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1. It appears that some recommended strategies would highly politicize the roll-out of the marketing campaign regardless of the outcomes of the Supreme Court decisions in a few weeks or the Presidential election in the fall of this year as it is to be expected that neither will result in a conclusive resolution of the disputed health care reform portions between the two major parties and so in the event that the Exchange will go forward with the marketing plan as outlined in the draft it would be advisable to go with a roll-out that would avoid the necessity to explain the Affordable Care Act on top of the actual provisions as related to the CA Exchange, especially as CA's exchange will be different from other State exchanges
2. It appears that the draft paper is heavenly centered on outreach activities In Southern California with a pre-dominant emphasis on events and partnerships in place with organizations and individuals in L.A. and San Diego. The further north the outreach would need to be expanded, the fewer partnerships are mentioned.
3. The detailed outline of the multicultural marketing plan completely omits the BHRS population on both ends of its spectrum. There is no mentioning of partnerships that would tailor towards the Mental Health population, nor the Alcohol and Other Drugs population which is pre-dominantly white, single and middle-aged, yet affluent and educated with incomes at the upper end of the FPL limits for the exchange programs.
4. The "Silver" options appears to be drafted with the intent to promote the "Gold"-level. Some activities suggested under the "Gold"-level could easily be accomplished under the "Silver"-level if the right partnerships would be in place. So, I would strongly encourage the board to take a closer look at each proposed strategy and the suggested levels as it does not appear that the "Gold"-level would be necessary for every proposed outreach activity.
5. It appears that the activities for the Latino population are described with great detail whereas e.g. the activities for the African-American and Native American populations are held extremely vague. So pre-dominantly the marketing budget would be spent on activities geared towards a Latino population. I would like to caution, though, that the plan as currently laid out does not address the intertwined immigration issues and does not include good strategies for outreach to mixed immigration households. So, unless the Exchange has a robust plan in view that is State-funded and offers the same benefits for non-resident aliens than for those with a legal status, the brand message might be received and understood just fine, but the target population will still not act. This also leads back to my first remark about avoiding to politicize the Exchange's marketing efforts. Having that said, other populations, especially the API population

struggle with similar issues which can be, at times, fairly hidden, unless the population is engaged on the actual enrollment level.
6. Any messages that the marketing concept will promote, need to promote the Exchange in its entirety and not just cater towards a certain target population. I would like to repeat that there is a lot of emphasis on presumed Medi-Cal eligible consumers whereas the Exchange will also cater to a majority of non-Medi-Cal eligible consumers who will have to utilize the QHPs and subsidies. This is particularly true for the BHRS population we serve in the greater Bay Area. It also excludes some important minority populations from the marketing plan, especially the Indian/Pakistani/Fiji/Afghani and Portuguese (Azores)/Brazilian communities in the Greater Bay Area.

So, with these general comments as a background, here are my comments as referenced to the actual discussion paper pages:

Page 8: The total accumulative number is 10.8 Mio, not 7 Mio. So, what is the expected breakout between new enrollments and renewals in Year 2015 and 2016? And how does the Healthy Kids program factor into the new insurance landscape?

On the same page, the draft points out "health literacy" as a key component as well as motivating consumers to buy insurance. Please note that in order to be successful with these two basic communication objectives the Exchange would have to develop a new insurance glossary that refers to the same definition of common terms across all of the exchange's insurance programs. This might sound unnecessary, but even the simple definition of the term "household" might throw consumers off when evaluating their eligibility for any of the exchange programs because currently Medi-Cal and Healthy Families e.g. do not use the same terminology in the same eligibility scenarios. This is particularly true for the calculation and definition of self-employed and rental income and its inclusion or exclusion based on the affiliation of a household member to the applicant. Also, Medi-Cal is still largely seen as an entitlement program, not a program that someone would purchase, and if the Medi-Cal plan(s) that are promoted under the exchange is synonymous with free coverage than "buying" insurance probably doesn't really apply as a suitable term.

Page 9: What are the other public programs the Exchange will promote other than Medi-Cal and Healthy Families (if HF still exists in 2013 as the legislature currently debates the phase out of the program in the fall)? It would be important to name these programs and distinguish them from the QHPs as part of the outreach materials. How will the Exchange promote its programs to those currently dually covered by Medi-Cal and Medicare? How will the 250 % Working Disabled program factor into the mix? Will there be situations where someone could choose to select a QHP while being actively enrolled into Medi-Cal, or do people have to choose just one plan in the future?

