



California Health Benefit Exchange

Board Members

Diana S. Dooley, Chair
Kimberly Belshé Paul Fearer
Susan Kennedy Robert Ross, MD

Executive Director

Peter V. Lee

Stakeholder Input: Outreach, Marketing & Education, and Assisters Program June 7, 2012

The California Health Benefit Exchange, the Department of Health Care Services, and the Managed Risk Medical Insurance Board (collectively, the Project Sponsors), solicited written stakeholder comments on the proposed design of the Statewide Outreach, Marketing & Education, and Assisters Program which was presented to the public at the May 22nd Exchange Board meeting. The proposal is detailed in a draft report available on the Exchange [website](#) entitled “*Statewide Marketing, Outreach & Education and Assisters Program Workplan for the California Health Benefits Marketplace.*” Feedback was solicited in five specific issue areas as well as other general comments. Twenty-two organizations submitted comments using a stakeholder input form provided on the Exchange website and seven organizations submitted comments in separate letters. Comments received on the input forms have been compiled in the tables below. Letters will be posted separately on the Exchange stakeholder [webpage](#). Stakeholder comments will be used for consideration of revisions to the Statewide Outreach, Marketing & Education, and Assisters Program. The Project Sponsors thank all stakeholders for their valuable comments that will assist in the planning and implementation of this program.

Table of Contents

| | |
|--|----|
| ISSUE 1: Overarching Strategies..... | 1 |
| ISSUE 2: Marketing Strategies..... | 8 |
| ISSUE 3: Communication Strategies..... | 15 |
| ISSUE 4: Phase Description..... | 25 |
| ISSUE 5: Budget Narrative..... | 40 |
| ISSUE 6: Other Comments..... | 43 |

Comment Letters Submitted

Alameda County Medical Center
The California Endowment
California Pan-Ethnic Health Network
Clinica Sierra Vista
Health Access California
Lesbian, Gay, Bisexual, and Transgender Health Consortia
Stefan Luesse, Behavioral Health & Recovery Services

Input Forms Submitted

AIDS Health Consortia
Anthem Blue Cross
Asian Pacific American Legal Center of Southern California (APALC)
Bespoke Benefits
Blue Shield of California
California Association of Health Plans
California Labor Federation
California School Employees Association, CSEA
California School Health Centers Association (CSHC)
Community Health Councils
Consumers Union
County Welfare Directors Association
Delta Dental of California
The Greenlining Institute
Having Our Say Coalition, a project of the California Pan-Ethnic Health Network
Health Access California
Insure the Uninsured Project
Los Angeles County Department of Public Health, Children's Health Outreach Initiatives
Private Essential Access Community Hospitals (PEACH)
San Mateo County
SEIU
Small Business Majority
Teachers for Healthy Kids
United Ways of California
Western Center on Law & Poverty/Health Consumer Alliance

