
AMY M. AVERY, M.A.Ed.

Freelance Writer & Marketing Communications Consultant

919-639-0248

Amy@AveryWrites.com

Research Triangle Park area of N.C.

● *well-researched* ● *accurate* ● *on-time* ● *within budget* ●

Writing & Editing Services

Feature Articles
Brochures
Newsletters
Web pages
Direct Mail and related
Flyers
Media Releases: Print & Electronic
Ad Copy: Print & Electronic Media
Research Reports, white papers
Script writing
Crisis Communications Plan Development

Consulting Services in Marketing & Public Relations

Proofreading and Editing
Business-to-Business Communications
Campaign Development and Oversight
Strategic Marketing & Public Relations Plans
Crisis Communications Management
Special Event Planning
Media Interview Preparation
Research Oversight, Evaluation & Reports
Service Line Marketing and Branding
Expertise in healthcare communication

Who am I?

I am a professional writer and marketing communications practitioner with 20 years' experience working with business, government, education and healthcare clients.

I enjoy working with organizations to help define, refine and reach communications goals. Further, I understand that completing a project on-time and within budget is not a luxury; it's a necessity. And good work does not happen by accident. Planning and research are keys for both the

***20 years of
hands-on
experience in:
- Writing
- Marketing
- Public Relations***

simplest article and for the most complex marketing plan.

I've worked with one-person shops, large companies, and government agencies, in urban and rural markets in the southeast and in New England. I can assemble teams of freelancers or work solo. I am also proficient in desktop publishing.

If you need an excellent writer, a nationally-recognized marketer, and someone with a lot of heart for your communications projects, put me on your team.

Professional Highlights

2006 writing awards: Silver Quill for features & Silver Quill for editorial writing, from the International Association of Business Communicators; Gold Award and Best in Division Award from the Raleigh (NC) Public Relations Society
National speaker for annual strategic marketing conference, Chicago, IL, Sept. 2005
National recognition from the Public Relations Society of America for marketing communications planning
Published in trade, business, professional, state and regional publications, plus in hundreds of corporate publications

Education

Master of arts degree in Education, focusing on adult communication
Bachelor of arts degree in English, with a minor in communications, *cum laude*
Additional graduate studies in communications theory and graphic design.

Professional Involvement

International Association of Business Communicators
Society for HC Strategy and Market Development
Regional, state and national marketing and public relations associations
American College of Healthcare Executives

Registered: Small Business, Woman-Owned, HUB verified; CCR, Dun & Bradstreet, SBA, CAGE, N.C. Vendorlink/IPS

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I have completed writing and other communications projects for . . .

American Hospital Association's Society for Healthcare Strategy and Market Development (national organization)
American Marketing Association: Triangle (N.C.) Chapter
Betsy Johnson Regional Hospital
Betsy Johnson Regional Hospital Foundation
The Biblical Recorder
Biotechnology Park of Harnett County, N.C.
Campbell University School of Pharmacy
Central Carolina Community College
Connecticut Comm. to Prevent Child Abuse
CorpCare Occupational Health Center
The Duke Endowment
Eastern Building Components
First Health of the Carolinas
Fortune Interactive web marketing
Harnett County (N.C.) Government
Harnett Forward Together Committee
The Heart Institute
Image Marketing Group, Inc.
IABC: Connecticut Chapter
IABC: Triangle (N.C.) Chapter
Life Enrichment Center, Cleveland Regional Hospital
Manchester Memorial Hospital
Manchester Memorial Hospital Foundation
MeadWestvaco (pharma)
North Carolina Magazine
North Carolina Military Business Center
PMPS (a London trade magazine)
Sandhills Business Times
Savvy Marketing Group
United Way of Harnett County (N.C.)
UNC-Chapel Hill School of Medicine
Visiting Respiratory Care
The Women's Center of the Eastern Connecticut Health System

What are my clients saying about me?

Hi: I just read your comments, and WOW!

Your insight is just marvelous.

-- *Professional, for a ghostwriting project, 11/05*

I just wanted to call to say 'job well done.' You took a complicated topic and made it easy to understand.

--*Ophthalmologist, 2/06*

Hi Amy. Thanks for your hard work. We really like both [versions of the marketing brochure copy]; it's hard to decide. . . We look forward to your next project.

--*Marketing Manager for an Advertising & Marketing Agency, 1/06*

I am glad we have you to support our efforts. We just can't do it all ourselves, and I appreciate your help.

--*From a client's boss, for on-going media releases and other contract work, 12/06*

Thanks, Amy. I really needed someone with a critical eye.

Nobody else picked up on the items you found.

--*Benefits Manager, for critique and editing of an audiovisual presentation, 1/06*

Amy, these are WONDERFUL stories. You're a great addition to our magazine team. . . Hope you'll be interested in an assignment for the next issue.

--*Corporate Magazine Editor, 4/06*

Someone asked who was doing our marcom [marketing communications], and I hesitated to tell him--I don't want you to get too busy and forget me! But I did, and I told him you are a bargain, worth every dime.

--*Government Agency Director, 2/06*

Copy by Amy@AveryWrites.com
(by-lined)

The Duke Endowment Annual Report Feature Story (excerpt)

In church sanctuaries throughout the country every week, parents stand alongside their children, singing hymns. It's routine, maybe even mundane for many.

For parents like David and Shell Keim, however, hearing all six children sing with them was not something they even imagined to hope for. Their fourth child, Micah, is hearing impaired.

"Probably one of the toughest things someone can tell you is that there's something wrong with your child," said David Keim, of Cary, N.C. . . .

