



# Final Report

Maryland Health Benefit Exchange

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Contract No. DHMS296492  
November 2011

# Contents

Task Description	3
Executive Summary	4
Campaign Objectives	7
Audiences	8
Strategic Approach	25
Messaging	37
Branding the Exchange	44
Creative Development	48
Partnerships	58
Earned Media / Public Relations	69
Paid Advertising	77
Social and Digital Media	88
Community Outreach / Education	96
Methodology for Organizing Marketing and Messages	104
Informational Materials	108
Risk Management and Response	113
Measurement and Evaluation	117
Timeline	123
Budget Level Options	127

APPENDIX A: Environmental Scan and Market Analysis

APPENDIX B: Community Outreach – Sample Target Organizations and Groups

APPENDIX C: Earned Media – Sample Target Media Outlets

APPENDIX D: Potential Partnerships – Sample Potential Partners

APPENDIX E: Materials from Massachusetts Health Connector Campaign

# Task Description

On April 12, 2011, Governor O'Malley signed into law the Maryland Health Benefit Exchange Act that established the Exchange as a public corporation and an independent unit of State government. The Act requires the Maryland Health Benefit Exchange (Exchange) to study and make recommendations on several issues, including how the Exchange should conduct its public relations and advertising campaign. The Exchange created an advisory committee on Navigator and Enrollment Assistance that is charged with considering options for the Exchange's outreach efforts as well as its Navigator Program and enrollment efforts.

Weber Shandwick and its research division, KRC Research, was charged with providing to the advisory committee the analytic support to study and make recommendations regarding how the Exchange should conduct its public relations and advertising campaign. Analysis included consideration of the population and environment of Maryland based on existing national and state information, utilizing existing data sources. This "Environmental Scan and Market Analysis" provided the basis for recommended options for advertising, public relations and community outreach contained in this report.

# Executive Summary

The State of Maryland is one of the first in the nation, since passage of the historic Patient Protection and Affordable Care Act (ACA), to formally undertake a planning and marketing strategy for its state health insurance Exchange. While this puts the state on an early path to bringing expanded health insurance options and ease of enrollment to its citizens, it also puts Maryland in the spotlight.

To succeed in realizing the ambitions of health care reform in Maryland, the Maryland Health Benefit Exchange must change the behaviors and attitudes of approximately 14% of the State's population, more than half a million individuals who currently do not have health insurance - some because they think they do not need it, others because they feel they can't afford it and still others who believe they are shut out because their employer does not offer coverage.

While this population shares the state of being uninsured, it is hardly uniform in character.

- Young adulthood, for example, is highly associated with the lack of health insurance, with 26% of Marylanders between the ages of 19 and 26 lacking health insurance, according to a 2009 Maryland Healthcare Commission Report.
- Poverty is also disproportionately associated with the lack of health insurance, with low-income families accounting for 23% of the State's population but 48% of its citizens without health care, according to the same report.
- Other factors, some independent of any association with age or income, are good predictors of being uninsured, making it all the more important that any marketing campaign for the Maryland Health Benefit Exchange be grounded in thorough research, clear insights and avoidance of assumptions.

**Reach beyond.** Communicating the benefits of the Exchange must reach beyond those who will immediately benefit from it, however, and must include the nearly nine out of ten of the State's citizens who have health insurance. While this majority may not be affected directly or immediately by health reform, the need to educate and inform them is pressing, especially in an environment in which the truth about health reform may be distorted. To realize the ambitions of health reform, a major public education campaign will be necessary, a significant element of which must be a comprehensive marketing initiative involving advertising and public relations.

**Massachusetts as a model.** The launch and promotion of the Commonwealth Health Insurance Connector Authority in Massachusetts has provided some guiding principles that will be relevant to the Maryland Health Benefit Exchange, including the shape and form the advertising and public relations campaign takes.

**Omnipresence.** The campaign must be omnipresent, achieve significant reach among Marylanders, and achieve a frequency of exposure that commands their full attention.

**Right mix and weighting.** The application of primary and secondary research and careful analysis of demographic information and media consumption habits will help inform our recommendations about what constitutes the right mix and weighting of elements in the campaign. Specifically analyzed herein are the proper roles of consumer advertising, media relations, word of mouth, community education, social media, social marketing, grassroots, employer outreach, and direct marketing.



# Executive Summary

**Bring everyone along.** While not everyone in Maryland will be affected directly by health reform, every person's opinion counts, because the success of reform requires widespread public support. So, while the most intense efforts are likely to be aimed at key target audiences, the general public and, in particular, opinion leaders, elected officials and the media must be educated and cultivated.

**Leverage the power of partnerships.** The right mix of partnerships can truly make a health education campaign come alive. Explored herein is a wide range of potential partners for the Maryland Health Exchange, ranging from faith-based organizations to civic groups to corporate promotional partnerships. By way of example, in Massachusetts, the Boston Red Sox agreed to join with the Health Connector before the start of its public education campaign. While this partnership worked in Massachusetts, the Maryland Exchange must chart its own course, aided by the information and analysis included in this report. The campaign should utilize the power of partnerships with state and community service agencies, physicians and health care sites, faith-based and community-based organizations, and selected corporate and retail partners to maximize outreach and education efforts.

**Segment audiences, customize communications.** Target audiences in Maryland will include the uninsured, but also employers and those who can benefit from reform through tax credits or expanded choice and ease of shopping on the Exchange. While the primary audience may be characterized as the uninsured, which consists primarily of young adults (especially males), the reality is that research and analysis has identified many target audiences, or micro-targets as we might call them, and each will need to be reached with nuanced messaging and individual media channels. (Audience segmentation is discussed in more detail further in this report.)

**One clear voice, multiple languages.** Approximately 15% of Marylanders speak a language other than English in their homes, according to the 2006-2008 American Community Survey. Among the population that speaks a language other than English at home, particular attention must be paid to those who do not speak English well. This definition encompasses nearly half of the 300,000 who speak Spanish in their homes, more than half of the approximately 55,000 who speak Chinese in their homes, more than half of the approximately 40,000 who speak Korean in their homes, more than 60% of the approximately 17,000 who speak Vietnamese in their homes, nearly half of the approximately 20,000 who speak Russian in their homes, and more than a quarter of the approximately 25,000 who speak Tagalog in their homes. With nearly 40 languages other than English spoken by Marylanders in their homes, careful evaluation must be made of how many languages should be used to achieve optimum education of the State's citizens.

**Challenge digital assumptions.** Although it is true that majority populations and the young have higher rates of Internet access at home through a broadband connection than do African-Americans, Latinos and the elderly, it is not true that minorities are less reachable through digital platforms. It is also incorrect to assume that seniors are not extensively using the Internet and social media. The way African-Americans and Latinos access the digital sphere is different from how majority populations access it. While seniors still lag younger populations in their digital use, their growth rates of digital use are explosive.

# Executive Summary

In its report on “Technology Trends Among People of Color,” the Pew Charitable Trust Internet Project noted that digital access is increasingly being untethered from the desktop, especially for people of color. Both blacks and English-speaking Latinos are more likely to own a smart phone than whites, the report noted. Moreover, minority adults use a much wider range of their cell phones’ capabilities than do whites and are more likely to use their mobile devices to text messages, visit social networking sites, access the Internet, record and watch videos, read and send emails and post multimedia content online. “Among Internet users,” Pew reports, “seven in ten blacks and English-speaking Latinos use social networking sites—significantly higher than the six in ten whites who do so. Indeed, nearly half of black Internet users go to a social networking site on a typical day. Just one third of white Internet users do so on a daily basis.”

Minority attitudes towards social media also diverge notably from those of whites, Pew reports. When Pew asked about government outreach using social media, minority respondents were significantly more likely than whites to say that this type of outreach “helps people be more informed about what government is doing” and “makes government more accessible.” They are also much more likely than whites to say it is “very important” for government agencies to post information and alerts on social networking sites.

A Pew study on Internet use among older Americans revealed that while older users are still least likely among all adults to use the Internet, their usage rate is approaching 50%. Further, nearly half (47%) of Internet users ages 50-64 and one in four (26%) users age 65 and older now use social networking sites.

The use of digital communications as part of a comprehensive communication and education campaign is essential, as is challenging the assumption that the digital divide among users and nonusers remains stubbornly wide, when in fact it is shrinking fast.

**Build a brand.** The Exchange must build a distinctive and resonating brand that will define it as an organization and destination for the uninsured, which will provide the platform for the advertising, education and community outreach communications.

**Start early.** The timeline for the campaign should take into account the need to start well before the Exchange is launched and open enrollment season begins, to provide early education of the market on health reform and its meaning to Maryland, and outreach to elected officials and opinion leaders to engage them as early advocates and sources of authoritative information to their constituents/stakeholders.

**Consider budget level options.** Due to the variables that may impact the efficient operation and market effectiveness of a communications and outreach initiative, the Exchange should consider budget level options that allow it to adjust and customize the effort to respond to the potential obstacles, timing and desired outcomes for the campaign.

# Campaign Objectives

- **Establish a strong brand identity** to help drive emotional connection with the Maryland Health Benefit Exchange, and establish the Exchange as a new way to shop and compare health coverage
- **Build support** among elected officials, community leaders, opinion leaders and experts in the state to help establish overarching credibility of the Exchange and its initiatives
- **Develop and disseminate effective messages** regarding the importance and accessibility of health insurance that resonate with Maryland residents who do not have health insurance
- **Map all tactical engagement efforts** around raising awareness and driving residents to access Exchange information through digital and traditional educational materials and content
- **Ultimately motivate residents** to take action via enrollment on the Exchange website, through a dedicated call center, and/or through encounters with navigators in the community at educational venues and events

# Audiences

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# The Uninsured in Maryland: A Snapshot

*(Media Audit 2011)*

- They mostly live in **cities** and **suburbs**
- They are disproportionately **male**
- They are disproportionately **single** (never married, divorced or separated)
- They are disproportionately **African-Americans** and **Hispanics**
- They typically have annual household incomes of **less than \$50,000**
- They are more likely to have **low-wage** or **blue-collar** jobs and to work for **small firms** or in **service** industries
- They attend **religious services** regularly or occasionally
- They own a **cell phone** and use it to **text**
- They shop **discount stores** frequently, especially **Wal-Mart**
- They shop most often at **Giant** for their groceries
- Among drug stores, they shop **CVS** most, followed by **Rite Aid**
- They eat **fast food** regularly, most often **McDonalds**

# The Uninsured in Maryland: A Snapshot

*(Media Audit 2011)*

- They most often shop at **White Marsh Mall, Towson Town Center, Lakeforest Mall, Montgomery Mall, Wheaton Plaza** and **The Mall at Prince Georges**
- They subscribe to **cable** or **satellite** TV at home
- They watch a lot of **TV**, especially WJZ, WBAL, WBFF, WTTG and WJLA
- On a daily basis, they watch TV more than listen to **radio**
- Among radio stations, they listen most often to **WPGC-FM**, followed by **WKYS-FM** and **WWIN-FM**
- They do not read a daily or weekly **newspaper**
- They use the **yellow pages** to find phone numbers
- Two-thirds go **online** daily, half have Internet connection at home
- They are infrequent users of online **news sites**
- They follow **sports** on TV, especially NFL football (particularly the Ravens) and college basketball

# Uninsured Adults in MD: Demographics

	% of Uninsured Nonelderly Adults (Population age 19-64)	% of Uninsured (Total population)
<b>Gender/Age</b>		
<b>Male</b>	<b>48</b>	<b>57</b>
19-34	18	21
35-54	22	31
55-64	8	6
<b>Female</b>	<b>52</b>	<b>43</b>
19-34	18	21
35-54	25	18
55-64	10	5
<b>Annual Household Income</b>		
Up to \$29,887	18	41
\$29,888-\$59,680	22	29
\$59,681-\$106,000	27	19
\$106,000+	33	11
<b>Race/Ethnicity</b>		
White, Non-Hispanic	56	35
Black, Non-Hispanic	30	36
Hispanic (Any Race)	8	23
Asian/Other, Non-Hispanic	7	6

**Source:** State of Maryland, Maryland Health Care Commission Health Insurance Coverage Report (2011) Note: this chart is based upon 2009 data reported in 2011. 2010 data did not share the same demographic breakdown.

# Adults and Health Insurance in MD: Demographics

Educational Attainment (25 years and older)		
	% of Adults	% of Uninsured
Less than high school	12%	28%
High school graduate, GED, or alternate	26%	34%
Some college or associate's degree	26%	23%
Bachelors degree or higher	36%	15%
Work Experience		
Worked full-time, year round in the past 12 months	53%	34%
Worked less than full-time, year round in the past 12 months	26%	40%
Did not work	21%	26%
Work Status		
Private for-profit wage and salary workers	62%	81%
Private not-for-profit wage and salary workers	10%	6%
Government workers	30%	5%
Self-employed workers in own, non-incorporated business workers	5%	8%



# Priority Audiences

Priority audiences in Maryland can be characterized as follows:

## Primary Audiences

### *Entrepreneurs*

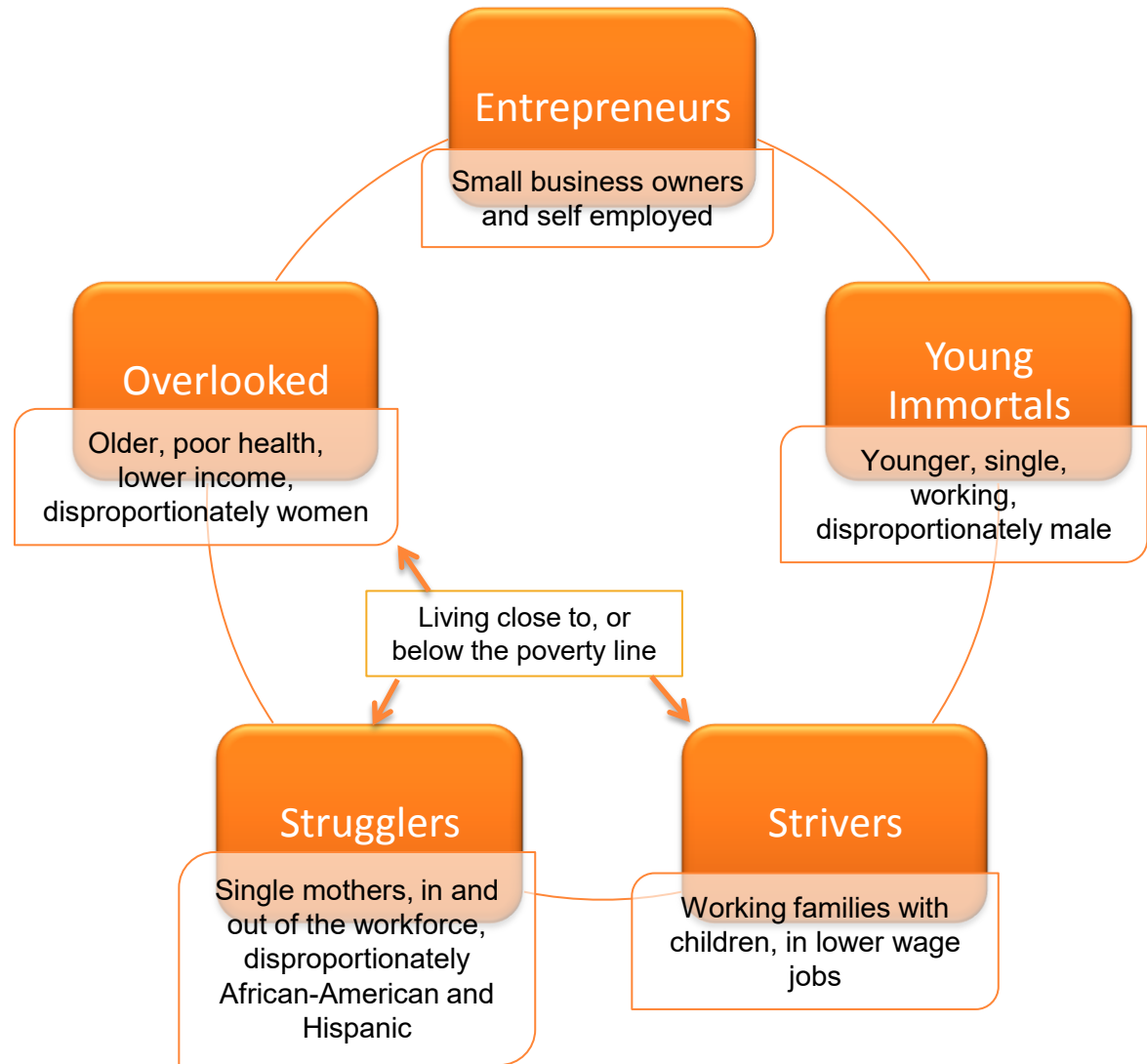
- Small Business Owners
- 11-50 employees
- Self-employed

### *Young Immortals*

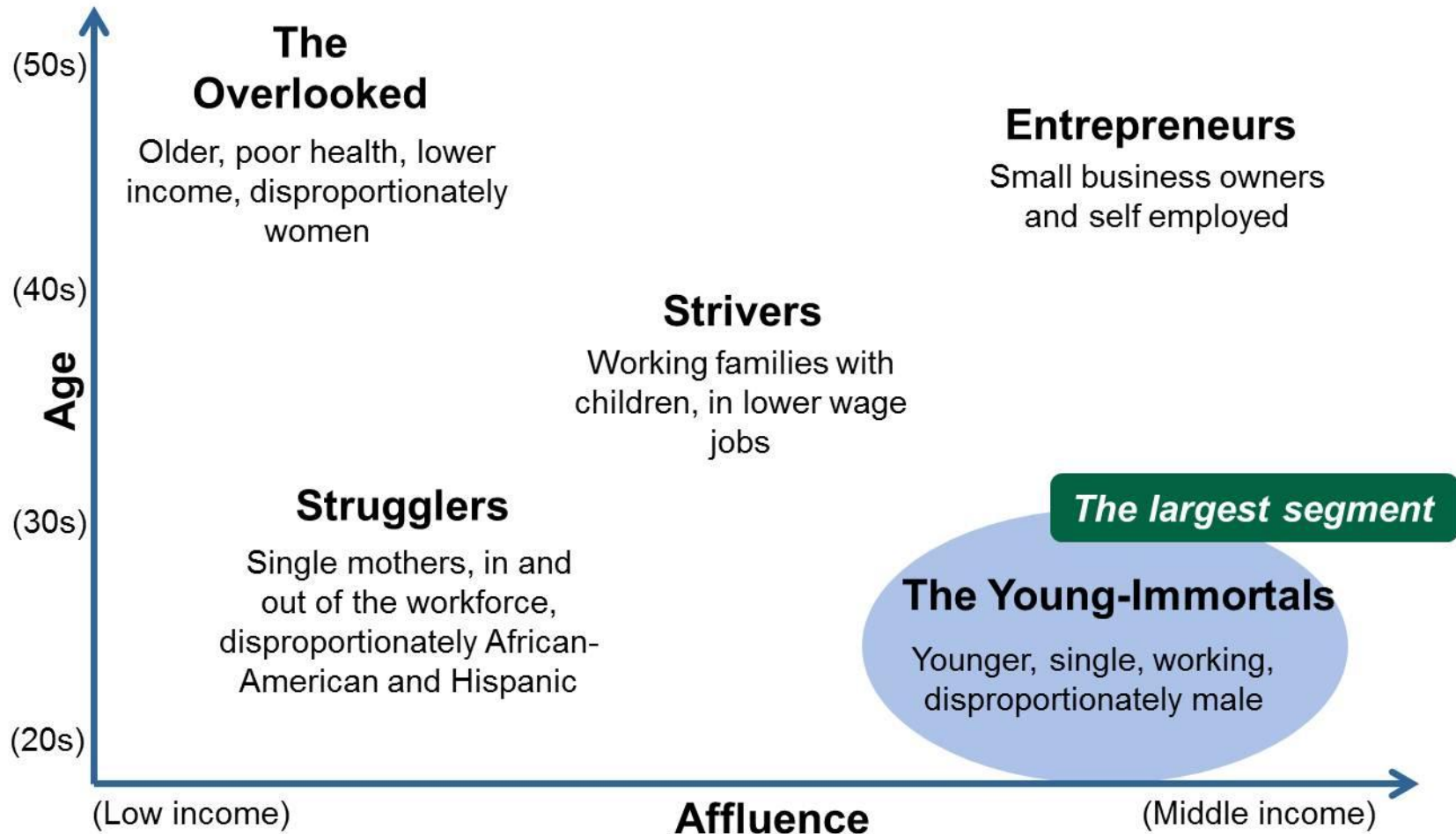
- Mostly single, mostly white and mostly working class males
- 19-34 year olds key concentration
- 35-54 year olds secondary

### *Overlooked, Strugglers and Strivers*

- The underserved (working poor)
- Single working females ages 19-54
- Hispanics – mostly lower but across all incomes
- African Americans – lower income, working for smaller employers



# Priority Audiences



# Additional Audiences

Employees of small to medium-sized employers (2-50, 51-100)

- Currently obtain insurance from employer, but employer may be tempted to opt out of providing insurance in place of a fee, thereby encouraging employees to use the exchange. These individuals used to see HC as an employee benefit. Now, the individual might approach the decision as a consumer.