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

ISSUE 1

| Issue #1: Overarching Strategies | |
|---|--|
| Organization | Comments |
| AIDS Health Consortia | It is critical that key HIV/AIDS stakeholders are included in the development of the marketing campaign, including the State Office of AIDS, AIDS advocates, Ryan White grantees, HIV providers and people living with HIV/AIDS. |
| Anthem Blue Cross | <p>Anthem supports the goals of the California Health Benefit Exchange and believes the exchange and marketing activities should promote maximum enrollment of currently uninsured individuals into coverage. When making critical decisions about marketing, outreach and education, and assister issues, we urge the Board to strongly consider the balance between cost/efficiency and comprehensiveness.</p> <p>In addition to providing Anthem’s comments, we wanted to share feedback collected from Anthem’s Consumer Relations Committee. The Consumer Relations Committee includes eleven non-Anthem stakeholders and includes plan enrollees, a member of the governing board of the plan, and a provider, in addition to two Anthem representatives, the Plan President and GM of Large Group. One of the committee’s primary concerns was surrounding costs: there was general concern about the high cost of the proposed marketing activities, questions regarding the source of the funding for the outreach efforts, and the ratio of cost to effective outcomes.</p> |
| Asian Pacific American Legal Center of Southern California (APALC) | <p>Guiding Principles We support the eight (8) Guiding Principles in the Executive Summary of the report. However, we believe that the principles can be strengthened by changing the following: a) for Principle #1, at the end of the first principle, add "through seamless enrollment between programs and the horizontal integration of other public benefits programs; b) for Principle #2, be more explicit about who the "partners" are, "including close collaboration with partners, such as community-based agencies, small business associations, other interested stakeholders, etc."; c) for Principle #3, " ... consideration of where eligible populations live, work and play, as determined by demographic information, including race, ethnicity and primary language"; and d) for Principle #4, "Marketing and outreach strategies will reflect <u>and target</u> the mix and diversity of those eligible for coverage."(P. 1 of report)</p> <p>Target Audiences A list of priority targets for the new Exchange is given, and we recommend that the Asian American Native Hawaiian and Pacific Islander (Asian American and NHPI) communities be recognized as a priority target; with over 600,000 eligible Asian Americans and NHPIs under the Medi-Cal expansion or for federal subsidies under the Exchange, there is a critical need to outreach to these communities. (See CPEHN, UCLA Research for Health Policy Research, and UC Berkeley Labor Center, <i>Achieving Equity by Building a Bridge from Eligible to Enrolled</i>, at 1-2 (Feb. 2012)(hereinafter “Equity Report”)(P. 11). With regard to Small Businesses, many are limited-English proficient (LEP) and employ many LEP workers. Therefore, any outreach, education, marketing, and assister programs must be culturally and linguistically competent.(P. 11)</p> |
| California Association of Health Plans | We support the goal of having a robust and comprehensive marketing outreach strategy. However, we have concerns that the costs associated with this proposal may result in increased costs to consumers for the products in the Exchange. If the costs for marketing and outreach ultimately cause an affordability issue for those purchasing coverage in the Exchange then it has the |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #1: Overarching Strategies | |
|------------------------------------|--|
| Organization | Comments |
| | <p>unintended consequence of actually limiting the ability of the Exchange to be a viable marketplace because not enough people will be able to afford to buy coverage. The Exchange should carefully consider the delicate balance between putting resources into outreach and marketing while ensuring that affordability is maintained.</p> <p>Because there is federal money available for the first few years of the outreach and marketing campaign we realize that there is an incentive, and stakeholder pressure, to maximize those dollars and go for the gold options presented. However, in subsequent years these costs will be added to the administrative costs of the plans operating in the Exchange and there should be careful consideration of what strategies will be the most efficient and cost effective. Again, if people cannot afford to buy insurance through the Exchange then the money spent on outreach and marketing will not have the desired effect. We think it would be helpful to see more information on what metrics the Exchange will use to monitor the strategies that are implemented to determine if they are cost effective and how they will use that to inform the policies around marketing and outreach. We suggest continuing to work with stakeholders, including plans, to develop cost effective, consumer-friendly, and efficient outreach and marketing strategies. We believe it is prudent to focus on the end goal, which is to enroll a sufficient number and mix of people into the Exchange, and that may not necessarily demand using the most expensive options.</p> |