Page 10: See graphic -The challenge of the outreach concept is not the presumed language barrier, but that the two top populations that need to be drawn into the

Exchange are on the opposite end of the earnings spectrum. So, the Exchange will have to cater to the more affluent consumers while marketing at the same time to the (working) poor.

Page 11: It is a misconception that poor uninsured adults are "healthier" than those insured. All that it means is that many symptoms of severe illnesses such as diabetes, high blood pressure and many of the Mental Health illnesses are left undiagnosed because of the limited access to professional health care services. It also does not factor in that those working in entry-level positions or in minimum wage positions are often exposed to unsafe work environments with the health results not manifesting until later in life when these uninsured populations might have become insurable under Social Security-related programs (Medicare).

Page 12: Since there is an assumption that 1 Mio. Californians will be able to auto-enroll into Medi-Cal between October 2013 and January 2014, the goal of enrolling approx. 2.8 Mio. by the end of 2014 is kind of misleading. Aren't you really targeting only 1.8 Mio. by the end of that year as 1 Mio. have been already identified through pre-enrollment into the Medicaid Waiver programs?

Page 14: Under "Marketing Strategies" the draft mentions in particular a pricing strategy and I would like to emphasize that the BHRS population in particular nickel & dimes the costs of insurance plans, especially compared against all the free services Community mental Health clinics are currently mandated to provide, integrating other coverage options such as dental, vision and substance use treatment make the difference in attracting consumers to products, so offering benefits packets rather than single plans might be helpful, with tailoring the pricing towards the packet rather than the single plan.

Page 16: When utilizing testimonials, make sure you use only stories that will hold up against the actual Exchange programs. You will have to initially use stories from those who obtained insurance under the current system due to the time frame of the marketing roll out so you don't want to find yourselves advertising something the actual Exchange can not deliver. In tailoring the message to the population my Agency serves it would be helpful to prioritize stories of early intervention and healthy lifestyles that are supported by the preventive coverage options through the Exchange. There aren't that many currently available under Medi-Cal because the program has terminated payment for a lot of so-called "non-essential" services. Yet, those services are sometimes the ones most valuable for the BHRS population.

Page 22: Here the draft refers to coping habits of the uninsured and mentions free or low-cost clinics as one of the aspects of those habits. However, I would like to caution that with the roll out of the ACA some of these clinics will lose significant funding as the expectations will be that their services will now be tied mostly to those enrolled through the Exchange, and so initially not having the "free" place for easy service access

available might cause problems for the marketing roll out on the provider-level. Many of our clients will stop going to a clinic, if services are no longer provided for free and if, instead, they are now asked to enroll into an insurance program.

Page 23: When looking at the pricing for QHPs it needs to be taken into consideration that the monthly premium of $25 - 50 preferred by those surveyed is about 10 % or less than what the same group might have to pay under the current PCIP plan. So, if people with disabilities are targeted by the marketing plan using a steep discount on the monthly premium will definitely help the outcome. However, the question would be if a system that relies on such a small premium would remain sustainable beyond the initial enrollment phase of 2014 - 2016, and if so, how would that system differ from PCIP which I assume uses its current premium scale to assure the feasibility of the offered coverage.

Page 24: Since the initial focus groups already included the Latino and White populations I am not quite sure what different results the board expects from a widening of the focus group sample under the "Bronze" option. I am also not sure why the "Silver" and "Gold" -options suggest less interviews per segment than the Bronze option. Why couldn't the populations listed in "Silver" and "Gold" be included in "Bronze" by reducing the number of interviews per segment? There appears to be a mismatch between outcome goals and the research approach.

Page 26: African Americans and APIs are largely English-speakers, so how would the "Gold"-option differ from the "Bronze"-option? It appears that sampling 2,000 uninsured/individually insured individuals at the "Bronze"-level could easily include these populations if the sample population is divided accordingly. Again, it is doubtful that by increasing the sample size the findings will differ a lot from what the discussion paper already summarizes regarding the target populations lifestyles and attitudes towards purchasing insurance.