The Keims dove immediately into research, and what they learned added urgency. Speech and language delays can permanently limit learning, especially in young children.

"Early intervention is a one-way track," said Craig Buchman, M.D., professor of otolaryngology at the University of North Carolina School of Medicine in Chapel Hill and Medical Director of a unique early intervention program. "If a child doesn't get help early on, the brain gets trained in a way so that it can no longer use sound signals." . . .

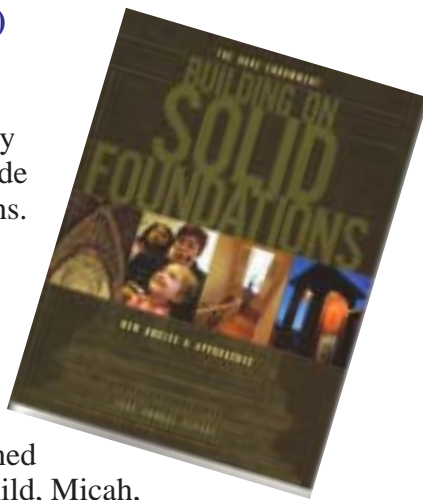
Learning to hear is hard work

A team of professionals who specialize in hearing and speech for the deaf embraced Micah and his family. Staff provided focused, intense therapy to help him first with hearing aids and later with a cochlear implant, a permanent device that electronically translates sound into digital information that the brain can understand.

"It's hard work to interpret sounds heard through 'electronic hearing,'" said Carolyn Brown, Program Coordinator for the Carolina Children's Communicative Disorders Program (CCCPD), an affiliate of CASTLE.

CASTLE's on-site educator, three speech-language pathologists, a teacher for the deaf, and assistant teacher all help preschoolers understand the meaning of sounds they've never before heard, and to speak in ways past generations could not.

"Deaf kids can talk," Brown said. "When we blend the new technology with advanced teaching interventions, it really does happen." . . .



Teachers
become
students

North Carolina is on the cutting edge of speech-language programs, and CASTLE and its affiliate CCCPD, both part of the UNC School of Medicine, support professionals across the state.

"We have a two-fold approach," Brown explained. "We provide services directly to children who are deaf and hard of hearing and also provide professional training to those working in the schools."

Said one 24-year veteran teacher, "What CASTLE has done for me is raise the bar for what my students can accomplish through listening. When I left the Center [after training], I had really gained customized skills that I could take back to my schools and my students." . . .

New sounds, this time for the family

From Micah's initial evaluation, to finding support and information, to his learning to listen and then to speak, the Keims give credit to CASTLE for bringing great changes to their lives.

Even for an untrained observer, the impact is clear.

Micah, now 7, busies himself with a drawing, but stops to delight in the click, click, click, click of the spring-loaded button on an ink pen. His speech, too, comes more and more easily.

"I'm going to be a pediatrician," he told an observer, nimbly and clearly pronouncing the complex name of the profession.

Watching his son, happy and drawing intently, Keim said, "I don't know what we would have done without the people there.

"It's hard to find . . .," he started slowly, then hesitated to find the right words.

"A CASTLE," Micah finished for him, never looking up from his drawing.

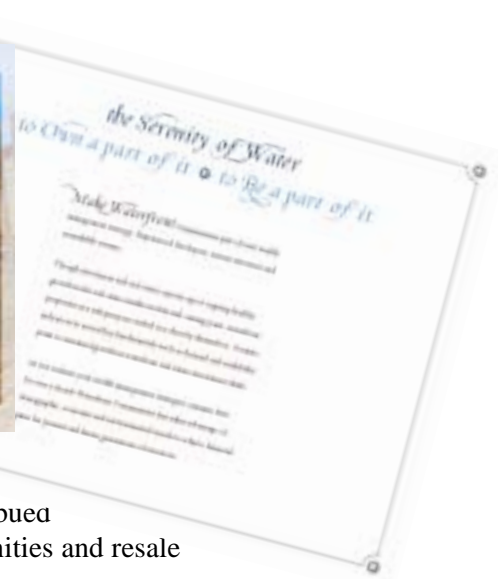
Micah's practice at preschool has given him a confidence that anyone can hear, and about a month after he began using the cochlear implant, it was his family's turn to hear something new. During church services with the entire family, they were caught by one of the most exciting sounds ever to resonate through the sanctuary.

"Micah was singing along," his father said. "I don't think I've ever heard a more beautiful sound."

Top Award Winner:
2006 Silver Quill for feature writing
International Association of Business
Communicators, Southern Region

Copy by
Amy@AveryWrites.com

Marketing Brochure Excerpt
Audience: Investors Nationwide



The serenity of water.
To own a part of it.
To be a part of it.

Make Waterfront Communities part of your wealth management strategy, and create a legacy for generations to enjoy.

Though investment and real estate experts expect ongoing healthy growth in the real estate market in this and coming years, waterfront properties as a sub-group are indeed in a class by themselves. Positive indicators in several key fundamentals such as demand and availability point to sustained growth in waterfront real estate investment (REI).

As you evaluate your wealth management strategies, examine how for over a decade Waterfront Communities has taken advantage of demographic, economic and environmental trends to achieve financial gains for present and future generations of investors.

Capitalize on demographics

Impacting the U.S. economy in a multitude of sectors, baby boomers are a mighty force too in real estate investment. The first of this generation of 78 million turns 60 this year, and are actively seeking opportunities to enjoy their wealth with their children.