| California Labor Federation | <p>Target Audiences: On page 12 of 124 in the draft, the authors identify industries with a significant number of uninsured workers as a target for outreach. Even workers who are insured in low-wage industries should a target for outreach because of the impact the ACA will have on employer behavior regarding health coverage. We have grave concerns that the ACA creates perverse incentives for some employers to “dump” workers into the Exchange and evade penalties by dropping workers to part-time. Grandfathered plans that are not subject to non-discrimination clauses are particularly susceptible because they can narrow benefits to force older and sicker workers into the Exchange.</p> <p>Given the possibility of employer dumping, outreach to low-wage industries should be comprehensive and target workers who have job-based coverage and who are uninsured. The messaging should be clear that if a worker loses job-based coverage for whatever reason, the Exchange is a good option for purchasing coverage. Many low-wage industries are becoming increasing staffed by contingent workers, so even Wal-Mart, Amazon and other major corporations use temp agencies rather than direct employees. Particular attention should be paid to temporary workers who may work in Wal-Mart’s or other major retailers, but actually are not directly employed. Temporary workers are a key population for the Exchange given that the nature of their work means that they lack job-based coverage.</p> <p>Another group for consideration are independent contractors. Many low-wage industries use independent contractors, or misclassify workers as independent contractors, in order to avoid paying for health coverage and other benefits and taxes. The Exchange should look at industries with large numbers of independent contractors who have to purchase their own insurance. These industries include cable installation, delivery services, truck drivers, sales, cosmetologists and barbers and many others.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #1: Overarching Strategies | |
|---|---|
| Organization | Comments |
| | They may appear to be employed and eligible for job-based coverage, but are really independent contractors. |
| Community Health Councils | We support the multifaceted and multi-channel approach outlined in the workplan. Given the enrollment goals, California’s diverse population, and the “culture of coverage” shift needed for reform to be successful, a comprehensive social marketing campaign will be required. The plan on a whole provides a wide-range of activities to meet the needs of a number of ethnic, cultural and social groups across California. Furthermore, it is clear that Ogilvy has done their due diligence to identify the appropriate specific and categories of partnerships needed to achieve this robust plan. |
| Consumers Union | <p>Overall, the discussion draft sets forth a thoughtful, comprehensive roadmap for marketing and outreach which recognizes and accounts for the diversity and size of California. The “overall goal and business ambition” set forth on p. 7 establishes the right target: maximizing enrollment, as well as educating consumers and encouraging retention. It may be wise to tweak the language to “educate Californians about the requirements and benefits under relevant law” rather than just “benefits of coverage.”</p> <p>Polls confirm that the public is in the dark about the attributes of the ACA and are even unclear whether it still is the law of the land. Basic education about the mandate, essential health benefits etc. will be needed for people to fully appreciate what the Exchange has to offer them and why they should interact with the Exchange. This is compounded by the active misrepresentation about the ACA underway and likely to continue and accelerate. If, as we expect, many potential customers of the Exchange will have been previously insured (e.g. either laid off or had their coverage eliminated), the benefits of insurance will already be apparent to them.