Page 27: Shouldn't the data sharing among researchers be something that could be accomplished at the "Bronze" - level? This is just a simple exchange of data sets. So, why would this cost more?

On the same page data collected from the Call Center is mentioned as part of the research data sets, but the Call Center won't operate until after the Exchange is up and running and even then the only way to collect specific data on people's consumer habits is to have callers agree on add-on survey interviews or automated random surveys, both of which are not very efficient. It also increases the costs for IT support sand data storage.

Page 33: The discussion paper assumes churn to be as high as 50 % per year, but there is no reason given for this figure.

On the same page, it is mentioned that 91 % of the state's households are concentrated in the top 5 markets. But are 91 % of all uninsured households in those markets? One doesn't equal the other.

Page 34: Within the BHRS population women are not the chief purchase decision makers in the home and I would like to argue that this unsupported statement is also not true for most of the minority target populations, but specifically not for the API population, later mentioned in the draft Also, I believe it would be false to emphasis media planning on married households when the majority of the target audience eligible for public programs within the Exchange is single, divorced or unmarried. I would also caution against the statistics of men age 18 - 34 being more likely employed than women and being more likely to be active and fit. This is not what I find in the BHRS population with a fairly even split of unemployed consumers of both genders and severe health issues especially among men.

Page 35: The reason why the Asian-American population has such a great appetite for online media is because programming in their own language is very limited through the regular media channels. However, this is improving especially among local movie theater owners who are catering more and more towards a diverse audience. At pretty much all multiplexes in the Bay Area one or two screens are devoted to programming in threshold languages, not just allowing the local minority communities to stay in touch with newest movie trends in their home countries, but also exposing Americans to different cultures and cultural sensitivities. I am surprised that this trend is not mentioned in the discussion draft at all as it would allow for the perfect placement of targeted advertisements in the target audiences own language.

The same graphic also points out that 63 % of Milennials are involved in gaming, but the discussion draft does not include any strategies that would involve outreach via (online) gaming which could be much easier achieved than e.g. placing certain storylines in popular TV programs as mentioned later in the draft. The online gaming community is another social media network completely left out of the social media plan.

Page 37: This TV ad placement won't reach any female audience. Why is there no thought given to advertise on TV channels actually watched by a female and younger audience, such as: Disney Junior, Nickelodeon, PBS, BRAVO (Top Chef, Housewives Shows) and Food Network. All of these channels also have their own websites that allow the viewing of original programming via embedded video streaming contents that usual starts with streaming video advertisements. Parents often watch what their children watch, especially in households with just one TV set, and so you can catch the parents through the kids. As for the BHRS population, in my experience from a multitude of home visits this population prefers re-runs, game/competition shows (American Idol etc.) and religious shows over new programming. Channel 36 (KOFY) is the most watched on in households I visit.

Page 38: Catholic Radio as well as NPR are both listened to a lot in the Greater Bay Area by our BHRS population.

On the same page WebMD is mentioned as one website that is frequented a lot, but I would like to caution that there might be probably as much interest in alternative medicine and websites that promote this approach to cure common ailments

Page 40: For the BHRS population there is a "Network of Care" - website available. I would also like to point out that NAMI might have multimedia outreach venues available for partnering beyond the immediate BHRS population as this organization also tries to educate relatives of Mental Health consumers.

Page 46: The community newspaper list does not include online publications such as SF Gate which is probably the biggest website for event advertisement in the Bay Area.

Page 47: None of the grassroots efforts suggested on this page appear to be cost-effective. I would like to caution that many college students purchase their hot beverages nowadays at their local "Starbucks" or "Peets" rather than at the college cafeteria so advertising on coffee cups might not be very helpful. But, they do purchase their cold beverages on campus so maybe advertising on water bottles might work, especially as the bottled water sold in CA is usually manufactured in CA. Also, there is no grassroots outreach mentioned that would work for a rural community.

Page 53: Wouldn't the Exchange also want to partner with First 5 and the Social Security Administration, especially when reaching out to those who might be in the process of applying for services such as nutrition and education support, or SSI that would also be catered to the same target audience the Exchange tries to outreach to/

Page 54: What about reaching out to organizations like Kiwana or the Lions Club which are already maintaining assistance programs that reach out to the low income population in their local areas ? The Lions Club e.g. has a free eye glasses/ frames exchange program in place.