Disproportionately wealthy and making up the largest segment of the U.S. population, boomers are now entering their years of peak earning and cash accumulation. The majority average a yearly income of \$55,000 to \$66,000 and already own one home. Now many can afford to buy vacation and retirement properties even if mortgage rates increase.* (*reference *Emerging Trends in Real Estate*, 2006.)

Assess the “waterfront effect”

Boomers are already buying, and 45 million of them are setting their sites first on waterfront properties.

For the boomer, not just any waterfront property will do. They appreciate the potential for recreational boating, sailing and fishing, as well as watching the changing seasons from the comfort of waterside estates. These savvy investors also have a taste for the refined, and seek

waterfront property imbued with both upscale amenities and resale value.

They are also willing to invest in this life-style. An in-depth study by the National Association of Home Builders identifies that of all property amenities, waterfront features clearly and consistently hold the highest value for buyers from coast to coast.

Simply being *around* the views and activities of water ranks among the top four of the high-value amenities, as do the security and privacy offered by gated communities.

The 40 gated, upscale developments of Waterfront Communities offer boomers all of these high-end and high-value features. . . .

The art of acquisition

To accomplish our vision, our scouting team identifies prime land that can yield the returns our investors have come to expect. Then we further analyze the area for zoning, permitting and environmental issues that impact development, and perform all appropriate due diligence. Our goal and success has been to transform underutilized and undervalued acreage into shovel-ready life-style properties which contribute not only to the wealth of investors but also to the lifestyles of those who ultimately make a Waterfront Community their home. . . .

We invite you to begin benefiting from an investment in Waterfront Communities.

Explore REI that builds on strong economic and demographic trends.

Look for proven, secure, quick returns that outpace other investments.

Demand experience and a cohesive team of experts.

Examine the impact of the “waterfront effect” on your wealth management strategy.

Rely on Waterfront Communities to help you to grow your wealth while forming the future and character of properties that generations will enjoy.

Copy by Amy@AveryWrites.com

Pharma Trade Journal, London (2,100 words, excerpt)

Topic: Child-Resistant Drug Packaging in Europe

A staggering 110,000 children are injured by poisonings each year in the 52-country European Region (1). In almost all poisonings involving medications, the packaging itself could offer children protection (2). . . .

Decades of experience in some European countries and the U.S. demonstrate that child-resistant (CR) packaging can make these products safer for children worldwide. For example, since the onset of strict U.S. packaging laws in 1974, an estimated 460 deaths of children under age 5 have been avoided due to CR packaging of oral prescription drugs (4). . . .

European children have been at risk, as well. In 2002, noting that 180 children aged 1 to 4 years old were hospitalised yearly because of iron overdose, the Health Minister of the United Kingdom called for and implemented new safeguards for packaging of iron as well as aspirin and paracetamol. In the Netherlands, CR packaging, including blister packs, led to a reduction in poison-related hospitalisations for children five years old and under (7). . . .

More drugs in the home, more potential for harm

Historically in Europe and the U.S., most drug poisonings occur in the home. All drugs are a risk, but pediatric medications are an obvious starting point for CR packaging.

First, they can present an “attractive nuisance.” Chewable medicines and others with colourings, flavors, sweeteners and other taste-masking agents are attractive to children.

Second, pediatric medications are entering the marketplace—and homes—at an explosive rate. Manufacturers performed more studies on pediatric medications during one recent five-year period than in the prior 30 years combined (9). . . .

Adult strength equals child danger

. . . By one estimate, 80 percent of the drugs prescribed for children are “off label,” and have not been tested or approved for children (12). With these medications, the line between “therapeutic” and “overdose” is not defined, and so their presence in the home makes CR packaging even more important. . . .

Resistance to child-resistance

The sheer number of languages and governments that must agree on broad European CR packaging

guidelines has to date stymied child-safety advocates pushing for international standards. And some manufacturers themselves have resisted CR packaging,

for several reasons. They say, correctly, that consumers with strength and dexterity problems simply cannot open some CR packaging. . . . One U.S. study showed that over a third of children poisoned by the prescription drugs had ingested the medications of their grandparents (13). As recently as 2003, 25 percent (3,766) of the calls to U.S. poison centers about beta-blockers involved children under age 6 (14).

Drug manufacturers in Europe, benefiting from such U.S. experiences, have proposed international packaging standards that include detailed requirements for testing by diverse populations, including children and senior citizens. . . . Effective CR packaging could simply involve “cognitive barriers,” such as requiring an unusual fold or action that a child cannot accomplish but that an adult can. . . .

Learning from experience

European manufacturers do not have to reinvent the proverbial wheel, or the blister pack, in order to embrace the medical, social, financial and marketing benefits of CR packaging for their diverse European markets. . . .

“Child-safe, senior friendly” has become a mantra of U.S. pharmaceutical packagers. They offer options that they believe would be well received by both the pharmaceutical manufacturers and consumers in Europe. For example, wallet packaging is available as a portable, senior-friendly package with a high child-safety rating. Like other packaging platforms that marry the unit-dose inner card to the outer package, this packaging not only keeps important drug information close at hand, but also provides excellent pharmaceutical marketing and branding opportunities.

Bottom-line decisions

Child-resistant packaging is about the bottom line, but that bottom line is not necessarily a formula of hard and fast expense and profit figures. . . .

There are clear challenges ahead for the industry in addressing public safety concerns. But for those rising to meet those challenges—working with the right partners and without regulatory pressure—the rewards for all are likely to be better, safer and more profitable medicines.



Biotech Marketing Brochure (excerpt)

Client: Government Agency

Audience: International & national companies

On a parallel course with the state of North Carolina, Harnett County has made biotech a focus.

