:** ▲ extremely invested
- **CONNECTIVITY:** ▲ see broad trends, less knowledge of details

Propose – Principal Contributor

**Clinical Partners**

- **ABILITY:** ◀► have resources but under strict regulation to market in schools
- **DESIRE:** ▼► if aligns w financial goals
- **CONNECTIVITY:** ▲ at the front line

Propose – OWNER

**Schools / Principals**

- **ABILITY:** ▲ oversee all on-campus marketing
- **DESIRE:** ◀► health a secondary priority
- **CONNECTIVITY:** ▲ depends on interest buy-in but could be at the front line

Propose – Regulator/Partner

**Faculty**

- **ABILITY:** ▼ not clinical experts
- **DESIRE:** ◀► high but outside job scope; must focus on academics
- **CONNECTIVITY:** ▼ see student side but aren’t close to providers

Propose – NO

**Parents**

- **ABILITY:** ▼ don’t understand system; engagement in education uncertain
- **DESIRE:** ◀► want control over child’s health (may or may not be WC)
- **CONNECTIVITY:** ▼ not connected

Propose – NO

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May 22, 2017
Q&A