Insurance lapsed

- Have been in and out of insurance plans throughout life as a result of changing jobs, gaps in employment. Have experienced health care/health care issues with and without insurance

Late-in-life laid off

- Experienced a lay-off in the past 5-6 years, have not yet regained same level of employee status (perhaps was bringing in a high salary, now, working in a different capacity for much less)

The young-employed

- Under 25, out of college, off of parent's health insurance, terms of employment do not regularly cover employee benefits plans

Parents of children 18-35

- Potential opinion-influencer of key groups for Exchange, concerned over child's health, perhaps more than their child is, might be more aware of health care policy than child

## Who is not our Target Audience?

Undocumented  
residents living in  
Maryland

Legal residents of  
other states living in  
Maryland

To achieve maximum efficiency, all advertising and promotional efforts should avoid directing resources toward reaching these audiences.

## Target Audience Rationale

- The uninsured are not limited to those well below the poverty line, or a particular demographic. In fact, among the uninsured we see significant percentages of two parent households, households with higher incomes, and households representing all races. Therefore, we have to consider atypical uninsured demographics as well.
- Changing factors in the workforce have new graduates in a different predicament, forcing them to become hourly, part-time, or temporary employees without insurance benefits.
- Younger Americans, under age 35, are often highly influenced by their parents, who remain an active part of their lives and decision-making. Thereby, parents are in a position to advise on health care coverage decisions.
- Maryland's small group insurance rates are the highest in the nation, and it's these employers who are making tough decisions about how their insurance is sourced for their employees. Therefore, the Exchange is important for these employers as a supplemental source for obtaining coverage.

# Presence of Audiences

Audience Make-up	Presence in Maryland's Total Population
<b>Entrepreneurs</b>	
Small Business Owners	~1.8%*
Self-employed	4.8%
<b>Young Immortals</b> (Younger, single, working, disproportionately male)	
Persons age 24-35	13.2%
Males age 24-35	6.5%
Females age 24-35	6.8%
Single & never married, age 20-34	1.0%
Employed, age 20-24	4.1%
Employed, age 25-44	21.3%

\*of total population, estimated

Source: U.S. Census Bureau, American Community Survey (2010); U.S. Bureau of Labor Statistics (2010); The U.S. Small Business Administration (2010)

Note: Chart reflects presence of elements of each target audience that secondary research will support, not actual size of target audience.

# Presence of Audiences

Audience Make-up	Presence in Maryland's Total Population
<b>Strugglers</b> (Single mothers, in and out of the workforce, disproportionately African-American and Hispanic)	
Single Mothers	7.6%
Unemployed women (Q1 2011)	27.5% (based on # of unemployment claims)
Unemployed females below the poverty line	25% (of all women)
Employed females below the poverty line	4% (of all women)
<b>Strivers</b> (Working families with children, in lower wage jobs)	
Husband-wife household	48%
Husband/wife households with children under 18	22%
Any household with children under 18	35%
Employed and below poverty line	4% (of employed)
<b>The Overlooked</b> (Older, poor health, lower income, disproportionately women)	
Persons over 50 years	31.9%
Males over 50 years	14.5%
Females over 50 years	17.3%
Persons age 65 and over under the poverty level	7.7% (of 65+ population)

Note: Chart reflects presence of elements of each target audience that secondary research will support, not actual size of target audience.

# Presence of Audiences

Audience Make-up	Presence In Maryland	Source
<b>Employees of small to medium-sized companies</b>		
Employed by companies with 1-99 employees	15%	2009 ACS Census
Employed by companies with 100-499 employees	2%	2009 ACS
<b>Insurance Lapsers</b>		
Families with only part-time or part-year adult workers, who are uninsured	35%	2011 Maryland Health Insurance Coverage Report
<b>Late-in-Life Laid-Off (LLLO)</b>	Between 24% and 29% of recent unemployment insurance claimants	2010-2011 BLS
<b>Young-Employed</b>		
Age 18-24	10%	2010 ACS Census
Age 18-24 who are also uninsured	2%	2010 ACS Census
Age 16-24 who are in the labor force and employed	6%	2010 ACS Census
<b>Parents of Young Adults</b>		
Parents of those age 18-34	23%	2010 ACS Census

Note: Chart reflects presence of elements of each target audience that secondary research will support, not actual size of target audience.



# Channel and Partner Audiences

- Insurance brokers
- Health insurers
- Health plans / MCOs
- Health care providers (primary care physicians, pediatricians, family practitioners, etc.)
- Health systems / hospitals / clinics / health care delivery sites
- Business and trade organizations
- Faith-based organizations / church-based health ministries
- Non-profit community organizations
- State agencies
- Community organizations / leaders

# Additional Audience Research Options

Option	Description	How to obtain	Importance	Relevance
<b>Attitudinal data on health care and health care reform in Maryland</b>	No identifiable data for Maryland, specifically, on awareness, knowledge, attitudes, opinions, fears, concerns or anticipation about health care reform	<ul style="list-style-type: none"> <li>Statewide benchmark survey on attitudes and opinions toward health reform</li> <li>Qualitative research to further understand emotions and reactions to reform and exchanges</li> </ul>	<b>HIGH</b>	In marketing the Exchange, it is important to have an understanding of MD attitudes and perceptions, and allow that to inform a smart marketing campaign.
<b>Research/analysis on implementation of enrollment practices</b>	No identifiable information surrounding implementation of enrollment practices, and confusion that exists	<ul style="list-style-type: none"> <li>Further search for discovery of this data from other states/policy analysts</li> <li>Conduct primary research to identify potential sources of confusion and to identify methods for more clearly communicating in these areas</li> </ul>	<b>HIGH</b>	<p>Confusion is very much a reality, and the marketing plan should anticipate and account for the sources of confusion.</p> <p>Also, messages should provide clarity in these areas.</p>
<b>Empirical data on tenure of uninsured, or tendency to lose/regain health insurance</b>  <b>Empirical data on more vulnerable populations (illiteracy, non-English speaking, disabled, those having served jail time)</b>	<p>No identifiable data for the time spent uninsured, or tendencies to lose insurance</p> <p>Limited or unidentifiable information for many vulnerable populations</p>	<ul style="list-style-type: none"> <li>Further search for discovery of this data within the State of MD</li> <li>Survey residents and rely upon self-reported data</li> </ul>	<b>MEDIUM</b>	<p>Useful to know tenure and tendency to be uninsured to add depth of perspective on target audiences</p> <p>Useful to size up vulnerable market, though we suspect these populations would otherwise be accounted for in segmentation based on different characteristics.</p>
<b>Data showing tenure and reliance on COBRA</b>	Current COBRA data is coupled with disclaimers about partial reporting, or incomplete data, therefore making it difficult to size up COBRA users with any degree of confidence	<ul style="list-style-type: none"> <li>Rely upon partial/incomplete data</li> <li>Survey residents and reply upon self-reported data</li> </ul>	<b>LOW</b>	Useful if/when deciding to target COBRA recipients

# Potential Barriers

## UNINSURED

- Competition of other priorities for their household's minimal disposable income
- Belief or assumption that affordable options do not exist
- Belief or assumption that it's complicated and difficult to navigate the process, exacerbated by a general distrust of health plans
- For some young adults, the belief that avoiding the cost of insurance is a risk worth taking, given the perceived low probability of serious health needs
- Language barrier
- Lack of access to computer for easy online enrollment

## SMALL BUSINESSES

- Perceived cost of health care coverage
- Complexity of group health insurance and fear of administrative burden

# Changing Perspectives

Audience	General Sentiment Toward Health Insurance	Desired Perspective
Entrepreneurs	<ul style="list-style-type: none"> <li>• Don't like the idea of being forced to offer insurance</li> <li>• Want to provide it, but it's expensive</li> <li>• Doubtful if it is affordable</li> </ul>	<p>"I wasn't thrilled at first, but this has worked out. I couldn't afford to pay for my employees' health insurance before – but the Exchange is making private insurance affordable. I wish all government programs were this easy to figure out. I feel better knowing that I'm contributing to my employees' health."</p>
Young Immortals	<ul style="list-style-type: none"> <li>• Somewhat aware of being health insurance option</li> <li>• Not sure insurance is needed</li> <li>• Especially not sure when considering costs</li> </ul>	<p>"I never thought health insurance made sense for me, but now I'm required to get it, and its more affordable than ever. I like knowing that if I get hurt, I have the financial protection that health insurance provides."</p>
The Overlooked, Strugglers, Strivers	<ul style="list-style-type: none"> <li>• Wish had health insurance</li> <li>• Health insurance is expensive</li> <li>• Never been able to afford it before, can't afford it now</li> </ul>	<p>"Coverage is now an option for me. It's affordable for the first time and the Exchange is making it easier for me to find the plan that is best for me."</p>

# Strategic Approach

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# Strategic Imperatives

## Educate Maryland on the outputs of the Health Reform Law.

- Nationwide lack of awareness and lack of support, coupled with concern over implementation
- Can not assume that sentiment in Maryland is counter to this (unless primary research proves otherwise)
- Knowledge of reform likely to be muddied by charged opinion, given the heated health care debate inside the beltway, and Maryland's physical proximity to that environment
- Educate residents on what reform does for them, as consumers or employers, and what it does for family, children, friends, acquaintances who are unemployed

## Bring everyone along in educating on the Exchange.

- Demographics and past experience suggest ideal target audiences - individuals who need health insurance and have much to gain from Exchange
- Educate and positively influence the whole state, to create ambassadors who positively influence peers, even if ambassadors might not need the Exchange
- Make the Exchange resonate with residents BEFORE they need to use it.
- Make the Exchange a point of pride for the state

# Strategic Imperatives

## Acknowledge unique needs and attitudes of ideal target audiences for the Exchange.

- Potentially nine or more ideal target audiences who may come to the Exchange with varying backgrounds, expectations, and interpretations of health insurance – all of which can impact their needs
- Conduct primary research to better understand population dynamics, what they might need from the Exchange, and if/how the Exchange can be positioned to serve them
- Observe cultural sensitivities within Maryland when designing marketing and messaging efforts

## Messaging is not just about raising awareness that an Exchange exists – it's about attaching value to what the Exchange offers.

- Exchange will not just provide access to health insurance, but access to something that an individual really wants, needs, is grateful to have, or can find value in having
- Reach individuals on a personal level, understand attitudes and pre-conceived notions and position as a true solution

# Strategic Imperatives

## Anticipate potential sources of confusion.

- Consumers could become confused over enrollment processes depending on their individual circumstances (fixed enrollment period for some products, always available enrollment for others) as well as which insurance products and pricing apply for the individual
- Leverage primary research to help indicate where confusion could be greatest, and what messaging and treatments best mitigate that confusion

## Establish metrics and measure campaign effectiveness.

- Metrics should be established, and measurement conducted, to benchmark and track progress across key campaign areas, and against the overall goals of the campaign at regular intervals.



# Program Realities

<b>Maryland succeeds with an Exchange that . . .</b>	<b>Maryland loses with an Exchange that . . .</b>
Benefits all	Is punitive or unfairly targets some
Is about choice	Is about a mandate
Increases ease, access, options	Increases bureaucracy
Represents a consumer solution	Represents a government program
Serves people from Snow Hill to Reservoir Hill to Sideling Hill	Serves people on Capitol Hill

# Lessons Learned in MA

## Lesson #1: Depoliticize implementation

Passing the legislation was partisan but implementation cannot be. Make it about the consumer benefit, not about the legislation.

## Lesson #2: Calibrate government's role

People are looking for government to validate quality, not to be an insurance provider. Consumers want to choose among private plans, and have government offer a —“God Housekeeping” seal.

## Lesson #3: Putting a “face” on the uninsured is critical

Finding ways to showcase real people whose lives have been changed by health care reform is what will drive media coverage and political support, and make the message credible for peers.

## Lessons Learned in MA

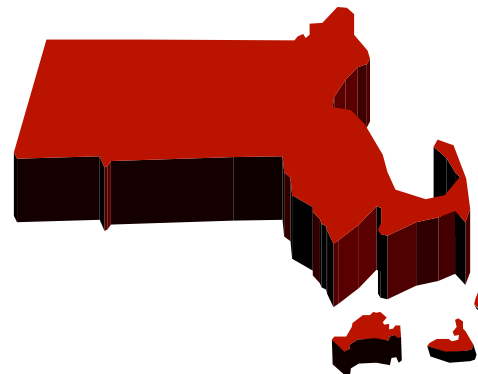
### **Lesson #4: It takes a campaign**

It took a campaign to pass health care reform and it will take a campaign to ensure successful implementation. Misinformation and misunderstanding will continue – the campaign must have a rapid response team (including third parties and other advocates) to counter and correct as issues arise.

### **Lesson #5: Drive simple messages and a clear call to action.**

The campaign must be clear about what, why, and where consumers must access the necessary information to make health plan decisions, and consistently create a clear call to action for them throughout.

*(Examples of materials from Massachusetts Health Connector campaign are included in Appendix E.)*



## Lessons for MD



- It takes a community effort.
- Build partnerships and keep them alive.
- Partner with elected officials to help gain media attention.
- Maintain message consistency through —“train the trainer” approaches.
- Continue education and training as programs evolve.
- Segment the audience.
- Communicate —“news you can use” to an individual.
- Ensure messages are simple, and linguistically and culturally appropriate.
- Be accessible to answer questions, even when answers are not yet known.
- Use venues that are appropriate to the target audience, and adapt materials to the site and audience.

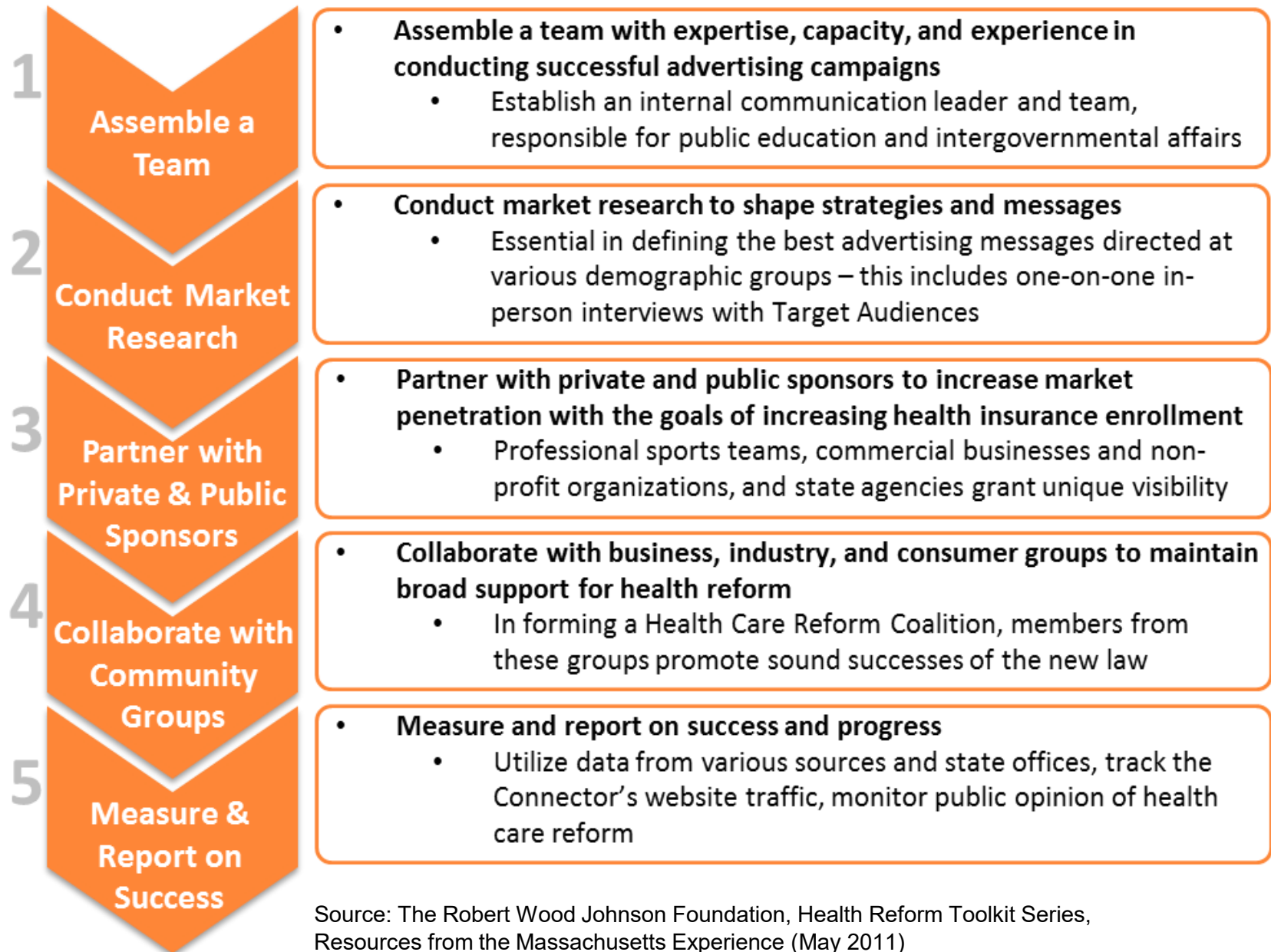
Source: Education and Outreach Workgroup white paper of the Maryland Health Care Reform Coordinating Council (October 2010)

## Lessons for MD

- A variety of approaches is critical.
- There is a need for basic information, as well as more detailed reference information.
- Opportunities for outreach are everywhere, from ballparks to churches, pharmacies to grocery stores.