Biotech companies find there a rare blend of plentiful resources and a low cost of doing business, all at a valuable portal to the resources of internationally-famous Research Triangle Park, NC.

Harnett County wants biotech, and it offers the resources to help companies—from start-ups to established manufacturers—grow and thrive.

A strong workforce awaits, in Harnett County, N.C.

Human resources, from experienced high-tech post-doctoral workers to skilled factory workers, are plentiful in and around Harnett County, North Carolina, the eighth fastest growing county (of 100) in the state.

Highly educated. The state's large employment base ranks 10th in the nation for higher education degrees in biological sciences.

Available. Over 100,000 students are enrolled in area colleges, and as many as 70 percent from some campuses choose to remain right there.

Affordable. With no unionized industries, Harnett County labor costs and labor pools are also attractive. Presently, 60 percent of the county's residents commute out of county. As strong indication of a desire to remain in-county to work, hundreds of residents turned up for job fairs held by county industries in the past year.

Harnett County is the portal to important intellectual resources.

Collaborations, partnerships, and intellectual assets are key to biotech successes, and Harnett County is a portal to a host of interrelated resources.

Research. Forty miles up the interstate, in Raleigh, NC, is the nation's first "technopolis," the Centennial Campus of North Carolina State University. This partnership of university, private R&D facilities and incubators is also home to a separate 200+ acre Biomed Park.



Legislature.

The state capital, Raleigh, is convenient for those industries active in legislative and lobbying efforts.

Biotech cluster. Harnett County is also within an hour's drive of Research Triangle Park, the N.C. Biotechnology Center, N.C. Supercomputing Center, three major research universities, two teaching medical centers, and two pharmacy schools.

Military industry. Ft. Bragg Army Base offers Harnett County industries both skilled personnel and a ready market for products and services. The largest in the nation and continuing to grow, the base is adjacent to the county.

Training. Companies moving to North Carolina have long praised its mature workforce training programs that are free to industry. . . .

Stretch out and grow with Harnett County, N.C.

Commute? Employees of all levels can afford to live, work, play and learn right in Harnett County. They also have the option of commuting from one of several large cities, traveling *against* traffic into the rural county.

Inexpensive housing. Housing costs are low, and lawns are often larger in Harnett County. Even in the bigger cities nearby, housing costs are lower than the national average.

Lifelong learning. Public and private K-12 schools, community colleges, private and public universities are plentiful and close. Forced busing is non-existent, and school re-assignments occur only when new neighborhood schools are built.

Play here and far. From beachcombing to fishing to water and snow skiing, families enjoy day trips for all. . . .

Conclude the search for a new site. Call on Harnett County, North Carolina.

Copy by Amy@AveryWrites.com

Webpage for County/Military Cooperative Site

www.bractrf.com/county_pages/harnett.html

Audience:

military, civil servants relocating to the state



If you're reporting to Ft. Bragg, Harnett County has great reports for you.

We're right next door, and we're the 8th fastest-growing county in the state!

We welcome you to settle here, where you'll find a **diverse civilian community** with a **hometown feel**, plus gateways to great:

- Education
- Recreation
- Entertainment
- Healthcare

Great Location for Work, for Play.

Ft. Bragg (in Cumberland County) borders Harnett County to the southwest. Fayetteville, N.C., is only 30 miles from the center of the county. World-renowned Research Triangle Park—Raleigh, Durham and Chapel Hill—are only 30-40 miles up the highway. To get your bearings, [click here](#) for area maps.

Great Jobs. For family members who work off-base, or when you retire:

[Our local industries](#) and [largest employers](#) want to meet you.

[Jobs with the State of North Carolina](#) are abundant in the nearby state capital of Raleigh and within higher education. In addition, many local folks commute to jobs at world-class corporations such as SAS, IBM, GlaxoSmithKline and more.

Affordable homes. A variety of options are available in Harnett County.

- Golfing, horse-friendly and gated communities, including
 - [Anderson Creek Club](#) and
 - [Keith Hills, at Campbell University.](#)
- Neighborhoods with lot sizes of one-half to 20 acres, or homes and lots out in the countryside.
- Historic downtown homes in any of our towns.
- Close-knit neighborhoods with both military and non-military homeowners.

Family-friendly communities. Though it's an easy drive to two large urban areas, you can enjoy the benefits of [Harnett County's neighborly communities](#).

Great healthcare. Complementing the nearby V.A. Medical Center and services at Ft. Bragg, our [local hospital, Betsy Johnson Regional](#), is an authorized TriCare provider and boasts all-new private patient rooms and like-new facilities for outpatient care. Other major healthcare systems include the medical research hospitals of Duke in Durham, N.C., and UNC-Chapel Hill.

Excellent education: You and your family will find top-notch [public K-12 schools](#) as well as [Private Schools](#). For education, re-education or re-training, 13 colleges and universities are within an hour's drive. We're also home to two campuses of [Central Carolina Community College](#), and [Campbell University](#), the second largest private university in N.C. Just up the street are other world-class universities:

- The Tarheels of the University of North Carolina at Chapel Hill
- The Wolfpack of N.C. State University in Raleigh
- The Blue Devils of Duke University in Durham

We hope your relocation to Ft. Bragg is smooth, quick and easy.

Settle in Harnett County to make sure the rest of your stay—and even your retirement—are smooth as well.