There is also the question as how the training tools would work e.g.for retailers. Not sure if they would have the time to conduct in-house training with their employees beyond maybe those which operate on-site pharmacy counters.

Also, I would like to point out that you may not be able to reach out to certain employment fields by utilizing unions as the marketing vehicle. Maybe construction, retail, restaurant/food service workers etc. are not unionized. They work as independent contractors and - more often than not - under the table.

Also, yes, the Latino population is more interested in soccer than the American sports - although that is an oversimplification and somewhat stereotype of this population -, but

they are watching mostly teams that play outside of the US. Later in the draft the Mexican League and national team is mentioned with their games being televised by Telemundo and/or Univision, but they also watch the European Champions League as most of their favorite players play in Europe and so the Spanish ESPN channels might also be a good marketing vehicle, although by comparison probably fairly expensive.

On the same page you list potential outreach partners, but there is no mentioning of e.g. Food Banks and, although this might be oddball suggestion, but Smoke Shops or Medical Marijuana Dispensaries might also be a place to advertise as these are the places where a rather larger BHRS population congregates regularly.

Page 56: There is no specification made as to what the term entertainment industry might include. If you were to reach out to this community, you may want to contemplate placing ads in "Variety" which also has a website and online service for professionals working in the industry. Also, would you also try to establish a partnership within the adult entertainment sector which is a fairly large industry in Southern California which presumingly also employees a potentially uninsured at risk population?

A non-traditional entity to partner with that is mentioned later in the draft in regards to the outreach to the API community are Native-American run casinos. Since the draft mentioned advertisement on cash jackets at cash checking places, you could e.g. advertise on the coin cups used in these casinos.

Page 60: All suggested marketing venues under "Entertainment industry" are TV-oriented. And although "Grey's Anatomy" which is situated in Seattle, not CA, might be a good fit as well as "The Biggest Looser" or "Dr. Oz", you would also have to take into consideration that these are nationally televised shows. So the message you could insert into these shows would have to be fairly vague and fit the overall ACA marketing goals. Also, it would be difficult to insert a storyline into "Modern Family" because the people portrayed in the show are definitely display a living standard above the 400 % FPL that limits the eligibility for the Exchange. So, again, you could promote healthy lifestyles and you can do so much cheaper because all kids channels have some type of a National Health Day / Week/ Month event during which they advertise healthy eating and exercise habits. That is e.g. a major venue for the First Lady Michelle Obama to promote her campaign against obesity. Producing a Reality TV show that exclusively features people struggling with insurance issues would be difficult to pitch, but you could try to piggyback on already running campaigns like Jamie Oliver's Food Nation who also maintains a very active Facebook page, or you could try to insert a cast member into one of the popular competition shows showcasing these struggles. Since these shows often go for dramatic storylines you could e.g. try to pitch a contestant for a show like "The Amazing Race" or any of the favorite singing competitions.

Page 61: Other broadcast journalists who should be included in the media circuit should be those reporting on local consumer affairs/protection issues and sports, especially if you are going with the recommendation to place a lot of sports-related advertisements

Also, with the Digital Media Kit - Are you planning to produce your own multimedia contents, including streaming video, etc?

As translation goes, I would strongly recommend to translate all materials at least equally in all threshold languages.

Page 64/65/66: Outreach at county fairs can be easily done by utilizing partnerships with local Human Services and Social Services Agencies which already participate at these events every year. You do not need a bus tour to connect with these events, especially as you would have problems scheduling an appearance at all fairs across the State due to the fact that all of these fairs are held throughout the summer between June and August. It would require for you to have rotating crews who would accompany the basic marketing crew who could allow for language-appropriate on-site enrollment and therefore, you would double up on the expense already accrued by the County departments. Instead, you could allow some limited grant funding for Counties which want to allow for on-site enrollment capacity and may have to over overtime to pay for staff time. It's much cheaper and much more efficient.

The First Lady Summit is again one of these ideas that would unnecessarily politicize the marketing roll-out. Again, even if president Obama is elected into a second term there is no assurance that the Health Care Reform won't become another hot political topic in 2013 which would put you in the bind to promote the Exchange against a possible unfavorable national political debate. Not sure if the photo opportunity such an event would create, would justify any unintended political fallout. Especially, if you can not secure Michelle Obama's participation.