Source: Education and Outreach Workgroup white paper of the Maryland Health Care Reform Coordinating Council (October 2010)

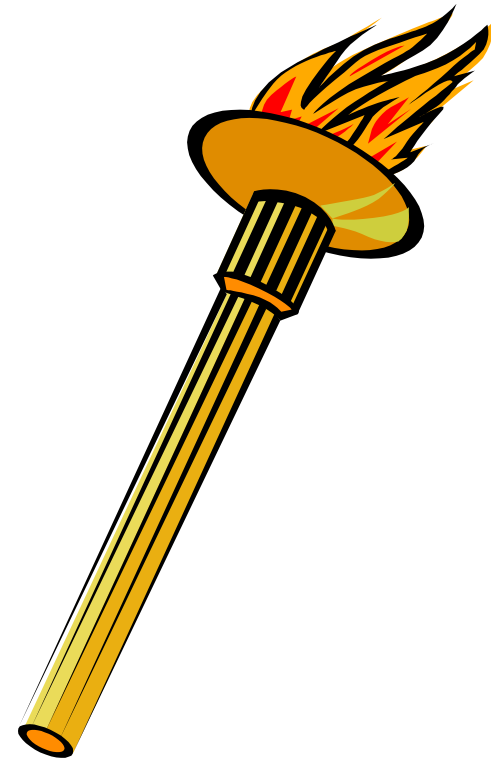
# Campaign Planning – MA Best Practices



Source: The Robert Wood Johnson Foundation, Health Reform Toolkit Series, Resources from the Massachusetts Experience (May 2011)

## Enlist Champions

- Professional athletes
- Small business owners/entrepreneurs in rural settings
- Small business owners/entrepreneurs in urban settings
- MBE/WBE business owners
- Young immortals
- Parents of young immortals
- Late-in-life laid offs
- Single parents
- Entertainers
- Community leaders
- Health care providers
- Artists
- Musicians
- Educators
- Advocates for community causes



## Campaign Advisory Committee

- Representative of consumers, minority community leaders, health care professionals, community leaders, business owners, brokers, insurers and Exchange staff.
- Provide unique viewpoints from the audience's perspective
- Review strategies and outreach tactics on an ongoing basis
- Review and approve creative approaches
- Provide ongoing feedback and assessment of the campaign overall.



# Messaging

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# Messaging

- Information should be factual and apolitical
- There is a need to dispel myths
- It is important to not over-promise what reform will deliver
- It is important to communicate the new responsibilities and penalties for individuals and employers
- People need information that is relevant to their individual situations
- Important topics include eligibility and enrollment, effective dates of change, appeals processes, and coverage of behavioral health benefits
- Messages must promote wellness and prevention, reflecting an integration and balance between medical care and public health
- Information should have emotional meaning in order to resonate
- Use of personal anecdotes is useful

Maryland Health Care Reform Coordinating Council's  
Education and Outreach Workgroup white paper (October 2010)

## Messaging

- A culture of health care needs to be emphasized, particularly for those who have never had health insurance previously
- It will be important to communicate the value of coverage, how to use insurance coverage and find providers, and the importance of seeking preventive care and early treatment
- Create greater understanding of how to maintain seamless access to coverage, especially due to the need to re-determine eligibility, and as an individual's eligibility for different programs changes

# Key Messages

## General Public

- Maryland is making it easier and more affordable for all residents to get the health insurance they need through the new Maryland Health Benefit Exchange.
- To achieve this, the state, employers, and the health care community are working together in an unprecedented effort to expand the choices available, and requiring participation by individuals.
- As a result of this shared undertaking, everyone in Maryland can have the health security they need – including regular doctor visits and preventive care, prescription drug coverage, and protection in case of hospitalization or medical emergency.
- In addition to giving you access to preventive care, health insurance will provide you with protection from financial risk, in the event of a medical need. You can also take your coverage with you if you lose or change jobs.

# Key Messages

## Uninsured

- Health insurance will help you, and provide preventive care (*important to women*) as well as financial protection (*important to men*)
- The Exchange is making health insurance more affordable and easier to get.
- You may be eligible for subsidies that would lower the cost of your health insurance and make it more affordable – even if it has not been affordable before.
- Everyone in Maryland is required to get health insurance – this is the best way for you to get it.
- You can tailor your health insurance plan to your own needs and budget. The Exchange will help you get the information you need to compare coverage and make a decision that works for you and your family.

# Key Messages

## Potential Messages to Businesses

- The new Maryland Health Benefit Exchange will provide you with a new way to offer health insurance to your employees that is easy and more affordable.
- Offering your employees health insurance is one of the best ways to recruit and retain talent in your company.
- You can choose from a variety of plans and coverage options that will suit your budget and keep your employees protected.

# Messaging Sequence

## Pre-Launch and Early Launch Educational Messages Address:

- How is health reform taking shape in Maryland?
- How is the Exchange an integral part of health reform?
- What is an Exchange?
- Why is an Exchange necessary?
- What will it provide?
- Who will benefit?
- Who is sponsoring and partnering to bring the Exchange to Marylanders?

## Launch and Post-Launch Messages Address:

*(all previous messages, plus)*

- Who is eligible?
- Who can apply for subsidies?
- When can you enroll?
- What are the benefits?
- How do you enroll?
- Where can you get more information?

## Sustaining Messages Address:

*(all previous messages, plus)*

- What should you consider when selecting health coverage?
- How can you get the most out of your health coverage?
- How do you know when you might qualify for subsidies or assistance?
- Who has already signed on with the Exchange?
- What has been their experience?
- What happens if you decide to drop your coverage?
- What happens if your changing circumstances require you to change your coverage?

# Branding the Exchange

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## Branding

- Establish the Exchange's **role and brand value** from the beginning - particularly as it pertains to its status as a quasi-government entity.
- Embrace the role of "**educator**" rather than that of "enforcer."
- Recognize that this will be **completely new** for consumers, that there will be lots of confusion and that the Exchange will succeed if it **simplifies** its brand positioning and communications.
- Brand positioning must be **relevant** to all audience segments.
- Promotion of the brand cannot underestimate the power of **leveraging** and borrowing existing brand equity of partners.
- The brand for the Exchange must not be **stigmatized** as a medical assistance product/program, but rather a destination for choosing from qualified health plans.

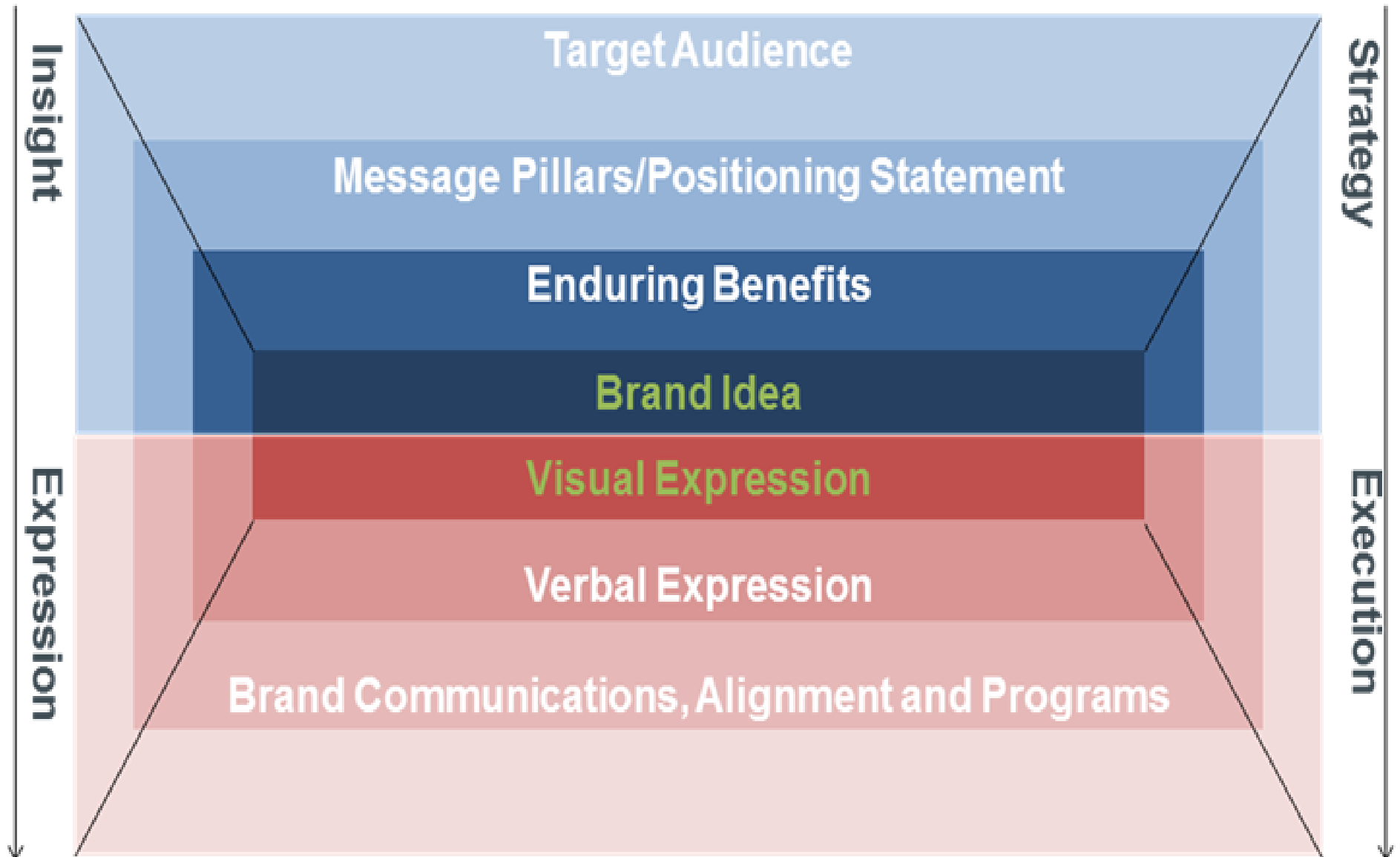
## Brand Deliverables

- Brand Name
- Brand Vision
- Brand Identity
- Brand Style Guide / Graphic Standards
- Brand and Creative Testing



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HEALTH BENEFIT EXCHANGE

# Brand-Building Process

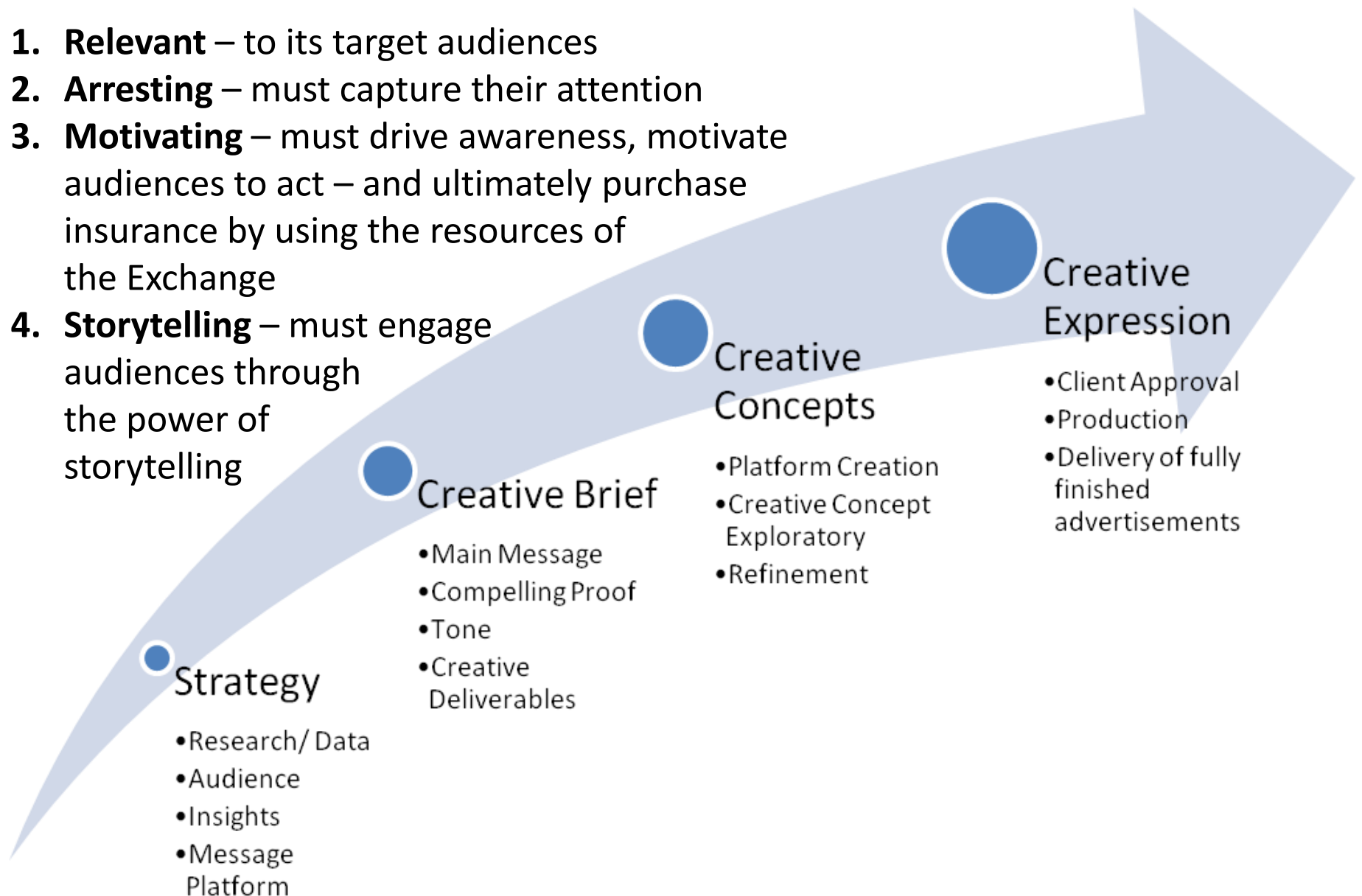


# Creative Development

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# Creative Development

1. **Relevant** – to its target audiences
2. **Arresting** – must capture their attention
3. **Motivating** – must drive awareness, motivate audiences to act – and ultimately purchase insurance by using the resources of the Exchange
4. **Storytelling** – must engage audiences through the power of storytelling



## Creative Lessons From MA

- **Peer-to-peer** communications is essential
- **Showcase the many faces** of the uninsured
- **Tell me**, don't sell me
- **Research** should be employed to test whether these same attitudes are true among uninsured Marylanders, as well as potential creative directions for the campaign. Methods may include:
  - **Mall intercepts**, which can be conducted in targeted neighborhoods reflecting priority audiences
  - **Consumer focus groups**, which can be comprised of a cross-section of audience profiles
  - **One-on-one interviews** with representatives of key influencer groups, including navigators, community service organizations and health providers





Creative Concept 1

# Jim Randall

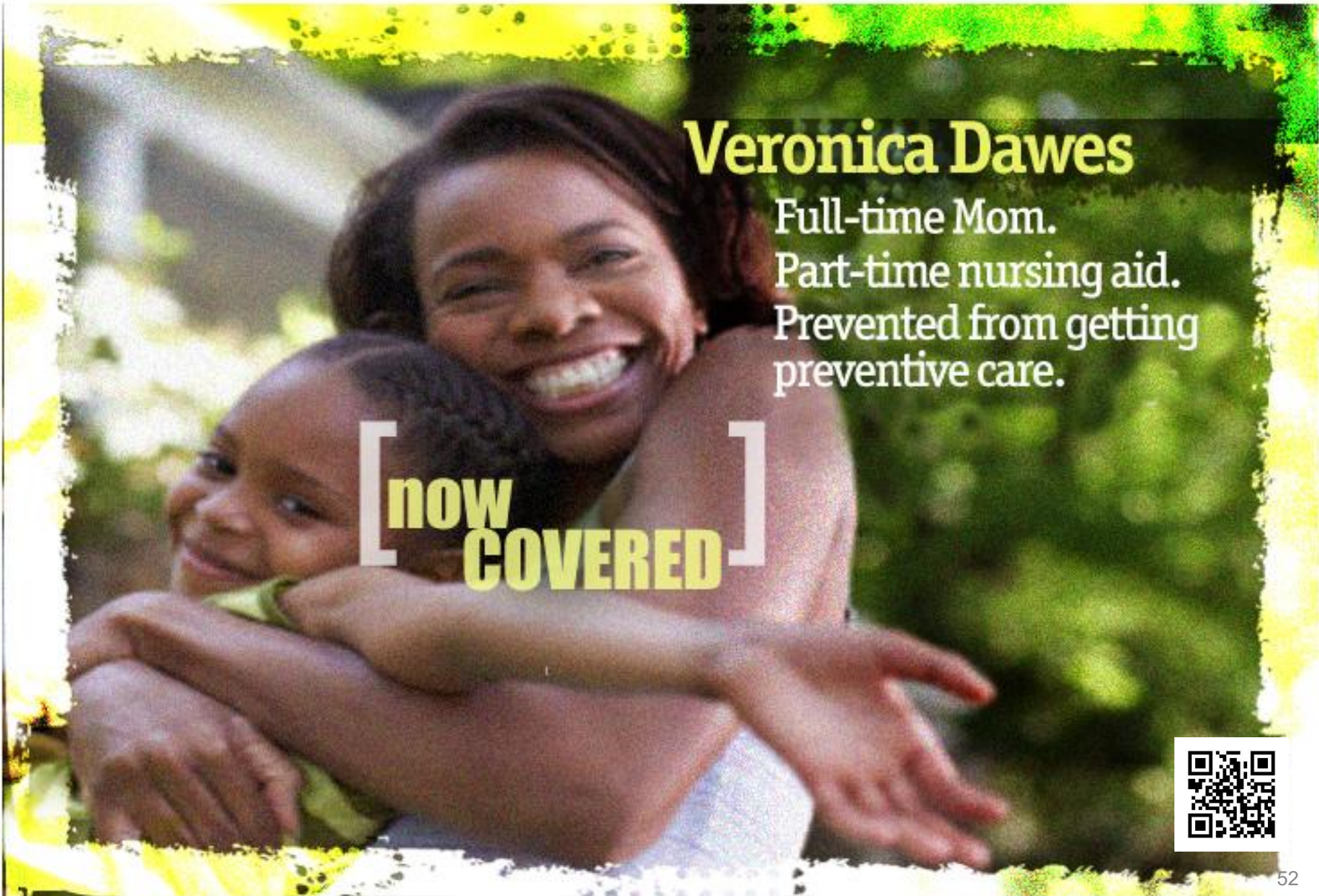
Weekday sales associate.  
Weekend cyclist.  
Without health insurance,  
an injury would  
have cost him big.