Copy by Amy@AveryWrites.com

Monthly Small- Business Column North Carolina Magazine

Q: *I've just started a three-person practice. I don't have a lot of money for marketing, but I also know that I have to do something to get the word out. Can you help?*

A. Yours is a great question, both for new and for longstanding businesses that want to remain strong on their customers' radar. Customize your marketing plan using the questions below. Your answers are the key to making good investments with your marketing dollars.

First, who is your customer, or your "target market"? Be as specific as possible, and prioritize who gets your attention first.

I worked recently with a workers compensation lawyer in Sanford who had two targets: the general public and physicians. We worked out two different plans and timelines to reach them, because their needs and interests are obviously different.

Why does your market need you? This is the crux of your marketing efforts, and the answer will form the basis for all of your promotions. Are you best on service, price, convenience, expertise, or something else? Find out where your "bests" overlap your market's needs. That will be the "word" you want to get out.

"Every company in the medical equipment industry carries the same products," said Joey Tart, President of Family Medical Supply based in the Harnett Co. city of Dunn. "But our people and the level of service they provide make the difference for us."

Where is your market? Where should your customers find you when they need you—in local advertisements, in national or international publications, at trade shows, on an internet website, or in their mailbox? Admittedly, some markets are hard to reach effectively; but be open to opportunities.

"The only time our customers see us is when we are on a job site or going to one," said Kitty Hoyle, president of 15-employee Wellington Hamrick Concrete in Cleveland Co.

She transformed that challenge into a strength, and painted a new company logo on the entire fleet of trucks. This splash of promotion rejuvenated the presence of the 43-year-old company.

"When people saw the new logo, they started calling," she said.

How much should I spend? As retailer John Wanamaker quipped over a century ago, "Half of my advertising is a waste of money. I just don't know which half." For the small business owner, it's not really that bad.

The marketing budget—and yes, it does need its own line item—can range from 1 to 10 percent of gross sales, according to the Small Business Administration. Create a plan to grow it over time.

Keep it coming. When ad reps tell you that a one-time ad will not be as effective as a long-term advertising campaign, they are not just trying to make a bigger commission. They are right. The nature of the marketing beast is that businesses need to market regularly, or customers will forget you. So create a long-range marketing plan with this fact and your budget in mind.

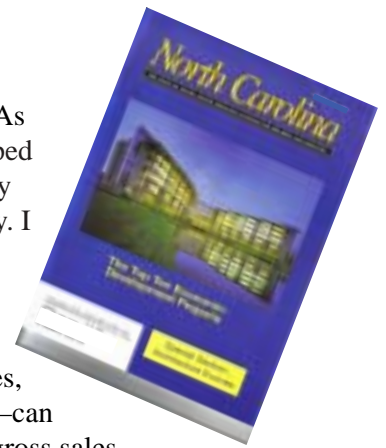
To keep costs low, mix it up. For example, place an ad in a targeted or special edition newspaper or journal for several weeks or months. At regular intervals, send newspapers, radio and trade publications a variety of news releases about your company's new products, services, expansions, and even new employees. (That's free advertising, by the way, except for the expense to write and send it.) Speak to a trade or civic group once or twice a year. Send a post card or other mailing to targeted prospect lists once or twice a year.

Network. To paraphrase the late Tip O'Neill, all marketing is local. Chambers of commerce, local and national boards, professional organizations and trade shows provide valuable "face time" with prospects. Maintaining memberships is okay, but thoughtful sponsorships can create relationships. Veneer Technologies in coastal Cartaret County actually inspires their target markets to get involved with them in advance of industry trade shows. A cash contest for use of woodworking veneers gets distributors, sales staff and end users talking about the company for months. Winning entries are unveiled at the show.

"Even competitors are complimenting us on our unbiased promotion of the industry," said Veneer Technologies' Jane Wharton.

Follow up. A survey by the Small Business Association found that 88 percent of people at a trade show never received follow-up contacts from vendors, who were there to network! . . .

Steady as you go. . . .Over time you'll build a base of loyal customers who provide the best marketing of all: word-of-mouth advertising.



Media Release: Health/Medical Government Trial Audience: employees of Blue Cross Blue Shield

CapMed Joins with IBM and Leading Community Pharmacies to Provide Patients with Medication History

In a matter of weeks, a select number of people in the United States will begin experiencing healthcare of the future, a future expected to be shared by people nationwide by 2014. In a pilot program beginning December 1, 75 people in North Carolina and New York state will quite literally have in their hands the power to carry their personal medical information from physician to pharmacist to insurer to home, via software and hardware products developed by CapMed, a division of Bio-Imaging Technologies, Inc. (NASDAQ/MNS: BITI).

This project is part of the Nationwide Health Information Network (NHIN) initiative to empower healthcare consumers with easy access to information important to their health and wellness. CapMed has partnered with IBM to facilitate the Consumer Empowerment Use Case, which calls for providing patients with the ability to register with the internet-based network and to download their medication history into a customized Personal Health Record, or PHR.

“It’s often difficult to get important medical documents quickly from one part of a hospital to another, much less from one provider to another,” said Wendy Angst, General Manager of CapMed. “We’ve been offering solutions to this problem to leading healthcare institutions for 10 years, and are excited to partner with IBM to offer the latest generation of our product for this project.”

Patients in this initial project will be volunteers from the Fishkill/Taconic region of New York and from the Research Triangle Park-area and Rockingham County, both in N.C.

This project will be a first-ever implementation in which a patient can electronically, via the internet, receive their prescription history directly from participating pharmacies. Participating patients can download medication history data directly into their CapMed PHR from SureScripts, the nation’s largest provider of electronic prescribing services.