</p> <p>As to the number goals on p. 8, it is a sound idea to set numerical targets. It is important to note that the composition of “the uninsured” is not static demographic, but rather has a shifting composition, varying over time as the job market and the overall economy shift. So, you may never have “saturated” the group with communication or “enrolled them all.” But to encourage progress, it may make sense to set additional, earlier numerical target points—for example, by January 2014 x enrollees (as well as keeping target goals by end of 2014 etc.) Consumers Union appreciates the phased approach recommended, since the needs at the beginning—e.g. getting the public to know the Exchange exists—will be somewhat different than a year or two into Exchange operation. We do caution, however, that some basic public education will need to be ongoing since this is an entirely new entity and since the population that is uninsured is ever-shifting, rather than a static block (today it may be me, tomorrow it could be you). As well, the branding decisions which will shape and animate the spirit of the Exchange will need monitoring and refinement over time. The summary strategies described on p. 16 of the discussion draft seem on target—developing the brand position and theme with messages targeted to specific populations; multiple communication channels; easy to understand pricing messages (see below on the challenges of that); exploring real story illustrations (may best be done through partner organizations as this alone is very labor intensive). Consumers Union does suggest accelerating the naming process for the Exchange (see below, Issue #4) in order to expedite public conversation and education about the Exchange.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #1: Overarching Strategies | |
|---|---|
| Organization | Comments |
| | <p>The draft recognizes that it will be a new world leading up to Fall 2013, with outreach and marketing needs of historic scope, and that the Exchange should remain flexible in adjusting outreach and marketing approaches as we learn what works best and where there are gaps. Paid mass media is expensive in the state, yet important to establish the presence of the Exchange. We know we will not have the money to match what a commercial plan, for example, would spend on marketing but also that we need to maximize the exposure the Exchange gets. So, we would urge a full court press—perhaps led by the Governor and legislative leaders—to have a wide range of unpaid partners pitch in and donate advertising space or promotional assistance. Likewise, we strongly support exploring the state and federal agencies and education community contacts on p. 53. These are all, at the least, free potential distribution points for outreach materials or poster locations.</p> |
| County Welfare Directors Association | <p>Need to balance promotion of the portal with no wrong door approach. It’s not clear from the narrative how the concept of the “no wrong door” approach that we are all working together to implement will be communicated in the messaging materials. The document talks primarily about the online portal as “the marketplace” and about promoting the use of that marketplace. However, people will have multiple ways to apply.</p> <p>For example, the overall goal and business ambition talks about promoting “a one-stop marketplace.” How does this work for someone who does not have internet access, or does not believe that such a system would be sufficiently secure or official, who wants that in-person, one-on-one assistance? This seems like something to really discuss in the proposed individual interviews, given the data showing that even the groups with heavy use of mobile and internet technology do not have 100 percent usage of the web. It will be important to ensure that people understand that help is available not just on the website, but from other channels as well – in person at county offices, from the assister network, from brokers/agents, from the 1-800 number, etc. It seems like discussions with both samples of potential consumers as well as people representing each of these stakeholders is important as you build out the phase I messaging.</p> <p>Developing partnerships with counties: It will be important to coordinate state-level efforts and messaging closely with counties. Counties are both a resource and a path to reaching people who are uninsured, as well as a partner in the eligibility determination process, and we look forward to participating in the further development of these outreach plans.</p> <p>On page 13, the fact that there are 58 county human services and health departments is listed as a challenge. The existence of this extensive network of offices, with thousands of highly trained and motivated public-sector staff, could more appropriately be viewed an important opportunity – a pathway to reaching many of the target consumers identified in the plan.</p> |
| The Greenlining Institute | <p>A) Overall Greenlining supports the recommendations put forward by Ogilvy and we think they are a very good start, but would like to emphasize the need to utilize culturally and linguistically competent and appropriate marketing and communications strategies. Throughout the recommendations we appreciate the focusing on ensuring that those populations that speak the top Medi-Cal threshold languages should receive in-language marketing; however, in-language does not always</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #1: Overarching Strategies | |