[NOW COVERED]





Creative Concept 2



# Veronica Dawes

Full-time Mom.  
Part-time nursing aid.  
Prevented from getting  
preventive care.

[now  
COVERED]





Creative Concept 3

# Rodney Smith

Architecture major.  
Restaurant server.  
Too old for his parents'  
health insurance.

**[ NOW  
COVERED ]**





Creative Concept 4



**Cindy Lee**

Convenience store worker.  
Discount store shopper.  
Found health insurance  
choices confusing.

**now  
COVERED**





Creative Concept 5

**Miguel Cardoza**

Road crew supervisor.  
Baseball fan.  
Was never able to  
find affordable  
health insurance.

**[NOW  
COVERED]**





Creative Concept 6

# Jenny Wilson

Pie baker.  
Fudge maker.  
Thought health insurance  
would be too expensive  
for her start up business.

[**now  
COVERED**]





Creative Concept 7

# Elena & Victor Alfaro

Neighborhood leaders.  
Church volunteers.  
Lost health insurance  
when he lost his job.

**now  
COVERED**



# Partnerships

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# Partnerships With Navigators, Brokers, Health Care Providers and Channel Partners

Both outreach to the uninsured and marketing of the Exchange will be mediated by navigators. They will play a critical role in explaining health reform, branding the Exchange, and enrolling its users for coverage. They are the foot soldiers in this campaign. Equally important to the education and outreach effort will be the work of brokers, health care providers and promotional partners, who also will share the responsibility for informing the public – and particularly the uninsured – on the features and benefits of the Exchange. Therefore, it will be important to deploy them all effectively, as part of the campaign. This will require providing them the necessary information, materials and support to optimize their knowledge of health reform and the role that the Exchange plays, as well as the necessary details about how the Exchange works.

Navigators are charged under the ACA to perform four functions, and to do so in a culturally and linguistically appropriate way:

- Perform public education duties to raise awareness about qualified health plans
- Provide fair and impartial information about enrollment in qualified health plans
- Facilitate qualified health plan enrollment
- Referrals to appropriate entities for enrollees with grievances, complaints or questions

Navigators, brokers, health care providers and promotional partners will require advance briefing and training as endorsers, influential advisors and market educators before the campaign launches, and then will need ongoing updates, materials, information and support as the campaign progresses.

## Partnerships Used in MA

Corporate Partner	Provided
<b>Comcast</b>	<ul style="list-style-type: none"> <li>• Pro bono television advertising</li> </ul>
<b>CVS</b>	<ul style="list-style-type: none"> <li>• In-store radio announcements</li> <li>• Window posters</li> <li>• Flyers at check-out</li> </ul>
<b>H&amp;R Block</b>	<ul style="list-style-type: none"> <li>• Displayed pamphlets and posters</li> <li>• Conducted public outreach and education at local libraries and community centers</li> <li>• Provided uninsured clients with contact information</li> </ul>
<b>Price Chopper</b>	<ul style="list-style-type: none"> <li>• Informational flyers at check-out</li> </ul>
<b>Shaw's and Star Market</b>	<ul style="list-style-type: none"> <li>• Messages on newspaper inserts and register receipts</li> <li>• Displayed posters in stores</li> </ul>



## Support for Navigators, Brokers and Health Care Provider Partners

- **Training Kit**, including key facts about the Exchange; overview of audience types and profiles, and tips for fielding their questions and addressing their concerns; FAQs for their use with individuals and groups; and tips for overcoming objections as they work to guide individuals through the process.
- **Video presentation** giving an overview of the Exchange, its features and its benefits. The video can be used in their own meetings with individuals and groups.
- **PowerPoint presentation**, arranged in modules, for adaptation and use in various settings. The presentation would contain speaker notes to ensure consistency of messaging.
- **Speaker training** for navigators and brokers, with tips for making effective presentations, assessing audiences and their needs, preparing content and delivery techniques, and effectively handling Q&A sessions.

## Support for Navigators, Brokers and Health Care Provider Partners

- **E-newsletter** to keep navigators, brokers, health providers and other channel audiences up to date on the latest news, statistics, tips and techniques, and shared — ~~e~~ “best practices” among navigators.
- **Navigator section** of the Exchange web site, password protected, to facilitate building a community among navigators to share information, report on successes, provide advice to each other, and keep up with the latest facts and statistics.
- **Web-based tutorial** for training and refresher sessions
- **Recognition** for navigators doing exemplary work, in the form of certificates, vignettes/success stories in the e-newsletter and navigator web site area, etc.

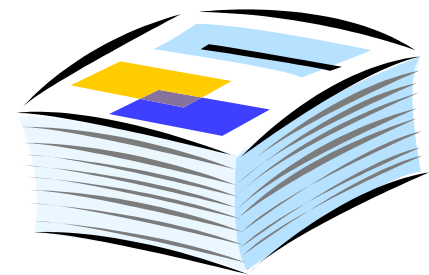
## Promotional Partnerships

- Promotional partnerships serve as a **low-cost means of extending the Exchange's reach** into communities across Maryland and warrant the highest priority in the mix of marketing activities. Partnerships could range in scope from **active promotion of enrollment** to serving as a **conduit for distributing information**. Among the important functions partners can perform are the following:
  - Educating their stakeholders
  - Hosting information sessions and enrollment events
  - Community outreach such door-to-door canvassing
  - Distributing enrollment information
  - Promoting the Exchange on their websites and newsletters
  - Signage and posters in their facilities
  - In-store promotions in partners with retail stores

# Training and Support

Effective partnerships will result only if adequate **training** and sustained **support** are provided to partners. Within the marketing structure of the Exchange, a **director of partnership relationships** should be designated. Among the tools partners will likely need are:

- A separate partners web site where they can access tools and share success strategies
- Information and instruction on how to explain and promote the Exchange
- Scripts, presentations and other guides
- Informational materials and fact sheets
- Posters and other signage
- Downloadable templates for fact sheets, door hangers, etc.



## Types of Potential Partnerships

- Partnerships with other government agencies
- Partnerships with Maryland's faith community
- Partnerships with health care providers
- Partnerships with labor unions
- Partnerships with foundations
- Partnerships with advocacy groups
- Partnerships with human services providers
- Partnerships with community organizations
- Partnerships with affinity groups whose membership includes the uninsured and/or small businesses
- Partnerships with businesses serving the uninsured
- Paid promotional partnerships



*(Examples of partnership organizations listed in Appendix D.)*

## Retail Partnerships to Reach the Uninsured

- **Giant Food and Pharmacy** is shopped most frequently in the grocery store category.
- **CVS** and **Rite Aid** are shopped most frequently in the drug store category.
- **Wal-Mart** is shopped most frequently in the discount store category.
- **McDonald's** is shopped most frequently among prepared food retailers.

The logo for CVS, consisting of the letters "CVS" in a bold, red, sans-serif font.The logo for Walmart, featuring the word "Walmart" in blue, sans-serif font, followed by a yellow six-pointed starburst icon.The logo for Rite Aid, featuring the words "RITE" and "AID" in white, sans-serif font, stacked vertically within a red shield-shaped background with a blue top section.The logo for Giant, featuring a stylized fruit basket icon with red, purple, and green leaves above a yellow bowl, with the word "Giant" in a purple, sans-serif font below it.The logo for McDonald's, featuring the golden arches in yellow on a red background, with the word "McDonald's" in white, sans-serif font below it.

# Potential Sports Partnership

- Sports partnership would be viewed as a supplemental piece of the campaign, not part of the core marketing and outreach program
- The universe of the —Young Immortals” (M, 18 – 34, Single and Employed) in Baltimore is fairly large with 170,845 consumers
- In addition, they are interested in a broad range of activities as it relates to sports, lifestyle and entertainment opportunities



Source: Scarborough research October 2011



# Potential Sports Partnership

- The “Young Immortals” are significantly more likely than the general public to be fans\* of the following local sports teams:



80%



53%



39%



35%

- They also over-index in attendance for 3 of the 4 major sports teams (see below), creating opportunities for the Exchange to reach and inform this key audience through in-stadium, media tie-ins and fan channel communications.



148 (29.3%)



129 (1.9%)



121 (17.8%)



86 (2.6%)

\* Fan is defined as watched, attended or listened to a game in the last 12 months  
 Source: Scarborough research October 2011



# Earned Media / Public Relations

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## Earned Media / Public Relations

Opportunities for earned media will abound, including stories on the first effective enrollees, enrollment number milestones, and enrollee testimonials. Each of these becomes the focus for positive, brand-reinforcing stories. There will also be the risk of negative stories, including potential topics such as enrollment snafus, delays in issuing insurance cards, the cost of Qualified Health Plans, claims of “shoddy” Bronze coverage, incidents of physicians refusing to accept enough new patients to serve the uninsured and other negative topics.

Earned media will reach key opinion leaders as well as the general public. While coverage is bound to include some level of criticism, it can be successfully countered by putting a human face on health reform. Finding real individuals whose lives have been saved or improved because they have enrolled in health insurance is an important strategy that worked well in Massachusetts.

In the case of Massachusetts, the Health Connector’s prime “real life” spokesperson was featured on several national news programs, spoke at a press conference hosted by then House Speaker Nancy Pelosi in Washington, DC, and threw out the first ball at Fenway Park, in addition to attracting news coverage across the state. This young woman’s story was genuine and compelling and her life was literally saved because her cancer was diagnosed and treated after she enrolled in health coverage and visited a doctor. The Massachusetts Health Connector found its “real life” star by hosting a contest that urged individuals to tell their stories about how health coverage improved their lives. Hundreds of responses were received and a number of individuals with authentic stories were identified and agreed to help with media outreach. Their stories provided context and a human element for the media.

Maryland will have its share of real life success stories to tap, and these individuals will be willing to share their experiences with the media. The campaign would ensure that these stories are told across online channels as well via compelling blog posts, videos and other shareable online content.

# Earned Media

## Phase I: Lay the Foundation

- **Establish a corps of spokespeople** and supporters who can be briefed and prepared to handle media interviews and participate in ongoing media coverage opportunities
- **Prepare media resources** kit (electronic and hard copy) including:
  - Key Messages
  - Talking Points
  - Q&As
  - Fact Sheets
  - Backgrounder
  - Single-page Data Sheets, including charts and statewide health insurance data and statistics
  - Q&As
  - Expert Database
  - Visual Resources: Photos, illustrations, video vignettes, etc. that will enhance reporting



## Earned Media

- **Online Newsroom:** Developed as a section of the website to allow reporters, bloggers, editors and others easy access to the Exchange media materials (should include fact sheets, Q&As, press releases, etc.).
- **Media List:** Identify media outlets and contacts to target outreach and pitching. (*Examples of media outlets included in Appendix C.*)
- **Expert Background:** Information on outside experts who understand the Exchange can be made available for commentary and perspective.

# Earned Media

## Phase II: Build and Sustain the Momentum

- **Press Releases:** Milestones and announcements focusing on the Exchange and its implementation in Maryland.
- **PressLift:** In addition to the media kit, the Exchange should use an online press release that not only contains a traditional release, but links to articles, white papers and information explaining the insurance program. The PressLift releases will also provide clickable access to photographs, illustrations, audio and video, logos, featured quotes and articles on the subject. This method will provide an efficient means for delivering electronically large amounts of information to the media in a single e-mail.
- **TV and radio talk show appearances** for Exchange spokespeople, accompanied by early adopter consumers and business owners, community leaders, elected officials and other opinion leaders as appropriate

## Earned Media



- **Media Outreach**
  - Face-to face briefings
  - Consistent updates and news alerts through press releases, calls, tweets, e-mails and other contact points
  - Announcements and updates that highlight key milestones, report on progress, dispel misinformation and address their specific questions
- **Engage in Storytelling:** In an effort to explain this complicated issue, the campaign should employ clear and effective —storytelling” techniques to help the media quickly gain an understanding of the new program, and convey highlights to viewers/readers/listeners. Storytelling techniques will humanize the message about the Exchange so it resonates with audiences on a personal level. This technique turns basic messages into stories that capture attention and deliver a clear engagement message and/or call-to-action to target audiences.

## Earned Media

- **Opinion Pieces:** As the Exchange is unveiled, the campaign should identify opportunities for spokespeople, influencers and advocates to prepare and place Op-ed articles throughout the state. Op-eds will emphasize explaining the benefits of The Exchange and how it will provide badly needed health insurance to hundreds of thousands of people across the state while reducing health care costs.
- **Special Sections and Editorial Calendars:** Most media publish and air special healthcare sections, therefore the campaign should mine for stories using editorial calendars at newspapers, magazines, online publications, TV and radio stations to generate positive coverage of the Exchange.



## Earned Media

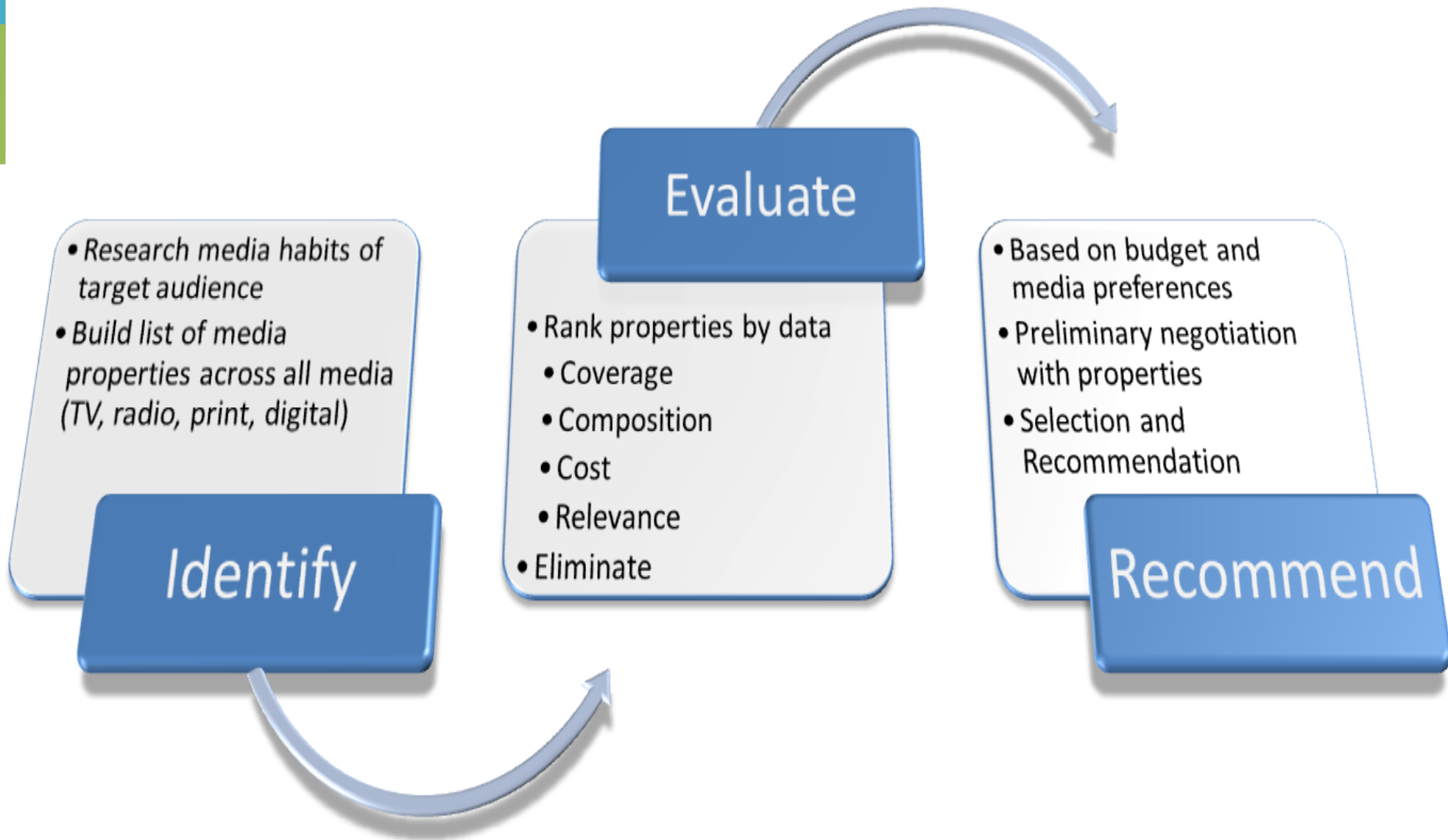
- **Letters to the Editor:** Stakeholders who opt to draft and submit letters to the editor regarding the Exchange should be provided with the necessary data and background material to ensure accurate, clear and consistent messages. In addition to testimonials, white papers from experts and additional tools can be at-the-ready and adapted and used by stakeholders and communications staff.
- **Video Vignettes:** Short video clips featuring newly insured experiences and viewpoints can be incorporated into slide shows, posted on the Exchange's website and user portal, and on social media sites.
- **Virtual Press Conference:** Establish a virtual press conference forum that will allow media outlets to log in online to listen and ask questions.
- **Update** target media lists, special sections, editorial calendars ongoing
- **Expand** bank of user stories, photos, video clips and experiences ongoing



# Paid Advertising

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# Paid Advertising



## Audiences for Paid and PSA Advertising

- Marylanders who are uninsured and influencers of the uninsured (i.e. parents of the young adult uninsured)
- Small business owners and entrepreneurs
- Insurance brokers and agents
- Opinion leaders
- All Marylanders interested in/affected by health care reform

**NOTE:** The Media Audit, whose data collection serves as the basis of many recommendations regarding advertising and promotion in this report, is a syndicated, localized audience survey that gathers and correlates information on media usage, demographics, socioeconomics, psychographics and consumer shopping patterns. Interviews were conducted by telephone using random-digit dialing patterns. The sample base for data used in this report encompasses 1,365 Marylanders who were polled between March and June 2011. We based our recommendations on information that resulted when we correlated respondents who indicated they had no health insurance with the full spectrum of factors tracked by Media Audit.