According to IBM, CapMed was chosen for this project because of its leadership in standards-based data exchange, coupled with PHR expertise garnered from a 10-year history of providing personal health records for over 600,000 people nationwide.



*Appeared via
Business Wire:
GEN--Genetic
Engineering &
Biotechnology
News*

“IBM has a long history of selecting highly qualified partners that add significant value in our programs, said Ginny Wagner, Certified Executive Project Manager at IBM. “CapMed has demonstrated leadership with supporting the import and export of standards-based data . . .”

“Electronic Personal Health Records have the power to transform the healthcare system, saving the valuable time of physicians and other providers, and helping patients manage their health,” Angst said. “When patients cannot easily share up-to-date medical histories, it can lead to costly repetition of examinations and testing. At worst, it can lead to delayed diagnoses and even death.”

For this project, CapMed will be using a combination of the HealthKey and Online Personal Health Records to enable patients to manage medications, as well as medical conditions, test results, physician and emergency contact information and related data.

“An underlying theme for the NHIN initiative is that empowered and informed consumers will be better able to manage their own healthcare,” Angst said. “So we’ve designed a product that has been proven to be easy to use, to encourage widespread adoption within this initial trial, and ultimately to support widespread adoption and usage of health management tools.”

Components of CapMed’s system, which was designed specifically for the NHIN initiative, includes an internet-based software application for use on home computers as well as a USB-port key-fob that patients carry with them. As a leader in developing standards by which such information can be shared among diverse stakeholders—from clinicians to family members to payers and even schools or employers—CapMed’s product gives the patient full control to authorize who has access to what information.

“The patient’s active role in this initiative is key, so we have used our experience to make the software compatible not only with software used by the clinician or other providers, but also with a variety of home medical devices, such as blood glucose monitors,” Angst said.

Copy by
Amy@AveryWrites.com

Cover Story/Feature:
“The power of words unspoken”
Meredith College magazine
excerpt from the 2,000-word article



Early this year, 12.6 million television viewers watched as one of Meredith’s own was surprised with a new home, compliments of 700 local volunteers and the crew of ABC television’s *Extreme Makeover: Home Edition*. Since thousands of deserving people have been nominated for home “makeovers,” those who know Linda Riggins, Meredith College alumna ’98, of Raleigh, were thrilled that the show’s producers selected her and her family for such a rare gift.

“When I saw that she was chosen, I just got up and jumped and cried. I just lost it,” said Nikki Dublin, ’07, who knows “Miss Linda” as her preschool teacher. . . .

The feat of taking seven days to raze and rebuild a home for people in need has made *Extreme Makeover: Home Edition* one of America’s top-rated reality series. Even so, such a show has its limitations.

The millions who saw Riggins on television got only a glimpse of what hundreds of people locally witness in downtown Raleigh: how a focus on giving can influence people’s lives in specific, dramatic, and even extreme ways.

“Miss Linda doesn’t even know how much she has meant to me,” said Dublin, who has not seen Riggins in more than a decade. “My three sisters and I credit her with having a hand in the women we’ve become.”

Even cast and crew members, who have provided life-changing home makeovers to more than 80 families, gained through Riggins a deeper appreciation of what it means to focus on others.

“[The experience with the Riggins’] sure taught me a thing or two about what it means to be truly selfless, not to have very much but still find it within yourself to give,” wrote one of the show’s interior designers, John Littlefield, in his on-line “blog. “She’s a wonderful example of what ‘giving’ really means . . . just being there when someone needs help.” . . .

“When I think about her, I think about me as a tiny child,” said Dublin, 35, who with her sisters were preschoolers at Building Together Ministries in inner-city Raleigh where Riggins still works today. “She would always greet me with a big hug and a big smile.”

Students at the preschool today tell similar tales.

“When we have a joke, it might not even be funny, but she still laughs,” said Tyshell Smith, 10, a fourth grader. “She’s a person that would do anything to help you,” she added.

College after 30

For Riggins, helping neighborhood families eventually meant that she should go back to college to earn degrees in social work and women’s studies. . . . So Building Together

offered her one of their first college scholarships, and she entered Meredith’s 23+ college re-entry program.

The transition was not necessarily easy. She was a minority, older than the average student, and had not taken the foundational high school courses others had.

“Teachers in class were talking about things like it was review (of past coursework), but I’d never heard of some of those things before,” she said. . . . Riggins graduated *cum laude* in 1998. . . .

Creating opportunities

When the day came for Riggins, her husband, and three children to see the home makeover, Riggins concentrated on more than their new home, which is certainly beautiful inside and out. She was rewarded to learn that over 700 people had volunteered to help with the makeover. That focus on community is a focus she calls forth from others.

“It’s important to keep giving back,” Riggins said. “Someone bigger than you sees where you need to be. For me, that someone is God.” . . .

“*Extreme Makeover* certainly benefited me and my family,” Riggins said. “But it wasn’t about me. It’s about serving, helping. People who came out got that.”

Show producers “got that” too, and planned another surprise. After the Riggins family toured their new home, show host Ty Pennington escorted them into the building that houses Building Together Ministries, the preschool, charter school and after school programs.

Unbeknownst to Riggins, *Extreme Makeover* had performed renovations throughout the 80-year-old structure, at a cost of approximately \$400,000. . . .

Extreme results: sidebar

The Riggins’ family’s new home and Building Together Ministries’ renovations are perhaps the most well-known “extreme makeovers” in downtown Raleigh this year. But Riggins plays a role in other dramatic stories, some of which are 30 years in the making.