Also if you were to hold an all-day summit in Sacramento or L.A., wouldn't you want to invite representatives of all the organizations listed on pages 55/56 and 59?

Page 72: How will the Exchange assure that the promotion of the insurance options available through the marketplace through Faith-based organizations, but particularly by the CCC will be unbiased on the background of the recent national outcry in regards to the President's support for the inclusion of contraceptive and other services that run in contrast to the religious beliefs of these faith-based organizations and their local representatives?

Page 76: Obesity within the African-American community is mentioned on this page and I would just like to caution that as much of the "obesity crisis" is due to cultural values and the unaffordability of healthy food choices in African-American communities as to the unavailability of affordable health coverage. Unless, the Exchange is planning on

partnering with organizations that are promoting the creation of more affordable healthy food options at the local level, this might be a difficult tie in to make. So, the Exchange could e.g. promote its message at the opening of local health food stores, or community garden project etc., but I am not sure how else this statistic could be used in a positive way.

Page 78: Most of these events fall into the winter. So, you could utilize them in early 2014 to promote the Exchange after it is already up and running, but you could not utilize it in early 2013 as you can not already assure enrollment, and if you were, then you would probably have to address an increased need in early 2014 for retention efforts as many of those targeted in early 2013 would run into their first renewal period in early 2014 which is always the most crucial period during which people drop out of coverage. And if you have a significant number of drop outs without the necessary resource allocation to get them back on your enrollment goal for 2014 might become unattainable.

The draft also mentions "gossip sites" as outreach vehicles to the African-American population, but wouldn't these sites be also in existence for all other target audiences?

Page 79: Promoting the portrayal of assisters would probably help the outreach for all target populations, not just for the one geared towards the African-American community.

Stevie Wonder is mentioned as a promotion partner, but isn't e.g. the BET channel partially owned by another celebrity? And also, why wouldn't the Exchange try to create a partnership with artists from the contemporary urban music scene? There are plenty of West Coast rappers and hip hop artists you could be engaged in outreach, especially as they are also followed by a large white and API male audience age 18 - 34.

Page 81: I don't understand the reasoning behind the assertion that African-American clergy leaders would agree on hosting a pre-tailored event such as "Health Insurance: It's A Life Saver", especially if on the previous page the recommendation is made to pitch such a partnership with local leaders via phone instead of in-person. How would you be able to keep the oversight over these events to make sure that the messaging across the State is the same from community to community?

On the same page, the cooperation with Stevie Wonder is listed under the "Silver"-option, but shouldn't this fall under the "Bronze"-option since Ogilvie stated in the draft that they already have a working relationship with him?

Page 82: In my experience, the API communities are closed communities vs. the Latino community which is an open culture. What that means is that API communities value the traditional cultural values of their home countries more than the American culture and so in order to influence these communities one would have to integrate these

outside systems into the outreach strategies by cooperating with organizations that are not located in CA, or even the US, but instead only have an online presence that is maintained from a central location in the target population's home country or another foreign country (e.g. Great Britain or France).

Page 84: Actually the biggest "craze" is not for sandwiches, but for yoghurt shops which have sprung up in the Greater Bay Area in force in the past few years and are as prevalent in shopping and strip malls in low income neighborhoods as "Starbucks" are in more affluent neighborhoods. As stated before many of the suggested outreach tie-ins mentioned on page 83 & 84 based on a very L.A.-centric view of the overall characteristics of this minority community and does not reflect necessarily the same characteristics as found in the Greater Bay Area.

Page 85: Reflexology centers are difficult places to advertise, unless the Exchange covers their services.

On the same page George Takei is mentioned as a celebrity endorser. He would be a great partner because he is also the official face of the Social Security Retirement outreach campaign and is also very well liked among the LGBT and white male target population due to his involvement in the "Star Trek"-series and other fantasy TV series. But I was wondering why there is no mentioning of Jackie Chan after whom one of the most prominent Senior Centers in San Francisco is names and Kristi Yamaguchi who is a big celebrity in the East Bay and who just had a children's playground named after her.

Page 87: The draft does not mention the Native American Health Center on Cap Street in Sf which is an essential part of the free clinic system on the Peninsula.