# Structure/Timing of Paid and PSA Advertising

## PSA advertising (non-paid)

- Begins in late 2012/early 2013
- Target audience: all Marylanders
- Message: health care reform is about to begin

## Paid advertising promoting health reform

- Begins Summer 2013
- In partnership with other funders (insurance companies, providers, foundations, etc.)
- Target audience: opinion leaders, small businesses, entrepreneurs
- Message: health care reform works for Maryland and Marylanders

## Exchange-focused advertising

- Begins Summer 2013 (businesses); Sept/Oct 2013 (consumers)
- Target audiences: small businesses, entrepreneurs, uninsured
- Message: enroll

Audience: Individuals Who Will Use The Exchange

## TV and Cable

- Uninsured Marylanders are above-average consumers of television
- TV advertising is 2.5 times more effective at creating sales uplift per equivalent exposure than the next best performing medium – print (Ebiquity econometric analysis of 3,000 ad campaigns)
- Makes radio advertising 100% more effective than if radio were used alone
- Offers opportunity to place advertising in sports programming, such as college basketball, baseball and NFL football

	Baltimore	MD suburbs of D.C.	Other MD areas
These stations offer the most efficient access to reaching MD's uninsured	WJZ TV WBAL TV WBFF TV	WTTG WJLA	WBOC WHAG
These stations offer less efficient access but may be used because they offer exceptional pricing or provide needed geographic coverage	WMAR TV WNUV TV	WUSA WRC WDCA	WMDT

**Audience: Individuals Who Will Use The Exchange**

**Radio**

- The most significant advantage of radio advertising is its ability to target consumer audiences narrowly, helping to maximize exposure to specific audience segments.

	Baltimore	MD suburbs of D.C.	Other MD areas
These radio stations offer the most efficient access to reaching MD's uninsured	WERQ-FM WPGC-FM WWIN-FM	WPGC-FM WKYS-FM	WAYZ-FM WICO-FM
These radio stations offer less efficient access but may be used because they offer exceptional pricing or provide needed geographic or ethnicity coverage	WOLB-AM WLZL-FM	WGTS-FM WLZL-FM	WILC-AM WKIK-AM

Audience: Individuals Who Will Use The Exchange

**Digital**

- Frequent users of the Internet and digital devices such as smart phones
- Paid mobile media, accessed via smart phones
- Paid placements on Internet sites other than news sites, which research shows are not frequently used by Maryland’s uninsured
- Latinos are more likely than the average U.S. household to have cell phones with Internet and video capabilities
- Latinos also write more texts than any other race or ethnicity, sending an average of 943 texts per month (national average is 740)
- African-Americans use more mobile voice minutes per month (1,261) than any other group
- 33% of African-Americans choose app-based smartphones with Web-enabled operating systems

	Baltimore	MD suburbs of D.C.	Other MD areas
These web destinations and their mobile platforms offer the most efficient access to reaching MD’s uninsured	Google Facebook Yahoo WBALTV.com Weather.com	Google Facebook Yahoo Weather.com MyfoxDC.com	Google Facebook Yahoo

Audience: Individuals Who Will Use The Exchange

## Newspapers

- Not recommended - research indicates that the consumer target audiences are not regular users of print media

Audience: Individuals Who Will Use The Exchange

## Out-of Home

- Out-of-home advertising, which includes billboards and transit advertising, are an effective and efficient way to maintain 24/7/365 visibility among consumers (especially valuable in launching products)

	Baltimore	MD suburbs of D.C.	Other MD areas
Transit	Buses Bus Shelters Metro Stations	Commuter buses Metro Stations	Buses Bus Shelters
Billboards	Local/Community billboards	Mobile billboards	Mobile billboards



## Audience: Small Business Owners, Entrepreneurs and Opinion Leaders

### **Must achieve the right balance of:**

- The gross number of business owners and entrepreneurs reached is an important consideration since the Exchange will need to maximize its exposure to this audience.
- The percentage of the medium's total audience that is a business owner or entrepreneur is an important consideration since the Exchange must seek to maximize its efficiency by minimizing exposure of its marketing messages to audiences outside of the target.
- The cost of buying advertising space must be reasonable as measured by the cost per exposure to the target audience.

## Audience: Small Business Owners, Entrepreneurs and Opinion Leaders

Medium	Business Owners Reached	Business Owners as a % of its Total Audience
<b>DIGITAL MEDIA</b>		
WashingtonPost.com Visited past month	97,630	11.4%
BaltimoreSun.com Visited past month	32,749	5.7%
NBCWashington.com Visited past month	21,582	8.7%
FoxBaltimore.com Visited past month	20,785	7.3%
WashingtonTimes.com Visited past month	21,694	12.6%
<b>PRINT MEDIA</b>		
The Gazette network	74,378	9.9%
The Washington Post 5 weekday cumulative reach	68,205	8.2%
Sunday Sun 4 edition cumulative reach	35,317	3.99%
Washington Business Journal 4 edition cumulative reach	26,233	23.8%
Baltimore Business Journal 4 edition cumulative reach	19,587	17.5%
Annapolis Capital (Sunday) 4 edition cumulative reach	13,194	17.1%
The Urbanite 4 edition cumulative reach	12,962	12.4%
Washington Times 5 weekday cumulative reach	12,860	34.3%
The Jewish Times 4 edition cumulative reach	7,343	16.2%
<b>RADIO</b>		
WTOP-FM 7 day cumulative reach	36,480	9.2%
WBAL-AM 7 day cumulative reach	28,792	11%
WGTS-FM 7 day cumulative reach	21,694	28.4%
WRQX-FM 7 day cumulative reach	21,684	20.7%
WASH-FM 7 day cumulative reach	16,060	14.9%
WCBM-AM 7 day cumulative reach	15,203	11.7%
WLIF-FM 7 day cumulative reach	12,792	12.5%

## Audience: Small Business Owners, Entrepreneurs and Opinion Leaders

### Additional Media

- The Daily Record
- The Business Monthly
- I-95 Business
- Corridor
  
- The (Belair) Aegis
- Carroll County Times
- Cecil Whig
- Cumberland Times News
- Easton Star Democrat
- Frederick News Post
- Hagerstown Herald Mail
- Salisbury Daily Times
  
- Insurance & Financial Advisor Monthly (Maryland edition)
- IFAwebnews.com (Maryland)
- The Maryland Messenger

# Social and Digital Media

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# Social and Digital Media

Social media and digital integration will be important to infuse across all marketing initiatives. Although online use will vary by target audience, it is imperative to maximize the Web as an important education tool that will ultimately help drive enrollment in the Exchange. Currently, Facebook houses more than 800 million users; 48 hours of video are uploaded to YouTube each minute; and 200 million tweets are delivered daily via Twitter.

The digital plan should be closely integrated with the overall communications strategy for the campaign. The initial social media marketing goals should be developed around building public awareness around the Exchange and building attention with bloggers and key online influencers in the health care and health reform fields alongside the general public. Creative storytelling and data sharing will help build the foundation for consumer education and decision-making leading to enrollment.

As with any social media and digital marketing effort, it is critical to deliver the right messages to the right audience at the right time. Open enrollment periods will serve as logical windows where there will be an increase in traffic around public searches online pertaining to health insurance. Searchable and shareable Maryland Health Benefit Exchange online content will need to be in place prior to these windows, which are the key periods to drive active enrollment. In addition, online content should be syndicated and made available throughout the year, as individuals become eligible for government-sponsored insurance programs. Continued outreach via combined social media engagement and digital advertising will be critical to move consumers from enrollment consideration to active registration.

## Social and Digital Media

Today's emerging technology allows people immediate access to highly engaging information and social connectivity. The Exchange needs to deliver engaging information and connect socially with audiences to match behavior and expectations.

People want their relationships with organizations to mirror their personal relationships—personal, accessible, empathetic and responsible. The Exchange needs to humanize its public presence, using social channels and storytelling to do so.

- Utilize new assets...
  - Brand vision
  - Messages
  - Images
  - Stories
  - Statistics
  - Spokespeople
  - Advocates
  - Partners



## Social and Digital Media

- ...to forge stories through various digital formats
  - Text
  - Photo
  - Infographic
  - Video
  - Audio
- ...through online vehicles:
  - Dynamic copy: press release, posts, user comments
  - Online resources: FAQ, whitepapers, web pages
  - Geo-location: check-ins, local reviews, geo-tagged rich media
  - Media: images, infographics, video, tweets, emails, SMS, podcasts, slideshows
- ...to digital destinations:
  - Web: sites, microsites, blogs
  - People: employees, subscribers, advocates
  - Social media: applications, Facebook, LinkedIn, Twitter, Flickr, SlideShare, Foursquare, YouTube
  - News sources: Newswire, online media, RSS feeds



# Social and Digital Media

## Website hub

- Simple, centralized storytelling hub and a source of the Exchange's primary online content
- MD Exchange benefits
- Health management tools
- Shopping experience: choice of plans and enrollment
- Vehicle for finding navigators and brokers
- Critical information access point for opinion leaders, residents and policy experts
- Navigator tutorials, materials and support
- Small business forum/sharing
- Visually engaging and —viratready” educational materials
- Campaign news and data
- Upcoming events
- Enrollee success stories
- Aggregation of digital community activity





# Social and Digital Media

## Additional website functionality

- Videos, Podcasts
- User-generated content (shared stories, rich media, posts)
- Editorial calendar for brand-owned social content
- Navigator success stories
- Blog integration
- Campaign updates and news
- Maryland —“coverage quilt” map with early adopter —“pop-up” stories
- Geographic visual of enrollment rates across Maryland

## Social media deployment

- Video testimonials of people who have enrolled
- Peer-to-peer stories shared through social outlets
- Paid media campaigns—Google + FB Ad buys
- Custom sites: Facebook, Twitter, LinkedIn, YouTube, Vimeo, Flickr
- Upload enrollees’ own video testimonials
- SlideShare for partners and channel audiences



# Social and Digital Media

## Partners' digital involvement

- Use online channels for content syndication
- Offer updated content via callout banners and digital resources
- Drugstores: Walgreens, CVS, Rite Aid
- Local organizations: churches, social services, community groups, financial aid offices, etc.

## Webinars

- Live web sessions with experts
- Provide information on what the Exchange means for consumers
- Enrollment information, benefits
- History of the law, Maryland's role
- Webinar archive lives on social channels (YouTube, Vimeo), aggregated into the hub and is shareable

# Social and Digital Media

## E-newsletter

- Opt-in email marketing campaign
- Follow up and stay in touch with residents who show initial interest
- Provide a channel for active regular “push” communications
- Deliver to legislators, partners, channels and other stakeholders

## SMS alerts

- Integrated text campaign
- Text a number and receive information that drives website
- Subscription-based text reminders to keep users enrolled
- Wellness tips customized by demographic need——“plan”



## Mobile app

- Develop mobile adaptation of web hub and/or mobile app
- Launch and track mobile app for all audiences

# Community Outreach / Education

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## Community Outreach / Education

There is no substitute for engaging people where they live, work, play and pray. Community outreach will be essential in helping Maryland residents understand not simply the availability of health insurance options through the Exchange, but their value.

Face-to-face meetings with community groups, elected officials, businesses, religious organizations, clubs and individuals are vital to educating and helping residents understand the health reform law and feel comfortable purchasing insurance through the Exchange.

# Community Outreach / Education

## Phase 1: Lay the Foundation



- Create materials for community outreach
  - Geared to literacy levels, cultural appropriateness, health literacy and multiple languages
  - Speaker resource kit including educational PowerPoint presentation, FAQs, overview of the new health law, tips on how to field questions, profiles of various uninsured populations, including specific issues, needs and concerns
- Assemble comprehensive outreach list, including events calendar and venues and groups based on target demographics (*Examples of outreach and education target organizations included in Appendix B*)
- Build and brief a base of ambassadors, speakers, advocates and partners
- Identify and brief health care influencer audiences including physicians, health care site administrators, hospital admitting personnel, etc.

# Community Outreach / Education

## Phase 2: Build and Sustain the Momentum

### Materials Expansion

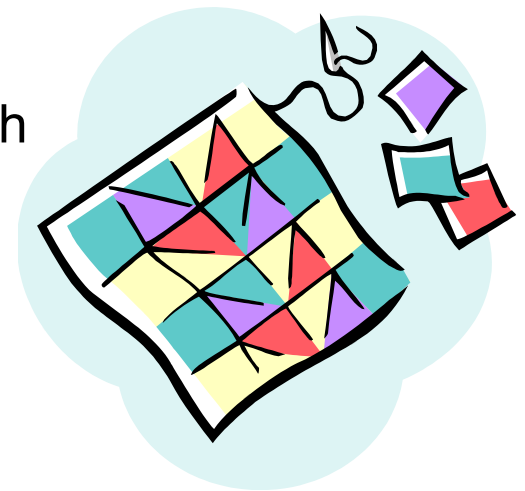
- Video testimonials from “early adopters”
- Online “coverage quilt” by municipality/county with pop-up testimonials from early adopters

### Public Officials

- Briefing kit
- E-newsletter updates
- District-by-district quarterly tallies of enrollments

### African-American, Hispanic and Minority Audiences

- Presentations/displays/materials to faith-based organizations and churches (particularly those with health ministries)
- Information and outreach to advocacy groups
- Presentations and materials to African-American and Hispanic chambers of commerce and business groups



## Community Outreach / Education

- Displays/materials at ethnic festivals
- Displays/presentations/materials to faith/physical fitness/financial fitness groups
- Alliances with black colleges and universities, esp. alumni groups
- Briefings/materials to charitable groups and foundations

## Community, Advocacy and Social Services Organizations

- Briefings and information sharing
- Gather recommendations on effective outreach and channels
- Newsletter/e-newsletter and website content
- Displays at organization offices
- Information materials for distribution at locations and events
- Presentations at events

## Fairs, Community Events, Entertainment Events

- County fairs, community festivals
- General entertainment events (Preakness, etc.)





# Community Outreach / Education

## Low-income Audiences

- Channel audiences including legal aid lawyers, doctors and nurses in medical clinics, hospital social workers, community outreach and social services staff, and resident services coordinators in affordable housing developments
- Public libraries
- Posters for businesses (laundry facilities, check-cashing services, thrift stores, neighborhood grocers, hair salons, etc.) and social service agency locations
- Presentations and flyers at libraries, social services organizations, medical clinics
- Article placements in community outreach and social services organizations' newsletters and on websites (with links to Exchange site)
- Talking points/key messages for social services workers
- Materials for Volunteer Income Tax Assistance sites

## Community Outreach / Education

- Materials/briefings for channel audiences including Habitat for Humanity, Rebuilding Together, Enterprise Community Partners, People's Homesteading Group and Baltimore Housing's Office of Resident Services
- Posters and flyers at food assistance locations
- Online tutorial and materials for health clinics and community health centers
- Materials for workforce development organizations

### Schools

- Prioritize schools within target demographic groups
- Information/fact sheets to guidance counselors and school nurses
- Parents' night presentations
- Article placements in school newsletters and on the school website
- Information table at orientations
- Pamphlets for students to take home
- Talking points for guidance counselors and school nurses about the importance of health insurance and the benefits of the Exchange
- Target Head Start and adult literacy programs

# Community Outreach / Education

## Young Adults

- Events specifically geared to men, such as the National Man Expo at Ripken Stadium in Aberdeen
- Car and motorcycle shows and tours
- Food and beer festivals
- Outdoor recreation events, including gun shows, fishing tournaments, etc.
- Gyms and recreation centers
- —“Extreme sports” venues incl. paintball, rock-climbing, go-carts, etc.

## Business and Trade Groups

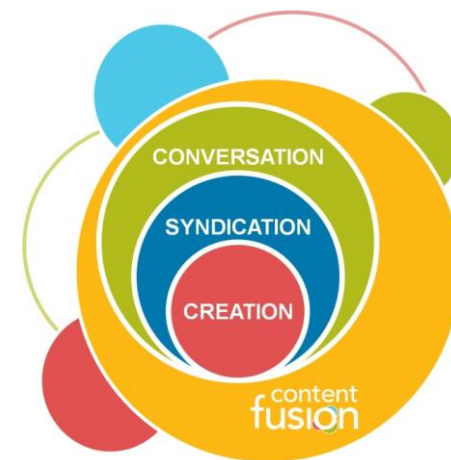
- Speaker appearances at business, trade, professional organizations
- Information table and materials at events
- Channel use including newsletters, websites, email lists, etc.

# Methodology for Organizing Marketing and Messages

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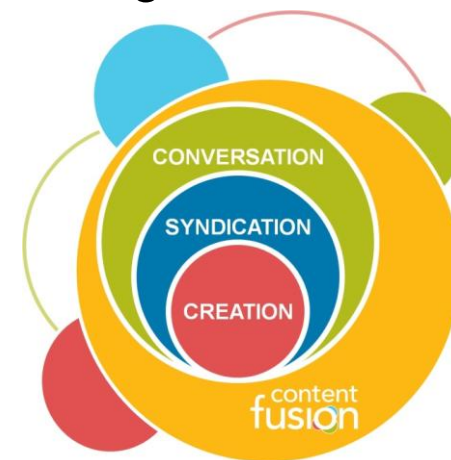
## Content Fusion

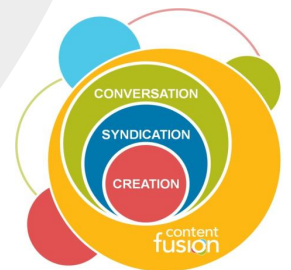
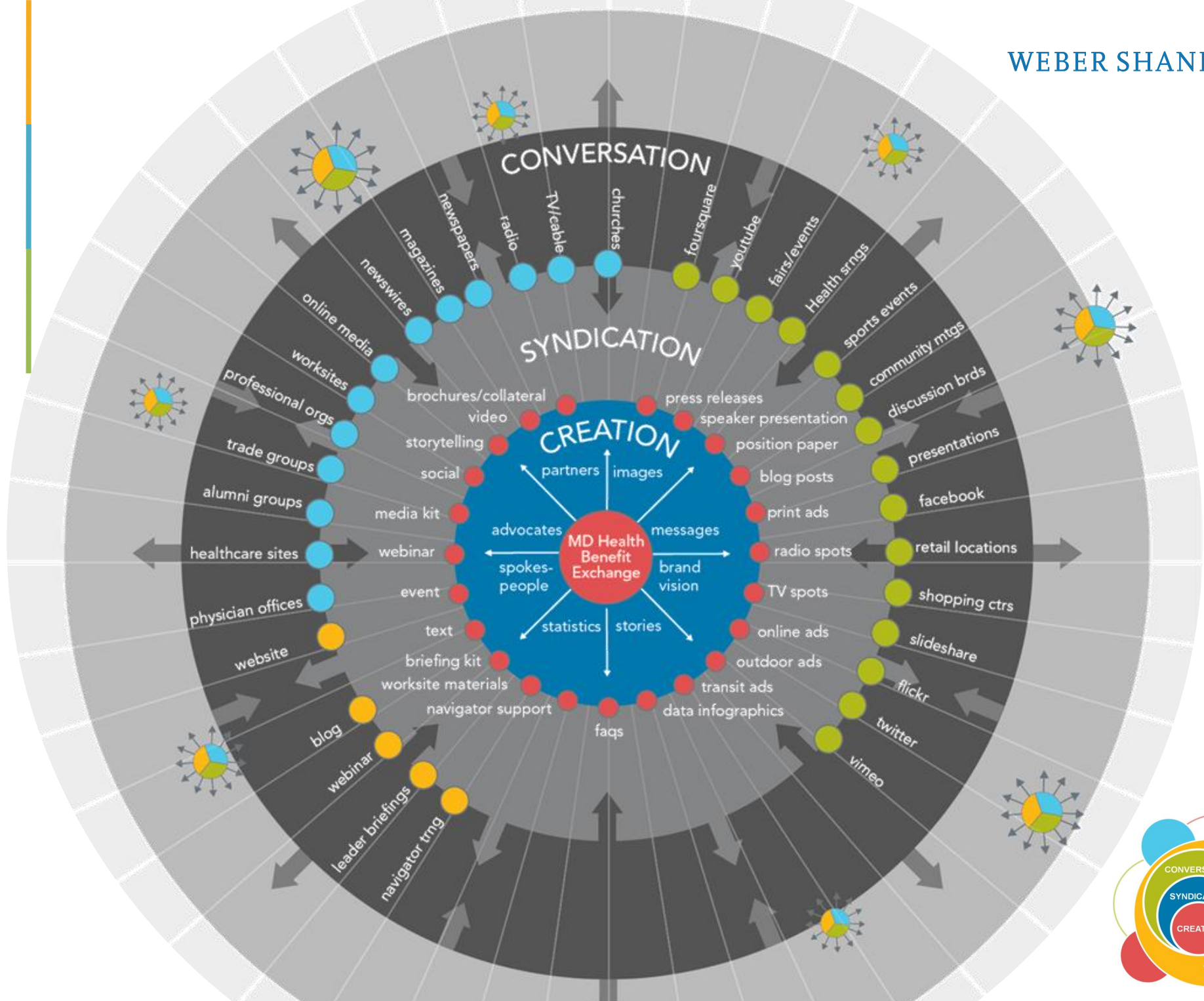
- Helps identify what **stories** can be told in which **formats** and where to **drive** those stories.
- Provides direction for the Exchange to become its own **media outlet**, publishing its own stories in its own channels, as well as sharing its news with more traditional media in a manner more consistent with how news is produced and absorbed today.