Nikki Dublin grew up in Halifax Court [public housing] and remembers well her preschool teacher, Linda Riggins.

“We couldn’t have known then, as children, that someone’s loving and hugging and giving would be so important,” she said of Riggins.

In 2002 while in her 30s, Dublin became a Meredith re-entry student, unknowingly following in Riggins’ footsteps.

“I found out that Miss Linda came to Meredith only after seeing a re-entry brochure with her picture on it,” said Dublin, who was unsure then about starting college again as the single mother of twin 16-year-old boys. “But when I saw her, I said, ‘Miss Linda did this; I can do it.’”

Dublin will graduate next Fall and return to her old neighborhood to bring dance, drama and the arts to the underprivileged children there.

“Even today, when I see Miss Linda, I see ‘I can!’” Dublin said.

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Quarterly Newsletter for business & industry

An interview

CorpCare's physicians identify areas for cost savings

WITH NEW ENGLAND FACING an economic recession and the government taking a more active role in workplace safety, businesses large and small are having to take a hard look at the way they spend their health care dollars.

With this in mind, Focus On Occupational Health interviewed CorpCare physicians Anne Brewer, M.D., Medical Director, and Stuart A. Jacobson, M.D., Associate Medical Director, about trends in occupational health for today's businesses.

FOCUS ON OCCUPATIONAL HEALTH: What are the major occupational health problems that you see today?

DR. BREWER: Musculoskeletal injuries are certainly the most common and one of the most costly types of workplace injuries. Back problems and repetitive motion injuries are especially common. Because of the way we perform tasks, many of these injuries are predictable. The human body is not designed to do the things we ask it to do.

DR. JACOBSON: These types of injuries can often be "engineered out." Companies can often redesign the work area, use machinery instead of the body, and change the way work is done in order to prevent many of these problems.

FOCUS: "Prevention" and "wellness" have become catchwords in the occupational health care industry. Why are these concepts important?

DR. JACOBSON: Research has shown that it is far better to spend

money up front to prevent injuries and illness than to pay for them after they occur. But we're not just talking about wellness programs and stop-smoking clinics. We're talking about designing work stations properly, matching employees' physical abilities with tasks, and identifying problems before they occur.

DR. BREWER: In addition to prevention, an important component of occupational health is getting the employee back to work. This helps the employee and employer.

FOCUS: I see how the employer benefits from getting employees back to work. How does the employee benefit?

DR. BREWER: The psychological advantages are enormous. The worker does not get out of the habit of going to work; he doesn't sit around the house and get depressed; and work will distract him from discomfort his injury might cause.

FOCUS: Can companies usually develop effective prevention programs themselves?

DR. BREWER: Proper evaluation of an employee before placement on a job is essential. Employers can do it, but they must be careful not to discriminate based on the employee's past medical history. They must develop standardized questions and criteria for evaluations. Any testing must be clearly linked to the job requirements.

DR. JACOBSON: In the area of prevention in the manufacturing industry, for example, the onus is also on the designer of machinery. They should design with people in mind, not only the product. Often, they design an "effective" machine, then as an afterthought create an area for the operator to run it.

FOCUS: What do you see as a major health care cost to employers?

DR. BREWER: Long-term disability. Employers know how costly that is, but they can take some steps to reduce the incidence of long-term disability. Getting workers back to work as soon as possible after an injury is one way. Light-duty



programs help with this.

Also, studies have shown a relationship between poor employee morale and increased chances of an injury turning into a long-term disability. The saying goes, "People who like work want to come back to work."

FOCUS: But prevention programs are costly. Do you find that many companies truly buy into the benefits?

DR. JACOBSON: Some employers do. Insurance companies are encouraging prevention by giving discounted premiums to companies which have them in place.

FOCUS: Society at large seems to have been convinced of the importance of wellness. People are investing their time and money in health programs. When will industries also be convinced?

DR. JACOBSON: It takes time. Now, companies' financial consultants are talking about earnings made in the "first quarter" or the "fourth quarter" of a year. They do not talk long-range—about earnings over a year or several years. And that's when savings from prevention programs are realized. American industry has to be patient in order to gain these returns.

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Public Relations Management Plan Excerpt from PRSA award entry:

1. Situational Audit: Trends Near and Far

In addition to national trends showing growth in women's health product lines, Manchester Memorial Hospital's own research substantiated the relevance of these trends to our market area and identified the needs and expectations of our target audiences. . . . Further, a competitor 10 miles away had begun promoting their version of a women's center.

Based on this research and input from an Advisory Group of 18 women, the Center took shape: located within the hospital, which is central to our market base, it offers a myriad of health care services by and for women (mammograms, PAP smears, physical examinations, counseling, etc.)

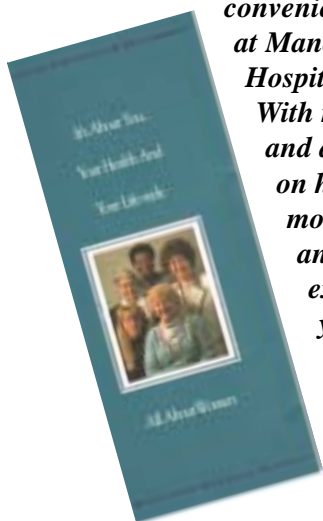
2. P.R. Objectives: Seeing is believing

The role of Public Relations became to communicate two main messages about this product: the concept that it offers a convenient, centralized option for health care services and that the V.I.P. membership would be worth the one-time \$10 fee.