|---|---|
| Organization | Comments |
| | <p>mean that a marketing strategy is culturally competent or appropriate. Further, we also would encourage further exploration into what microcommunities may be missed if only looking to provide information in the top Medi-Cal threshold languages.</p> <p>B) Greenlining appreciates the distinction of focusing on the API community but it is unclear if South Asians, particularly populations from India, are included in this subpopulation. Many of the proposals put forward for marketing strategies ignores the true diversity of the Asian population in this State. We would encourage further research to determine if the API strategies would also work for all South Asian populations.</p> <p>C) We understand the need to truly explore the brand and taking the time to get it right, but also encourage Ogilvy to adhere to the fall 2012 deadline proposed.</p> <p>a) We appreciate the stakeholder groups Ogilvy conducted in English and Spanish and encourage Ogilvy to hold similar convenings with persons who primarily speak Asian languages as soon as possible.</p> <p>b) Research to inform branding needs to be completed and confirmed before beginning outreach in communities of color, as this will minimize potential fraud in these communities.</p> <p>c) We encourage further research regarding Ogilvy's claim that "most preferred to shop on the web as opposed to through brokers or social service providers." Our own research has revealed that low income and extremely low income individuals prefer to purchase insurance in person or with the help of a social service provider as opposed to online (See: Racial Equity Framework: http://greenlining.org/resources/pdfs/GIREFLayout.pdf)</p> <p>D) We would also encourage Ogilvy to cross check every document being distributed because misspellings can create mistrust within a community. For instance, Kwanzaa is spelled incorrectly in the Discussion Draft submitted by Ogilvy but was correctly spelled in the presentation. We understand that mistakes are made but point this out to emphasize the importance of cultural and linguistic competency and the potential effect a misspelling may have on a target community.</p> |
| Health Consumer Alliance | Cultural and linguistic access. HCA appreciates the recognition throughout the report of the need to have specific strategies aimed at particular communities of color and Limited English Proficient communities. The report rightly focuses on the Medi-Cal threshold languages but wrongly refers to 11 threshold languages for Medi-Cal; there are 13, including English. |
| Insure the Uninsured Project | ITUP supports the overarching strategies outlined in the Ogilvy report, particularly with the multipronged marketing/outreach plan. |
| Los Angeles County Department of Public Health – | Children's Health Outreach Initiatives (CHOI) commends Ogilvy for its comprehensive approach to reaching all target audiences through public education, research, partnerships, various media channels and public outreach. |
| | CHOI would like to emphasize to Ogilvy and the Exchange Board the critical importance of reviewing the analysis and outcomes |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #1: Overarching Strategies | |
|---|---|
| Organization | Comments |
| Children’s Health Outreach Initiatives | <p>of the Healthy Families and Healthy Kids marketing, outreach and education campaigns, particularly for insight on communicating affordable health insurance and access to health care for low income families. CHOI would be happy to provide Ogilvy and the Exchange information regarding the Los Angeles County Healthy Kids insurance program history, roll-out, and outcomes.</p> <p>CHOI believes that the “no wrong door” vision for enrollment is critical and needs to be enhanced and expanded to “no wrong door for access to health care”. This extension of the “no wrong door” concept truly encompasses the vision of the Exchange to improve the health of all Californians by assuring their access to affordable, high quality care, in the various avenues that may occur. Strategies that contain overall access to care messages (while steering to the Exchange) will cut the widest swath among all residents and build a sense of inclusiveness, rather than exclusiveness.</p> <p>CHOI strongly urges Ogilvy and the Exchange Board to continuously link back to the Exchange’s guiding principles when considering their varying investments in the overarching strategies, particularly the principle of building-on and leveraging existing resources, networks and channels to maximize enrollment, including collaborations and partnerships. Los Angeles County has a rich history of partnership for outreach, enrollment and utilization of coverage on a large scale. We encourage the Exchange to take advantage of this expertise, and we would be happy to share tools and resources with the Exchange.</p> <p>We encourage viewing community-based partnerships for outreach and education as longer-term investments for the Exchange—not just for consumer awareness and enrollment efforts, but as partnering organizations that assist, either directly or indirectly, with follow-up, troubleshooting and retention. The Exchange should consider how best to partner with these agencies to facilitate a consumer-friendly bridge from outreach/education to enrollment/retention.</p> |