# Content Fusion

- Allows the Exchange to use its **assets** and **channels** to tell **stories** (*news, research, people*).
- Every story can be told in multiple **formats** (*text, photos, video, audio*).
- Every format has multiple **vehicles** (*news release, tweet, blog post, etc.*).
- Every vehicle has multiple **destinations** (*website, YouTube, Twitter*).
- Every destination creates multiple **conversations** with target audiences.
- Every conversation creates more **assets** to feed a **storytelling ecosystem** and sphere of influence for the Exchange.





- content vehicle
- brand ground
- common ground
- user ground
- ☀ conversations



# Informational Materials

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## Campaign Materials

- **Consistent** throughout the launch and implementation of campaign
- **Targeted**, yet expandable, suite of materials
- Produced, **downloaded**, distributed and updated as needs warrant
- **Basic level:** overview materials with simple and clear information on how to access the resources of the Exchange and facilitate the enrollment process.
- **Audience-specific** materials and those addressing specific communications situations should be layered on throughout the campaign, including speaker resources and materials suitable for partner sites and venues.
- Designed in **template** fashion, allowing channel and outreach partners to access and adapt for their own organizations and audiences

## Campaign Materials

- Fact sheets, pamphlets and downloadable online materials should be developed in the following languages: **English, Spanish, Chinese, Korean, Russian and Vietnamese**
- Advertising should be created in the following languages: **English, Spanish**
- Utilize available materials and tools from [www.healthcare.gov](http://www.healthcare.gov), with specific attention to messaging and factual information that may be useful in developing materials for Maryland audiences.

# Languages Spoken in Maryland

Language spoken at home	Number of Maryland residents	Number of Maryland residents who speak English with difficulty	% who speak English with difficulty
All languages other than English	<b>816,544</b>	<b>324,190</b>	<b>40%</b>
Spanish	<b>318,920</b>	<b>155,862</b>	<b>48%</b>
Indo European languages	<b>234,300</b>	<b>67,216</b>	<b>28%</b>
Asian and Pacific Island languages	<b>177,487</b>	<b>80,554</b>	<b>45%</b>
Other languages	<b>85,837</b>	<b>20,558</b>	<b>24%</b>

Source: U.S. Census Bureau 2009 data

Chinese	<b>41,885</b>	<b>8,775</b>	<b>21%</b>
Korean	<b>32,935</b>	<b>9,945</b>	<b>30.2%</b>
Russian	<b>17,585</b>	<b>4,375</b>	<b>24.9%</b>
Vietnamese	<b>14,890</b>	<b>4,365</b>	<b>29.3%</b>

Source: U.S. Census Bureau, Census 2000

Tabulated by the Maryland Department of Planning, Planning Data Services

	Consumer Audiences	Business Audiences	Vulnerable Populations	Community Leaders	Elected Officials	Community Service Orgs	Media	Navigators	Health Insurers and Brokers	Non-English Speaking	Spokespeople and Advocates	Partners
Overview Brochure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Briefing Kit				✓	✓	✓	✓	✓	✓			✓
Newspaper Insert	✓	✓	✓									
FAQs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Overview Video	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
PowerPoint Presentation	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Employer Brochure		✓							✓			
Speaker Training Kit						✓		✓	✓		✓	
Navigator Training Kit								✓				
Partner Briefing Kit												✓
Tips for Community Service Orgs						✓		✓			✓	
Event Display	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Postcard/ Email Templates	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Mobile Road Show	✓	✓	✓			✓		✓	✓	✓	✓	✓
Print/Broadcast/Web/ Outdoor Advertising	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
E-Newsletter		✓		✓	✓	✓		✓	✓		✓	✓
Consumer Video Vignettes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Online Media Kit							✓					
Downloadable Materials for "Channel" Partners	✓	✓	✓			✓		✓	✓	✓		✓
Retail Pamphlet Display/Materials	✓	✓	✓							✓		✓
Physician/Health Site Materials	✓	✓	✓					✓	✓	✓		✓

# Examples of Materials Across Audiences

# Risk Management and Response

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## Risk Management and Response

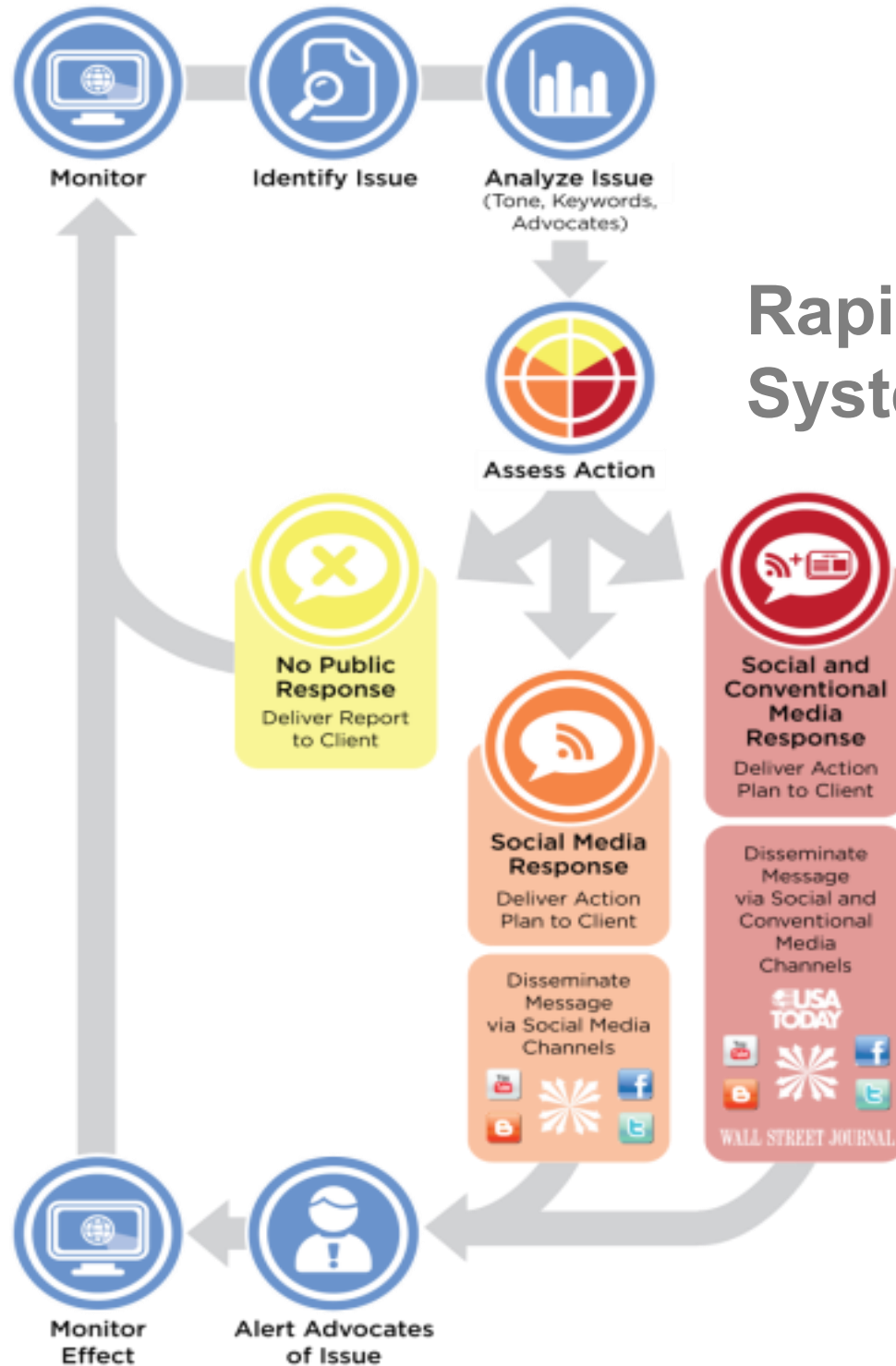
- Establish a **Risk Management team** to identify risks and their consequences.
- Organize an Exchange **contact center** to handle consumer complaints and questions.
- **Fully brief** members of the Risk Management team on the federal health reform law, its application to the state, and the workings of the Exchange.
- Train contact center personnel and risk communication team members to perform their duties, and provide “**on-boarding**” to new members who rotate in.
- Prepare media relations **responses and protocol**.
- Identify and train Exchange **spokespeople** to work with the media and field the most challenging questions.





## Risk Management and Response

- Monitor and assess the **relevance** of crisis/risk management activities surrounding exchanges in other states, compiling —“lessons learned” and —“best practices” that can be applied in Maryland.
- **Draft** Q&A, talking points, single-page fact sheets including Exchange fact sheet, statewide health insurance data, target population statistics, background and data pertaining to issues and myths surrounding the program
- Establish a system to **monitor** newspaper, radio, TV and online conversations about the Exchange and the program.
- Establish **procedures and priorities** for responding to negative media stories, op-eds, blogs and reports



# Rapid Response System

# Measurement and Evaluation

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# Measurement and Evaluation

At the heart of any strong integrated campaign is a solid monitoring, measurement and analysis plan. As part of this campaign, monthly and quarterly measurement reports with interim reports should be generated as necessary around key campaign initiatives or events. **Reports** will provide an easily understood visual breakdown of quantitative and qualitative data, infused with careful analysis and recommendations that assess results against ongoing marketing activity.

**Benchmarking** will be critical to ensure that there is an agreed upon framework for accurate measurement throughout the campaign. Following is a sample framework for elements that will be measured against, mapping directly back to marketing activities and outreach channels.

On a quarterly basis, campaign metrics would be rolled into a “**dashboard**” for quick reference and tracking as the campaign progresses and performs against goals.

# Measurement and Evaluation

## Metrics

- Response to QR codes, phone number and URL in ads and materials
- Percentage of employers offering health insurance coverage in Maryland, benchmark vs. Year 1, 2 and 3
- Quarterly data to provide accurate information about the number and percentage of individuals who have health insurance
- Annual health insurance data to provide an estimate of the number and rate of uninsured individuals in the state
- Data providing the number of people who reported having health insurance by the tax filing deadline
- Survey data from Maryland health plans, supplemented with additional information about the characteristics of people who lack health insurance
- Performance metrics of the Exchange web site

## Enrollment Analytics

- Online enrollments
- Call center enrollments
- Insurance partnerships – Quarterly Reports



# Measurement and Evaluation

## Navigator Analysis

- Level of understanding & expertise
- Customer friendliness & service levels
- Production (referrals, enrollments, dropped cases, etc.)
- Problem resolution and reliability

## Earned Media Analytics:

- Placements
- Tone/Sentiment Analysis
- Engagement (online comments, story shares)

## Paid Media Measurement:

- Post-buy analysis for effectiveness and efficiency
- Media performance against response goals
- Circulation, placement, reproduction quality
- Online advertising weekly monitoring
- Online advertising end-of-flight evaluation (impression delivery, click thru rate)
- Nielsen ratings compared to actual audience delivery

# Measurement and Evaluation

## Social Media Analytics:

- Blog: Subscriptions, post views, referral links, comments
- Facebook: Followers/fans, post likes/comments, ad impressions/click-throughs
- Twitter: Followers, mentions/re-tweets, click-throughs, lists
- YouTube: Video views, comments/likes, viewer engagement

## Website Analytics:

- Page views (unique vs. total)
- Time on site
- Referral links
- Click-through rates

## E-newsletter Analytics:

- Subscribers
- Opens
- Click-throughs



# Measurement and Evaluation

## **Text Campaign Analytics:**

- Impressions
- Click-throughs

## **Influencer/Stakeholder Analysis:**

- Relationship mapping
- Continued engagement assessment

## **Awareness/Perception Tracking:**

- Ongoing public survey results
- Political landscape and influencer analysis

# Timeline

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## Pre-Launch Educational Activities (2013)

- **Outreach, education and briefings** for audiences that will have contact and influence with target audiences upon campaign launch, including:
  - Physicians
  - Health care providers
  - Health site administrators
  - Hospital admitting personnel
  - Social services agencies
  - Medicare/Medicaid eligibility advisors
  - Community services administrators/personnel
  - Faith-based health ministry heads
- Identify and begin planning with potential **corporate/retail/institutional partners**
- Disseminate **media releases** previewing the Exchange, noting developmental milestones and announcing its approaching launch
- Consider selected **radio talk show appearances, editorial board meetings** and **key reporter briefings** to begin informing media and state opinion leaders
- Conduct **brand and creative testing** prior to development of materials

## Campaign Timeline: Year 1

Assumes Open Enrollment October 2013 through February 2014

Jun-Dec 2012	Jan-Jun 2013	Jul-Sep 2013	Oct 2013-Feb 2014	Feb-Jun 2014
<ul style="list-style-type: none"> <li>• Establish Exchange's marketing/PR infrastructure</li> <li>• Identify and negotiate preferred partner relationships</li> <li>• Address front end/back end web site issues</li> <li>• Create non-paid PSA campaign highlighting changes soon to come</li> <li>• Early outreach to elected officials and community influentials</li> </ul>	<ul style="list-style-type: none"> <li>• Develop the Exchange's branding platform</li> <li>• Research attitudes regarding health care reform</li> <li>• Prepare &amp; train partners, navigators</li> <li>• Develop and finalize messaging</li> <li>• Establish measurement metrics</li> <li>• Produce materials to support partners and navigators</li> <li>• Develop education/information materials for general uses</li> <li>• Develop support materials for community outreach efforts</li> <li>• Create health reform awareness advertising campaign with other funders (insurance companies, providers, foundations, etc.)</li> <li>• Launch non-paid PSA campaign highlighting what's to come</li> <li>• Create Exchange-focused paid advertising campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Deploy partners to educate</li> <li>• Begin sustained PR efforts</li> <li>• Outreach to elected officials and community influentials</li> <li>• Begin community outreach efforts</li> <li>• Begin social media campaign, proactive and reactive</li> <li>• Launch health reform awareness advertising campaign with other funders (insurance companies, providers, foundations, etc.)</li> <li>• Launch Exchange-focused paid advertising campaign to small businesses in July</li> <li>• Launch Exchange-focused paid advertising campaign to consumers in September</li> </ul>	<ul style="list-style-type: none"> <li>• Support education efforts by partners and enrollment efforts by navigators</li> <li>• Sustain PR efforts; monitor and minimize controversies</li> <li>• Sustain social media campaign; monitor and minimize controversies</li> <li>• Continue Exchange-focused paid advertising campaigns through February</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate outcomes of partnerships, advertising, community outreach, PR, digital and social media</li> <li>• Refine strategies for Year 2</li> </ul>

**Campaign Timeline: Year 1**

Assumes Open Enrollment **October 2013 through April 2014**

Jun-Dec 2012	Jan-Jun 2013	Jul-Sep 2013	Oct 2013-Apr 2014	Apr-Jun 2014
<ul style="list-style-type: none"> <li>• Establish Exchange's marketing/PR infrastructure</li> <li>• Identify and negotiate preferred partner relationships</li> <li>• Address front end/back end web site issues</li> <li>• Create non-paid PSA campaign highlighting changes soon to come</li> <li>• Early outreach to elected officials and community influentials</li> </ul>	<ul style="list-style-type: none"> <li>• Develop the Exchange's branding platform</li> <li>• Research attitudes regarding health care reform</li> <li>• Prepare &amp; train partners, navigators</li> <li>• Develop and finalize messaging</li> <li>• Establish measurement metrics</li> <li>• Produce materials to support partners and navigators</li> <li>• Develop education/information materials for general uses</li> <li>• Develop support materials for community outreach efforts</li> <li>• Create health reform awareness advertising campaign with other funders (insurance companies, providers, foundations, etc.)</li> <li>• Launch non-paid PSA campaign highlighting what's to come</li> <li>• Create Exchange-focused paid advertising campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Deploy partners to educate</li> <li>• Begin sustained PR efforts</li> <li>• Outreach to elected officials and community influentials</li> <li>• Begin community outreach efforts</li> <li>• Begin social media campaign, proactive and reactive</li> <li>• Launch health reform awareness advertising campaign with other funders (insurance companies, providers, foundations, etc.)</li> <li>• Launch Exchange-focused paid advertising campaign to small businesses in July; continue through April</li> </ul>	<ul style="list-style-type: none"> <li>• Launch Exchange-focused paid advertising campaign to consumers in October; continue through April</li> <li>• Support education efforts by partners, enrollment efforts by navigators</li> <li>• Sustain PR efforts; monitor and minimize controversies</li> <li>• Sustain social media campaign, monitor and minimize controversies</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate outcomes of partnerships, advertising, community outreach, PR digital and social media</li> <li>• Refine strategies for Year 2</li> </ul>

# Budget Level Options

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## Campaign Budget: Basic Level