Provider-to-consumer Introductory Brochure (excerpt)

The concept of All About Women is simple: you asked for a central location for your health and educational needs. We've made sure you get it conveniently and comfortably at Manchester Memorial Hospital.

With regular office hours and a nurse practitioner on hand to answer your most intimate questions and provide examinations, we hope you will find that the All About Women center helps you to develop and maintain a healthy life-style.



Visits to the center became our main strategy for introducing this new concept. . . .

3. Results of program launch

We were thrilled that our free on-site programs were sell-outs and that we received 1,100 VIP membership applications within two months of campaign launch. . . .

4. Measuring the success of marketing

To measure success, we turned to projected expectations of staffing needs based on the previous year's research. The Nurse Practitioner position became full-time by month five, 18 months earlier than expected. Likewise, secretarial and mammography staffing increased about 1/4 of an FTE about 18 months earlier than projected.

Anecdotes

Women 20 miles outside our market attended the programs and asked if they could join and use the Center's health services. . . . Some of these women drive by three hospitals to reach us.

Hospital staff, including physicians, also joined.

About Our Staff

The All About Women staff includes a medical director, nurse practitioner, registered dietitians, registered radiology & mammography technologists, mental health professionals, exercise physiologists, massage therapists, and health educators.

About Our Services

To complement both your personal doctor's care and your own busy schedule, All About Women offers you a variety of health and educational services:

- Breast Examinations & Mammography, accredited by the American College of Radiology
- Routine Gynecological Exams
- Pap Smears
- Contraceptive Counseling
- PMS Counseling
- Menopause Counseling
- Personal Cholesterol & Blood Pressure Screenings
- Fitness Counseling

National Award Winner:
Public Relations Society of America
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Newspaper column/Opinion

News and Observer

Raleigh · Durham · Cary · Chapel Hill

News & Observer,
The (Raleigh, NC)

Author: Amy M. Avery

Published: June 7, 2005

Column: Point of View

Healing rural medicine

Winner of 3 Writing Awards in 2006:
Silver Quill Top Honors, International
Assoc. of Business Communicators
Best in Division for P.R. Writing and
First Place for Opinion Pieces from
Raleigh (N.C. USA) Public Relations Society

Article Text:

ANGIER — Picture this: your spouse flips his 427 Cobra sports car three times, hits three trees, plows through a yard and sheers off a fire hydrant, plus both the brick and concrete well-covers in front of a brick house. The car lands upright; he walks away.

After emergency care, doctors conclude that hand surgery should be scheduled within a week.

A hand surgeon schedules operating room space at an impressive facility dedicated solely to outpatient surgery. Staff prep the patient immediately upon arrival; surgery takes less than an hour; and you drive back home, arriving in time to get prescriptions filled at the locally owned pharmacy. Sounds convenient.

Unfortunately, the emergency care and surgery occurred at sites 60 miles apart. My husband was the patient. He is also a resident of a rare rural county that boasts not one but two community hospitals. Even so, the care he needed was an hour away.

Harnett County's EMS and hospital staff did their jobs well to care for my husband, but my county has not been able to attract the specialists that would have enabled us — and hundreds of others with different needs — to stay closer to home for medical services. Instead, on May 23 we left our county three hours before surgery, negotiated traffic and unfamiliar roads to arrive at a surprisingly beautiful, efficient day-surgery hospital. We returned home, after another hour's drive, barely in time to get prescriptions filled locally.

I realize that 15 rural counties in North Carolina don't even have one hospital, so I guess I should be grateful for two in Harnett, a county of less than 100,000 people. Even Cary has only 114 in-patient beds for its 100,000 citizens; Harnett County has 170.

I know too that the two hospitals here, Betsy Johnson Regional and Good Hope, have independently brought us great board-certified doctors and have tried hard to attract various specialists. But it's a tough sell to get hand surgeons, or even dermatologists, to consider practicing here.

Like many rural areas, we cannot achieve the same level of attraction, the services, the economies of scale, the buying power or the negotiating position that we could have if we had more resources, or if our two hospitals were to work together. If you've heard

anything about Harnett and health care, you know that hasn't happened.

As it is now, not only do our hospitals compete with each other, but our two small, rural facilities compete with formidable health care systems, each with multiple hospitals. Specialists and their expertise go north and south of us, bypassing both hospitals in favor of seamless systems that offer a broad variety of services.

I am thankful for the medical services that area health care systems offer. But, like those in Wake, we here in Harnett deserve real choices. Today, hand therapy visits will require that my family's time and our money continue to flow outside the county.

But also today, somewhat miraculously, the dream of greater medical services here has a legitimate chance to become reality.

County leaders have made significant progress toward creating collaborations that will attract new physicians and open new doors for new services and new patients. Even a day-surgery hospital, like the one in North Raleigh that my husband used, could be just the start of a dream realized.

Harnett has the opportunity to advance our medical services to a point where patients and physicians 60 miles away will choose our hospital(s) for care. We can create a nonprofit system in which the money spent on health care comes here and stays, allowing us to add new services and bring back those we have already lost.

To create this system, we must embrace the best, cut away the worst and create a better whole.

Anyone who hears of our "Harnett's nest" of health care knows that we've already had a wild ride of late. So it might take a miracle for a true health care system to emerge once this ride slows down. But consider this: you roll a convertible three times, plow through a fire hydrant and hundreds of pounds of brick and concrete, and walk away with your life.

Miracles do happen. We each can have a part in it. We all deserve it. Support it.

(Amy M. Avery has worked in health care public relations, marketing and communications for 15 years. She is a former public relations manager at Betsy Johnson Regional Hospital in Dunn.)