| SEIU | <p>Thank you so much for the solid thinking that went into this draft proposal. It reflects a lot of the work done by HBEX staff and consultants. We offer some general and some specific comments in order to strengthen the final product. As always, SEIU’s goal is the successful enrollment in health coverage of as many un and underinsured Californians as possible January 1, 2014 and beyond. This success of this plan is absolutely central to the success of the Affordable Care Act.</p> <p>Objectives. We applaud HBEX for recognizing as an objective that the Exchange is a catalyst for change in California’s health care system (Pg. 9). One of the objectives of the plan is to build “trust” for the “marketplace”— what about building trust for government, given one of the top two largest target segment is the Medi-Cal expansion population? It was encouraging to see that the research in attitudes toward new health insurance system (p 23) indicates that “There was also strong agreement that the inclusion of Medi-Cal would not stigmatize the marketplace.” Ultimately, we want people to have the same unqualified trust for this combined program of coverage that they do for Medicare.</p> <p>Marketplace terminology. Throughout the proposal, the single system of coverage for private coverage through the Exchange, Medi-Cal and Healthy Families is referred to as a “marketplace.” We understand that the branding decisions have not been</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #1: Overarching Strategies | |
|---|--|
| Organization | Comments |
| | <p>made but we urge HBEX to consider that the term “marketplace” suggests payment for products. Given that some 9 million of Californians will be in Medi-Cal, which is free, another more inclusive term might be used.</p> <p>Coordination with other state and local efforts. We are encouraged to see that the plan articulates an effort to coordinate outreach and marketing efforts with other state and local government entities, including county social services departments. It is a great strategy to ensure that there is the best use of resources and no duplication of effort. We also urge HBEX to consider a strategy for coordinating with local organizations in key markets for targeted local efforts on the ground.</p> |
| Small Business Majority | <p>We support the general strategies outlined in the proposal. Small business owners are a unique constituency and effective outreach to them is required to maximize their participation in the SHOP. The proposal recognizes that distinct and customized communications strategies will be essential to capture the attention of small employers in a meaningful way. The proposal also understands that the channels to communicate these messages need to be different than from marketing to individuals and must include sources such as accountants, brokers, business organizations, business media and trade groups.</p> |
| United Ways of California | <ol style="list-style-type: none"> a. United Ways of California (UWCA) supports using a mix of paid media and direct outreach to individuals and families by known, trusted community messengers like nonprofits and other CBOs to reach target populations for enrollment. CBOs and other community messengers have a proven record of reaching out to specific populations and educating them on programs and services available to them. UWCA believes a greater reliance on this resource, with decreased emphasis on the very expensive paid media and ad buys is warranted. b. UWCA recommends a percentage of the budget be used for experimental, creative ways of marketing. Much of the plan relies on time worn channels such as advertising, signage, enrollment fairs, etc. c. UWCA applauds the proposal to give outreach grants determined through an RFP process to community partners across the state. We would recommend that the CHBE adopt the gold level grant program and shift a percentage of the yet to be disclosed or determined media buy to grassroots and community based grants. \$5-10 million annual commitment statewide is a small price to pay to reach millions of Californians. We would also recommend that a firm decision on the grant allocations not be made until the CHBE is fully aware of the cost of media buys. |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