Component	Description	Importance	Budget
<b>Branding</b>	<i>Establish brand platform for the Exchange, including logo, messaging, style guide, templates.</i>	Essential	50,000
<b>Community Outreach and Educational Materials</b>	<p><i>Assumes preparation and equipping of navigators and partners to support their outreach efforts, placing primary responsibility for community education on those who are engaged in outreach and enrollment directly.</i></p> <ul style="list-style-type: none"> <li>• Navigators and partners conduct outreach</li> <li>• Planning, scheduling and logistical support (organizations, events, venues, speaking opportunities)</li> <li>• Speaker training/coaching</li> <li>• Tracking and evaluation</li> <li>• PPT presentation with adaptable modules (downloadable)</li> <li>• Consumer pamphlet (2 languages – downloadable only)</li> <li>• Consumer fact sheets (4 additional languages – downloadable only)</li> <li>• Employer pamphlet (English – downloadable only)</li> <li>• Navigator/speaker kit (downloadable)</li> <li>• Media/briefing kit (adapted for online press room – see digital)</li> <li>• Posters (6 languages – downloadable only)</li> <li>• Tabletop displays</li> </ul>	Essential	500,000
<b>Partnerships</b>	<p><i>Recruiting, securing and managing partners to aid in reaching and educating the uninsured and others.</i></p> <ul style="list-style-type: none"> <li>• Use of partner resources/assets/channels</li> <li>• Minimal resources to support partners</li> <li>• No sports sponsorship investment</li> </ul>	Essential	50,000

## Campaign Budget: Basic Level

Component	Description	Importance	Budget
<b>Digital/Social Media</b>	<p><i>Assumes a foundation level of digital activity, primarily establishing a web presence, enhancing the Exchange web hub with user-focused materials and navigation, utilizing partner web assets/channels, and setting the foundation for a social media effort.</i></p> <ul style="list-style-type: none"> <li>• Web hub enhancements</li> <li>• Online media kit / press room</li> <li>• Creation of Facebook page, Twitter account, YouTube channel and other social media assets</li> <li>• Coordination with partner web sites / use of channel assets</li> <li>• Social media response plan/support</li> <li>• Tracking and evaluation</li> </ul>	Essential	250,000
<b>Earned Media /PR</b>	<p><i>Assumes a basic media relations infrastructure and process for responding to media inquiries, providing materials and equipping spokesperson(s), but does not include proactive, sustained outreach to media outlets to generate stories/coverage.</i></p> <ul style="list-style-type: none"> <li>• Responsive media relations (to media inquiries)</li> <li>• Media training/coaching for spokesperson(s)</li> <li>• Risk management/response support</li> <li>• Tracking and evaluation</li> </ul>	High priority	100,000
<b>Advertising</b>	<p><i>Assumes a two-pronged campaign; main campaign targeting uninsured Marylanders and their influencers; second campaign targeting small business owners, entrepreneurs and opinion leaders. Both campaigns are focused on supporting enrollment function.</i></p> <ul style="list-style-type: none"> <li>• Launches one-month prior to enrollment period opening</li> <li>• Continues throughout open enrollment period</li> <li>• Media mix includes TV, radio, outdoor/transit, digital, business media</li> </ul>	High priority	1,000,000



## Campaign Budget: Basic Level

Component	Description	Importance	Budget
<b>Advertising Creative</b>	<p><i>This includes concept development and production of advertising materials for various media channels.</i></p> <ul style="list-style-type: none"> <li>• TV spots produced in English</li> <li>• Radio spots produced in English and Spanish</li> <li>• Web banners produced</li> <li>• Print ads produced</li> <li>• Billboards and transit posters designed and produced</li> </ul>	High priority	300,000
<b>Research, Testing, Evaluation</b>	<p><i>Assumes a combination of custom and syndicated research to understand the marketplace, refine brand messages and advertising, and provide measurement metrics.</i></p> <ul style="list-style-type: none"> <li>• Attitudinal/perception research</li> <li>• Creative and brand testing</li> <li>• Campaign tracking and evaluation</li> </ul>	High priority	200,000
<b>TOTAL</b>			<b>2,450,000</b>

## Campaign Budget: Plus Level

Component	Description	Importance	Budget
<b>Branding</b>	<i>Establish brand platform for the Exchange, including logo, messaging, style guide, templates.</i>	Essential	50,000
<b>Community Outreach and Educational Materials</b>	<p><i>Assumes additional support and materials for navigators and partners in their education and enrollment function, quantity printing of core materials, and involvement in state/community events that reach a broad population.</i></p> <p>All items in Basic, plus</p> <ul style="list-style-type: none"> <li>• Coordination and support for events</li> <li>• Support for navigator/partner “road show” appearances</li> <li>• Additional downloadable materials for navigators and partners</li> <li>• Printing of selected materials for community use</li> </ul>	Priority	750,000
<b>Partnerships</b>	<p><i>Recruiting, securing and managing partners to aid in reaching and educating the uninsured and others.</i></p> <p>All items in Basic, plus</p> <ul style="list-style-type: none"> <li>• Larger scale program coordination with corporate/retail partners</li> <li>• Base-level sports sponsorship (details to be negotiated)</li> </ul>	Priority	250,000
<b>Digital/Social Media</b>	<p><i>Assumes a more aggressive and ongoing digital program that includes producing and pushing out basic content into social media channels, and engaging consumers, advocates and partners in providing content that can be syndicated as part of the Exchange’s outreach and promotional effort. Does not include a mobile engagement framework at this level, however.</i></p> <p>All items in Basic, plus</p> <ul style="list-style-type: none"> <li>• Production and syndication of core social media assets, including early adopter and advocate video testimonials</li> <li>• Solicitation, packaging and syndication of user-generated content (stories, video clips, etc.)</li> </ul>	Priority	400,000

## Campaign Budget: Plus Level

Component	Description	Importance	Budget
<b>Earned Media /PR</b>	<p><i>Assumes a modest level of proactive media outreach, primarily around key program milestones, announcements and feature ideas. Also assumes a modest level of TV/talk show appearances. Does not constitute a fully robust media relations program, but rather “seeding” the market with potential story ideas and opportunities, as well as responding to media inquiries.</i></p> <p>All items in Basic, plus</p> <ul style="list-style-type: none"> <li>• Proactive media relations</li> <li>• Press releases / press advisories</li> <li>• Feature story pitches</li> <li>• Radio and TV talk show/news appearances</li> </ul>	High priority	250,000
<b>Advertising</b>	<p><i>Assumes a multi-pronged campaign:</i></p> <ul style="list-style-type: none"> <li>• PSA campaign to educate about coming health care reforms; airing in late 2012/early 2013 and continuing through August 2013</li> <li>• Campaign targeting small business owners, entrepreneurs and opinion leader; begins summer 2013</li> <li>• Open enrollment campaign targeting uninsured Marylanders, their influencers and other potential Exchange enrollees; begins in Sept/Oct 2013 and continues throughout open enrollment period</li> <li>• Media mix includes TV, radio, outdoor/transit, digital, business media</li> </ul>	High priority	1,500,000
<b>Advertising Creative</b>	<p><i>This includes all elements in Basic, plus development and distribution of a PSA education campaign.</i></p>	High priority	600,000
<b>Research, Testing, Evaluation</b>	<p><i>Same as Basic level</i></p>	High priority	200,000
<b>TOTAL</b>			<b>4,000,000</b>

## Campaign Budget: Full-Scale Level

Component	Description	Importance	Budget
<b>Branding</b>	<i>Establish brand platform for the Exchange, including logo, messaging, style guide, templates.</i>	Essential	50,000
<b>Community Outreach and Educational Materials</b>	<p><i>Assumes additional support and materials for navigators and partners in their education and enrollment function, quantity printing and distribution of additional materials, and expansion of event involvement to include community-level events targeting specific regions, audiences and channel organizations reaching the uninsured population.</i></p> <p>All items in Basic and Plus, as well as:</p> <ul style="list-style-type: none"> <li>• Coordination and support for community-level events and speaker appearances</li> <li>• Additional downloadable materials for navigators and partners</li> <li>• Printing of additional materials for broad community use</li> <li>• Video overview and early adopter testimonials</li> </ul>	Useful, but not essential	1,250,000
<b>Partnerships</b>	<p>All items in Basic and Plus</p> <ul style="list-style-type: none"> <li>• Higher level sports partnership (details to be negotiated)</li> </ul>	Useful, but not essential	500,000
<b>Digital/Social Media</b>	<p><i>Assumes a robust production and distribution of digital and social media assets to create a viral online environment on an ongoing basis, as well as introduction of a mobile engagement framework and mechanism for ease of access and enhanced relationship-building with key audiences.</i></p> <p>All items in Basic and Plus</p> <ul style="list-style-type: none"> <li>• Production of additional online content/assets for syndication</li> <li>• Development of mobile adaptation of web hub and/or mobile app</li> <li>• Texting campaign</li> </ul>	Useful, but not essential	600,000

## Campaign Budget: Full-Scale Level

Component	Description	Importance	Budget
<b>Earned Media /PR</b>	<p><i>Assumes a robust level of media outreach activities to include milestones and announcements, ongoing feature pitching, response to media inquiries, ongoing TV/radio talk show placements, engagement and preparation of early adopters and partners for interviews, and ongoing tracking and response to “news of the day” to generate additional local media coverage. Also includes a reporter webinar briefing on the program and its features/benefits.</i></p> <p>All items in Basic and Plus</p> <ul style="list-style-type: none"> <li>• Robust media relations year-round</li> <li>• Reporter webinar</li> </ul>	Useful, but not essential	350,000
<b>Advertising</b>	<p><i>Assumes a multi-pronged campaign:</i></p> <ul style="list-style-type: none"> <li>• PSA campaign to educate about coming health care reforms; airing in late 2012/early 2013 and continuing through August 2013</li> <li>• Public education campaign funded by Exchange and other partners (insurance companies, providers, foundations, etc.); airing summer 2013</li> <li>• Campaign specifically targeting and educating small business owners, entrepreneurs and opinion leader; begins late summer 2013</li> <li>• Open enrollment campaign targeting uninsured Marylanders, their influencers and other potential Exchange enrollees; begins in Sept/Oct 2013 and continues throughout open enrollment period</li> <li>• Media mix includes TV, radio, outdoor/transit, digital, business media</li> </ul>	Useful, but depends on partners to fund campaign	2,500,000
<b>Advertising Creative</b>	<p><i>This includes all elements in Basic and Plus, as well as development and distribution of a public education campaign funded by Exchange and other partners (insurance companies, providers, foundations, etc.).</i></p>	Useful, but depends on partners to fund campaign	850,000
<b>Research, Testing, Evaluation</b>	<i>Same as Basic level</i>	High priority	200,000
<b>TOTAL</b>			<b>6,300,000</b>

## Variables Affecting Funding Levels

- Exchange staffing level for PR and outreach
- Scope and intensity of Navigator outreach and education function
- Eligibility of individuals for subsidies
- Retention and renewal of coverage after initial signup
- Availability of outreach and support materials online vs. printed distribution
- Successful use of channel marketing through partners and organizations
- Level and duration of sports sponsorship, including components and incremental additional media buy to boost promotional elements (eg. MASN for Orioles)
- Market penetration required for Years 2 and 3, based on success of Year 1
- Variables to provide guidance on factors that would affect advertising spending levels:
  - Is promotion intended to educate and build awareness, or is intended to educate, build awareness and facilitate enrollments? The answer will determine the type of advertising used, as well as the cost of advertising. If facilitating enrollment is the principle purpose, what response mechanisms should be included in the promotion and in information materials? Staffed phone lines? Fulfillment materials sent by mail or electronically? Assignment to a Navigator for follow-up?

## Variables Affecting Funding Levels

- The length of the open enrollment period will affect the timing of the advertising for the Exchange. The longer the period, the less need for extensive advertising during the pre-enrollment period. The shorter the open enrollment period, the greater the need for advertising to educate prior to the open enrollment period.
- What responsibility does the Exchange have to push people toward enrollment even if it is not through the Exchange? Should the Exchange be guided by a “no wrong door” philosophy where obtaining health insurance anywhere is as important as obtaining health insurance through the Exchange?
- What role will federal and state agencies, advocacy groups and others play in educating Marylanders about the Exchange and new insurance options available? The more that others do to educate the public, the less the Exchange must do, or the more the Exchange can focus on a specific aspect, such as moving people from awareness to action. Should the Exchange seek to encourage other organizations to partner with it in education, such as insurers, providers and foundations?
- Should PSAs be used in the pre-enrollment period to build awareness, and paid advertising be reserved for open enrollment periods?
- How effectively can we segment eligible vs. non-eligible uninsured, especially among Hispanics? How can we avoid spending marketing resources to reach Hispanics who are not eligible because of their citizenship status? How do we ensure that we use the most expensive outreach efforts exclusively with eligible individuals and deploy less expensive efforts with populations that may include non-eligibles?

## Variables Affecting Funding Levels

- The more that Navigators are driven by mission, the less likelihood the Exchange will have to expend greater resources of advertising that fully educates the uninsured. Conversely, the more that Navigators are driven by profit, the greater likelihood the Exchange will have to expend greater resources on educating the uninsured, since profit-driven Navigators will likely seek to serve those who are most prepared to enroll, rather than those who still need education.

## Campaign Funding Levels, Yrs. 1-3

Campaign Level	Year 1	Year 2	Year 3
<b>Basic</b>	2,450,000	1,800,000	1,500,000
<b>Plus</b>	4,000,000	3,200,000	2,750,000
<b>Full-Scale</b>	6,300,000	4,800,000	4,000,000



# Appendix A

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## Environmental Scan and Market Analysis

## Appendix B

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### Community Outreach: Sample Target Organizations and Groups

# Sample Target Organizations and Groups

Examples of organizations will include, but will not be limited to, the following:

- Interdenominational Ministerial Alliance
- Chesapeake Habitat for Humanity
- CHAI Housing Assistance
- United Seniors of MD
- Esperanza Center
- Lighthouse Ministries
- Bowie Senior Center
- Anne Arundel Dept. of Social Services
- Celebramos Comunidad
- Community Action Council
- Jewish Community Services
- Baltimore Urban League
- National Federation of the Blind
- The Salvation Army
- MD Health & Human Services Department
- Montgomery County Volunteer Center
- Greater Baltimore Board of Rabbis
- Family & Children's Services of Central Maryland
- Human Rights Campaign
- Catholic Charities of Baltimore
- Horizon Foundation of Howard County Inc.
- Kennedy Krieger Institute
- Spanish Speaking Community of Maryland
- Y of Central Maryland
- United Way of Central Maryland
- Enoch Pratt Free Library
- Goodwill Industries of the Chesapeake
- Maryland Works Inc.
- Life Inc.

- National Minority AIDS Council
- Washington Office on Latin America (WOLA)
- Rebuilding Together Baltimore
- Association of Baltimore Area Grant Makers
- Greater Baltimore Committee
- St. Vincent de Paul Society
- Family League of Baltimore
- B'more for Healthy Babies Campaign
- Maryland Committee for Children
- Maryland Hospital Association

## Western Maryland

- Brook Lane Health Services
- Frederick Memorial Healthcare System
- Garrett County Memorial Hospital
- Meritus Medical Center
- Western Maryland Health System

## Southern Maryland

- Calvert Memorial Hospital
- Civista Medical Center
- St. Mary's Hospital

# Sample Target Organizations and Groups

:

## National Capital Area

- Adventist Behavioral Health
- Adventist HealthCare
- Adventist Rehabilitation Hospital of Maryland
- Clinical Center NIH
- Dimensions Healthcare System
- Doctors Community Hospital
- Fort Washington Medical Center
- Holy Cross Hospital
- Laurel Regional Hospital
- Montgomery General Hospital
- Prince Georges Hospital Center
- Shady Grove Adventist Hospital
- Southern Maryland Hospital Center
- Suburban Hospital
- Washington Adventist Hospital

## Eastern Shore

- Atlantic General Hospital
- Chester River Hospital Center
- Dorchester General Hospital
- HealthSouth Chesapeake Rehabilitation Hospital
- McCready Foundation
- Memorial Hospital at Easton
- Peninsula Regional Health System
- Shore Health System
- Union Hospital

## Central Maryland

- Anne Arundel Health System
- Baltimore Washington Medical Center
- Bon Secours Baltimore Health System
- Carroll Hospital Center
- Franklin Square Hospital Center
- Good Samaritan Hospital
- Greater Baltimore Medical Center
- Harbor Hospital
- Harford Memorial Hospital
- Howard County General Hospital
- Johns Hopkins Bayview Medical Center
- The Johns Hopkins Hospital
- Kennedy Krieger Institute
- Kernan Orthopaedics and Rehabilitation
- Maryland General Hospital
- Mercy Medical Center
- Mt Washington Pediatric Center
- Northwest Hospital
- Saint Agnes Hospital
- Sheppard Pratt Health System
- Sinai Hospital of Baltimore
- St Joseph Medical Center
- Union Memorial Hospital
- University of Maryland Medical Center
- University Specialty Hospital
- Upper Chesapeake Health System

# Sample Target Organizations and Groups

## State agencies and initiatives with a particular focus on health improvement include:

- County health departments, especially community health screenings and flu shot clinics
- Maryland Department of Health & Mental Hygiene (DHMH)
- Healthy Maryland – Project 2020, an initiative of DHMH
- DHMH Office of Minority Health and Health Disparities
- Maryland State Office of Rural Health

## Health advocacy groups may include:

- Maryland Rural Health Association
- Maryland Public Health Association
- Maryland Association of County Health Officers
- Community health centers and clinics
- Mid-Atlantic Association of Community Health Centers
- Foundations with a focus on healthcare
- County-level community health partnerships, such as Healthy Harford and Healthy Howard, Inc.

In addition, groups that advocate for particular patient populations or diseases / medical conditions will want to tell their members about the new health law's lifting of lifetime coverage limits, elimination of preexisting conditions as a basis for health insurance denial and creation of high risk pools for insurance purchasing.

Organizations would include, but not be limited to, the state or regional chapters of the following:

- Lupus Foundation of American – DC/MD/VA chapter
- Arthritis Foundation – Maryland chapter
- Crohn's and Colitis Foundation of America – Maryland chapter
- American Diabetes Association – Maryland area office

**Community support groups**, often organized through hospitals and medical centers, for chronic and life-threatening illnesses are also good outlets for spreading the work about the new health law's benefits for people living with chronic diseases.

## Organizations promoting financial education

- Maryland CASH campaign
- Baltimore CASH campaign
- Maryland Coalition for Financial Literacy
- Consumer Credit Counseling Service of Maryland and Delaware, Inc.

## Events

- Baltimore Financial Planning Day
- Common Cents Conference

# Sample Target Organizations and Groups

## General Entertainment Events

- Preakness
- Baltimore Grand Prix
- International Auto Show (Baltimore)
- Maryland OktoberFest
- Maryland Renaissance Festival

## Health Fairs

- Hospital health fairs and expos
- Maryland annual Health Disparities Conference (organized by the Maryland Department of Health and Mental Hygiene Office of Minority Health and Health Disparities)

## Fairs and Festivals

- Harford County Farm Fair
- Carroll County 4-H Festival
- Howard County Fair
- Maryland State Fair
- Anne Arundel County Fair
- Maryland Seafood Festival
- Senior Expos
- Fire department carnivals in rural counties

## Cultural Events

- Latino Fest, Baltimore County
- Maryland Irish Festival
- Baltimore Greek Festival
- African American Festival (Baltimore City)
- La Plaza Hispaña (part of the Fells Point Fun Festival)

## Libraries

- Anne Arundel County Public Library System
- Baltimore County Public Library System
- Calvert Library System
- Carroll County Public Library System
- Enoch Pratt Free Library System
- Harford County Library System
- Howard County Library System
- Prince George's County Memorial Library System

## Learning Centers

- Village Learning Place (Baltimore City)
- Greater Homewood Adult Learning Center (Baltimore City)

## Additional Events

Other events to consider at the regional and community/neighborhood level include:

- Information displays at county centers/offices
- Kiosk or information booth in high-traffic shopping mall venues during busy shopping seasons (holidays, back to school, etc.)

# Sample Target Organizations and Groups

## **Top industries** employing uninsured workers

Many uninsured workers are employed in retail, entertainment and service industries. Outreach to these residents can be done, in part, through professional and trade organizations and the communications channels of their members. These include the following:

### **Restaurant and beverage industry**

- Restaurant Association of Maryland
- Maryland State Licensed Beverage Association

### **Construction industry**

- Home Builders Association of Maryland
- Maryland State Builders Association
- Eastern Shore Builders Association
- (Dorchester County, Somerset County, Wicomico County, Worcester County, Caroline County, Kent County, Queen Anne's County, Talbot County)
- Frederick County Builders Association
- Home Builders Association of Western Maryland
- Maryland National Capital Building Industries Association (Montgomery County, Prince George's County, Calvert County, Charles County, St. Mary's County)

### **Hospitality industry**

- Maryland Hotel & Lodging Association

### **Retail industry**

- Maryland Retailers Association

## **General business groups**

- Greater Baltimore Committee
- Greater Baltimore Tech Council
- Maryland Industrial Technology Alliance
- Tech Council of Maryland
- Maryland Business Roundtable
- Baltimore Industrial Group
- Maryland Chamber of Commerce
- County Chambers of Commerce
- County Offices of Economic Development
- Choose Maryland

## **Resources for small business owners and entrepreneurs**

- U.S. Small Business Administration – Baltimore District Office
- Maryland Small Business Development Center Network (locations in Baltimore, Bel Air, College Park, Frostburg, LaPlata, Salisbury)
- The Miller Center for Small Business at Carroll Community College (Carroll County)
- Entrepreneurial Studies Institute of Anne Arundel Community College
- Entrepreneur's Exchange, Inc.

# Sample Target Organizations and Groups

## African-American Audiences

### Outreach and advocacy groups

- NAACP (regional offices throughout Maryland)
- Concerned Black Men of Baltimore
- Concerned Black Men of Calvert County
- Concerned Black Men of Prince George's County
- 100 Black Men of Maryland (Central Maryland)
- Cherry Hill Trust (Baltimore City)
- Cherry Hill Learning Zone

### Business groups

- Greater Baltimore Black Chamber of Commerce
- Black Chamber of Commerce of Anne Arundel County
- Prince George's County Black Chamber of Commerce
- DMV Black.com (a social network for black professionals and entrepreneurs)

### Events

- African American Festival (Baltimore City)
- Includes information on health & wellness and financial literacy
- Faith & Financial Fitness Workshops  
A project of Associated Black Charities of Maryland and partners

### Historically black colleges & universities (alumni associations and students)

- Morgan State University
- Coppin State University
- University of Maryland, Eastern Shore
- Sojourner-Douglass College

### Faith-based organizations

- Baltimoreans United in Leadership Development (BUILD)
- Black Ministers Conference of Montgomery County
- Ministerial Alliance (Baltimore)
- Bethel A.M.E. Church (Baltimore)
- Jerusalem A.M.E. Church (Clinton)

### Charitable groups & foundations

- Associated Black Charities of Maryland
- Will and Jada Smith Family Foundation

### Museums

- Reginald F. Lewis Museum of Maryland African American History and Culture
- National Great Blacks in Wax Museum



# Sample Target Organizations and Groups

## Hispanic Audiences

### Outreach and advocacy groups

- CASA de Maryland
- Esperanza Center
- Latino Health Initiatives
- Latino Providers Network (Baltimore City and surrounding areas)
- Nueva Vida (support network for Latinos with cancer)
- Education Based Latino Outreach

### Business groups

- Maryland Hispanic Chamber of Commerce
- Baltimore County Hispanic Business Association
- Baltimore Hispanic Chamber of Commerce

### Businesses serving Hispanics

- Hispanic food markets
- Stores offering Quinceanera dresses and supplies
- Stores offering money transfer services

### Faith-based organizations

- Hispanic Ministries for the Archdiocese of Baltimore

### Events

- Latino Fest
- La Plaza Hispaña (part of the Fells Point Fun Festival)

## Media

- Fiesta Musical radio show, Morgan State University public radio, WEEA 88.9 FM
- Bilingual format includes Hispanic community news

## Low-Income Audiences

- Coin-operated laundry facilities
- Check cashing businesses
- Goodwill and other thrift shops
- Grocery stores in low income neighborhoods

## Legal advocacy

- Legal Aid Bureau, Inc. (statewide)
- Public Justice Center (Baltimore City)

## Tax information

- Volunteer Income Tax Assistance sites
- Maryland Earned Income Tax Credit program

## Affordable housing / housing rehabilitation

- Habitat for Humanity
- Rebuilding Together
- Enterprise Community Partners, Inc.
- People's Homesteading Group (Baltimore City)
- Baltimore Housing's Office of Resident Services

# Sample Target Organizations and Groups

## Food assistance

- Maryland Food Bank
- Beans and Bread (Baltimore City)
- Our Daily Bread (Baltimore City)
- Catonsville Emergency Food Assistance (Baltimore County)
- Carroll County Food Sunday (Carroll County)
- Southern Maryland Food Bank (Calvert County, Charles County, St. Mary's County)
- Western Maryland Food Bank
- Food Resources Inc. (Frederick County, Washington County)
- Farmers and Hunters Feeding the Hungry (various locations around the state)

## Outreach & social service organizations

- Department of Social Services (Baltimore City and each Maryland county)
- Franciscan Center (Baltimore City)
- Shepherd Staff (Carroll County)
- North East Social Action Program (NESAP) (Carroll County)
- Beans and Bread (Baltimore City)
- Associated Jewish Charities of Baltimore
- Center for Urban Families
- Family & Children Services of Central Maryland
- The Salvation Army
- Rebuilding Together of Baltimore
- Maryland Committee for Children

## Medical services

- Medical assistance programs (county Departments of Social Services)
- Mission of Mercy (Baltimore County, Carroll County, Frederick County, Western Maryland)
- Tri-State Community Health Center (Allegany County, Washington County)
- People's Community Health Centers (Baltimore City, Anne Arundel County)
- Access Carroll (Carroll County)
- University of Maryland School of Dentistry dental clinics (Baltimore City)
- Health Care for the Homeless, Inc. (Baltimore City)
- Montgomery Volunteer Dental Clinic (Montgomery County)
- The Eastern Shore Children's Regional Oral Health Consortium (CROC)
- Pro Bono Counseling Project (statewide) – mental health care
- Family Health Centers of Baltimore
- Cherry Hill Trust Health Care Committee (Baltimore City)
- Baltimore Health Care Access

# Sample Target Organizations and Groups

## **Workforce development organizations**

- Maryland New Directions (Baltimore City)
- Americorps VISTA Workforce Development – Central Baltimore Partnership
- Greater Homewood Community Corporation – Workforce Outreach (Baltimore City)
- Mayor’s Office of Employment Development (Baltimore City)
- Enterprise Women’s Network

## **Car and motorcycle shows**

- International Auto Show – Maryland State Fairgrounds (February)
- East Coast Indoor Nationals Car and Motorcycle show – Maryland State Fair Grounds (December)
- Ocean City Car and Truck Show (June)
- DUB Magazine Custom Car Show (Ocean City, August)

## **Beer festivals**

- Baltimore Beer Week
- Frederick Oktoberfest
- Maryland Brewer’s Oktoberfest (sites in both Timonium and Prince George’s County)
- Maryland Brewer’s Springfest
- Craft Beer Festival

## **Outdoor recreation**

- Gun shows
- Hunting – restaurants offering hunters breakfasts, outdoor stores, taxidermy shops
- Ocean City Annual Tuna Tournament (July)
- Dew Tour (action sports tour in Ocean City, July)
- White Marlin Open (Ocean City, August)
- Maryland Buck Wild Hunting Expo (La Plata, August)

## **Other recreational activities**

- City recreation centers (Baltimore City)
- Gyms and health clubs
- Paintball tournaments
- Go-cart racetracks

# Appendix C

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## Earned Media: Sample Target Media Outlets

# Sample Target Print Outlets

Examples of print news outlets to work with during the initiative include:

- Annapolis Capital
- Associated Press
- Aegis
- Afro American
- Baltimore Beacon
- Baltimore City Paper
- Baltimore Sun
- Baltimore Business Journal
- Baltimore Brew
- Baltimore Magazine
- Bowie Blade News
- Bowie Star
- Carroll County Times
- Columbia Flier
- Corridor Inc.com
- Cumberland Times
- The Daily Record
- The Dagger
- Dorchester Star
- Dundalk Eagle
- The Easton Star Democrat
- Frederick News Post
- The Guide Jewish Times
- Hagerstown Daily Mail
- Howard County Times
- Howard County Business Monthly
- Investigative Voice
- Latin Opinion
- Laurel Leader
- Maryland Gazette
- PATCH
- Patuxent Publishing  
(Catonsville Times, Owings Mills Times, Howard Co. Times, Towson Times, Jeffersonian)
- Prince George's Gazette
- Salisbury Daily Times
- Somerset Herald
- Washington Examiner
- Washington Post

# Sample Target TV and Radio Outlets

Examples of broadcast news and talk show outlets to work with during the initiative include:

- WBAL-A
- WBAL-TV
- WJZ
- WBFF
- WMAR
- WYPR
- Sirius XM radio
- WCBM
- WEAA
- WWIN-AM/FM
- WZFT
- WJSS
- WBSU
- WTMD- FM
- HCC-TV
- AACTV
- CMBC 75
- CCTV19
- WMPT
- WNAV
- WFBR
- WERQ-FM
- WOLB

## Appendix D

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### Potential Partnerships: Sample Potential Partners

# Sample Target Partner Organizations

## Examples of potential partnerships with other government agencies:

- Maryland Insurance Administration Consumer Education and Outreach
- Office of the Attorney General Health Education and Advocacy Unit
- Maryland Health Insurance Plan
- Maryland Department of Aging Senior Information and Assistance
- Maryland Department of Disabilities Constituent Services
- Maryland Health Care Commission
- Office of the Comptroller
- Department of Labor, Licensing and Regulation (DLLR) One-Stop Career Centers
- Department of Health and Mental Hygiene “Get Health Care”
- Department of Human Resources Economic Assistance Programs
- Department of Business and Economic Development
- U. S. Small Business Administration
- County Departments of Health
- Motor Vehicle Administration

## Examples of potential partnerships with Maryland faith organizations:

- Annapolis Area Ministries
- Associated Jewish Charities
- Baltimoreans United in Leadership Development
- Catholic Charities
- Community Ministries of Montgomery County
- Episcopal Social Services

## Examples of potential partnerships with health care providers:

- Maryland Hospital Association and its members
- The Health Facilities Association of Maryland
- MedChi, the Maryland State Medical Society
- Maryland Nurses Association
- Maryland Psychological Association
- Maryland Chiropractic Association
- Large-group physician practices
- Maryland chapters of Physician Office Managers Association of America

## Examples of potential partnerships with human service providers:

- Human Services Coalition of Prince George’s County
- Healthcare for the Homeless
- Our Daily Bread
- My Sister’s Place
- St. Vincent de Paul

## Examples of potential partnerships with business organizations:

- Maryland Retail Federation
- Maryland Chamber of Commerce
- Local Chambers of Commerce
- Maryland Farm Bureau
- Maryland Tourism Council



# Sample Target Partner Organizations

## Examples of potential partnerships with advocacy groups:

- Maryland Healthcare for All Coalition
- Maryland Council for New Americans
- The Maryland Women's Coalition for Health Care Reform

## Additional Partnership and Channels

The Exchange's advertising and public relations campaign can also utilize the communications and outreach channels of other state and public agencies and by the private sector, including those organizations listed below:

- Maryland Insurance Administration Consumer Education and Outreach
- Office of the Attorney General Health Education and Advocacy Unit
- Maryland Health Insurance Plan
- Maryland Department of Aging Senior Information and Assistance
- Maryland Department of Disabilities Constituent Services
- Maryland Health Care Commission
- Department of Labor, Licensing and Regulation (DLLR) One-Stop Career Centers
- Department of Health and Mental Hygiene "Get Health Care"
- Department of Human Resources Economic Assistance Programs
- Maryland Citizens Health Initiative
- Department of Business and Economic Development
- Private foundations
- Community-based organizations
- Advocacy groups
- Private human service organizations
- Maryland Hospital Association and its members
- The Health Facilities Association of Maryland
- MedChi, the Maryland State Medical Society
- Large group physician practices
- County Health Departments
- Maryland Nonprofits
- Maryland Tourism Council
- Maryland Retail Federation
- Maryland Chamber of Commerce
- Local Chambers of Commerce
- Maryland Healthcare for All Coalition
- Unions
- National Association of Social Workers

# Appendix E

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## Materials from Massachusetts Health Connector Campaign



**Massachusetts college graduates  
are now required to have health insurance.  
(Good idea.)**

Health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the most place to compare the widest range of affordable plans that will lower insurance company costs. Visit our site, choose the plan you like best, and get covered—immediately and affordably. Do it online. Because it's the smart way to happen.

LET US ENROLL  
1-877-MA-ENROLL  
MAhealthconnector.org

Health Connector

**Good thing  
he's got health  
insurance.**

Health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the most place to compare the widest range of affordable plans that will lower insurance company costs. Visit our site, choose the plan you like best, and get covered—immediately and affordably. Do it online. Because it's the smart way to happen.

1-877-MA-ENROLL  
MAhealthconnector.org

Best Individual and Family  
 Health Insurance  
 Best Individual: \$1,100  
 Best Family: \$1,100  
 Best Student: \$1,100  
 Do it online. It's the smart way to happen.

Health Connector

**Good thing  
he's got health  
insurance.**

Health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the most place to compare the widest range of affordable plans that will lower insurance company costs. Visit our site, choose the plan you like best, and get covered—immediately and affordably. Do it online. Because it's the smart way to happen.

1-877-MA-ENROLL  
MAhealthconnector.org

Best Individual and Family  
 Health Insurance  
 Best Individual: \$1,100  
 Best Family: \$1,100  
 Best Student: \$1,100  
 Do it online. It's the smart way to happen.

Health Connector

**Good thing  
he's got health  
insurance.**

Health insurance is required in Massachusetts—and now there are increasing penalties if you don't. The state's Health Connector website is the most place to compare the widest range of affordable plans that will lower insurance company costs. Visit our site, choose the plan you like best, and get covered—immediately and affordably. Do it online. Because it's the smart way to happen.

1-877-MA-ENROLL  
MAhealthconnector.org

Best Individual and Family  
 Health Insurance  
 Best Individual: \$1,100  
 Best Family: \$1,100  
 Best Student: \$1,100  
 Do it online. It's the smart way to happen.

Health Connector



**Ellas lo tienen. Usted lo necesita.**

Siempre, se exige que todos los residentes de Massachusetts tengan seguro de salud. El Health Connector del Estado le hace eso fácil y conveniente para usted. Si usted no tiene seguro de salud, tiene un derecho de acceso para elegir entre una variedad de opciones que ofrecen beneficios competitivos y asequibles. Necesita asesoramiento adicional, póngase en contacto con el personal de atención al Health Connector del Estado: Blue Cross Blue Shield of Massachusetts, Kaiser Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, y el Tuohi Health Plan.

Para más información o asistencia, comuníquese ahora o en cualquier momento de salud, por medio del Health Connector del Estado.

**1-877-MA-ENROLL**  
MAhealthconnector.org

### Procurando um plano de saúde?

#### Commonwealth Choice

Seu nome está em uma boa saúde.

**¿Que está disponível?**  
 O plano de Commonwealth Choice está disponível para:  
 • Blue Cross Blue Shield of Massachusetts  
 • Kaiser Community Health Plan  
 • Harvard Pilgrim Health Care  
 • Health New England  
 • Neighborhood Health Plan  
 • Tuohi Health Plan

**¿Cómo posso me inscrever?**  
 Você precisa ser um residente de Massachusetts. Existem algumas exceções para um plano de saúde que ofereçam pelo seu empregador. Muitos empregadores também podem oferecer o Commonwealth Choice para dependentes além de você e seu parceiro.

**Como posso obter mais informações?**  
 Ligue para o número de atendimento ao cliente, ou vá de 9h às 17h até o endereço: 1-877-MA-ENROLL ou 1-877-862-6767. Você também pode visitar o endereço: www.MAhealthconnector.org. Para obter mais informações, consulte nosso site: www.MAhealthconnector.org.

### ¿Está buscando un seguro médico?

#### Commonwealth Choice

Seu nome está em uma boa saúde.

**¿Que está disponível?**  
 O plano de Commonwealth Choice está disponível para:  
 • Blue Cross Blue Shield of Massachusetts  
 • Kaiser Community Health Plan  
 • Harvard Pilgrim Health Care  
 • Health New England  
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### 正在選購健康保險嗎?

#### Commonwealth Choice

您的名字在健康保險清單上。

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**¿Cómo puedo inscribirme?**  
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### W ap chèche Asirans Medikal?

#### Commonwealth Choice

Se nom la list sou bon sante.

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Business Express offers plans from the world's leading insurers, and all carry the seal of approval for quality and value. You don't need a business to connect.

Map about Business Express.

[MAhealthconnector.org](http://MAhealthconnector.org)






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### Connect to good health, Massachusetts!

Our online Commonwealth Choice marketplace is the only place where you can compare plans from the state's major insurers. We're an independent state agency, so you can shop with confidence.

Our Commonwealth Care program offers low-or-no-cost health insurance for people who qualify. It provides comprehensive benefits and a choice of health plans.

Find the plan that's right for you and enroll today!

#### Glad to be insured

*"I was young, healthy. I always thought that I was invincible. It never even crossed my mind that I could get hurt..."*

— **Andrew Herlihy of Malden**  
[Hear Andrew's story and more](#)

#### Plans from top Mass insurers!



#### For Commonwealth Care Members Only

If you've been accepted for this subsidized health plan:

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