ISSUE 2

| Issue #2: Marketing strategies | |
|---|--|
| Organization | Comments |
| AIDS Health Consortia | <p>People living with HIV/AIDS will benefit from the marketing strategy outlined in the plan, however they also face unique challenges.</p> <p>We recognize that the broad marketing plan can't meet all the specific needs of people with HIV/AIDS but we urge the marketing group to work with the state Office of AIDS to ensure that if additional messages are needed to reach this population that the messages are done in concert with the broader outreach effort.</p> |
| Anthem Blue Cross | <p>We are concerned that the marketing and outreach plan components and marketing strategy options are segmented into three buckets (gold, silver, bronze) using the same labels as are used for the different actuarial value levels of coverage established through the Affordable Care Act (ACA). We would strongly suggest that the California Health Benefit Exchange rename these buckets to eliminate any confusion with actuarial values, and streamline the buckets into three categories: low, medium and high.</p> <p>Anthem's Consumer Relations Committee expressed some concern about the outlined media mix. The group believes there is heavy reliance on radio/TV; much less on social media and print. The group's concern is that print is the only medium with a longer retention time. One of our respondents suggested utilizing Technology Resources and Internet Literacy (TRAIL), a part of the iCALIFORNIA campaign, which is endorsed by a number of prestigious state-level foundations and organizations.</p> |
| Asian Pacific American Legal Center of Southern California (APALC) | <p>We appreciate the report's research and analysis of marketing strategies and understand the budgetary constraints surrounding marketing and research; however, the cost of excluding particular ethnic and cultural groups based on "Bronze, Silver, Gold" tiered options will not overcome the acknowledged barriers in any marketing, outreach and education efforts.</p> <p>Multicultural Outreach/Linguistic sensitivity - We strongly agree with the recommendation that multi-cultural audiences, limited English proficiency (LEP) and rural Californians should be a main priority of for marketing and outreach. It is critical that that it be done in a culturally and linguistically appropriate approach and we recommend that, at a minimum the this multicultural outreach material must be translated into the 11 non-English Medi-Cal threshold languages, but preferably available in any language if requested by a LEP individual and/or provide an interpreter to provide an oral interpretation of the material. We also highly recommend that a grant program be implemented and grants awarded to organizations or entities with established relationships with target markets. We would highly encourage a partnership with existing coalitions, such as the Health Justice Network (HJN) (see p. 5 of these comments) (P. 15).</p> <p>Additional Qualitative Research on Message/Strategy Development with Individual Consumers - We strongly recommend that at a minimum, activities be conducted at the Silver Level, which includes speakers who speak Chinese, Vietnamese, Korean, Tagalog, Hmong and Cambodian. To leave out these languages would be to exclude a critical portion of the population who need to be enrolled and retained in the Exchange or publicly-funded programs. If the focus groups were only conducted in</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #2: Marketing strategies | |
|--------------------------------|---|
| Organization | Comments |
| | <p>English and Spanish, even if there were Asian Americans and NHPs included (who would be English speaking), there would not be any focus group testing conducted in other languages and the effectiveness of those messages would remain questionable. As the Equity Report found, the other top three languages spoken other than Spanish are Chinese (31,000), Vietnamese (13,000) and Korean (9,000). Therefore, the Gold option would be ideal but the Bronze level would be unacceptable. (P 24)</p> <p>Advertising Execution Testing – For similar reasons stated above, we highly recommend the <u>Gold option</u> for group interviews and audience segmentation for targeted advertising: speakers in Chinese, Vietnamese, Korean, Tagalog, Hmong, and Cambodian (p 25).</p> <p>Market Segmentation/Baseline – Again, we recommend the Gold option because it is critical that all target population, including the Asian American and NHP communities, are included the survey to validate any conclusions from the research. We also believe that oversampling for this populations as well as the African American population is important. Data from the Census Bureau’s American Community Survey reveal that more than 9 million people in the United States speak Asian and Pacific Island languages at home and more than 4 million of them are considered “limited English proficient,” meaning they speak English less than “very well” or not at all therefore oversamples of Asian Americans, Native Hawaiians, Pacific Islanders, African Americans, etc. must be conducted. The Equity Report also noted that language barriers could reduce the LEP participation in the Exchange, which could be upwards of 110,000 LEP individuals in the Exchange if proactive outreach efforts directed at LEP populations are not undertaken. (p26)</p> <p>Branding - We believe that using the correct “brand” is critical to changing the perception of health care from one that is only used when necessary to one that everyone would support because all Californians benefit from it. We can use this as an opportunity to shift people’s view of our health care system if we can get away from using commercial terms, such as “marketplace” or “insurance.” Rather than framing the Exchange in terms of a “marketplace,” especially since it would include popular publicly-funded programs like Medi-Cal which is viewed as a “marketplace,” we should describe the new health care system as a “health advocate” that will improve Californian’s health and would better equate health insurance to access to health care services. In order to instill the changes in attitude and support for health care reform, the new health care system should also stress “quality” health care and “affordability.” Also, for communities of color, immigrant populations, and LEP individuals, branding that stresses the new health care system as “trustworthy” and “easy to use” and “culturally and linguistically appropriate” are key. (p29)</p> <p>Targets-Consumer (Small Business Owners) -This will be a critical market especially for Asian Americans, Native Hawaiians, and Pacific Islanders; therefore outreach should be in-language (p34). As noted in the report, out of the estimated 1.5 million Asian American businesses in the US who will be eligible for the SHOP and small business tax credits, California has over 500,000 of them. The Asian Pacific American Legal Center (APALC)’s statewide Health Justice Network has many small</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #2: Marketing strategies | |
|---|--|
| Organization | Comments |
| | business groups as member partners, is dedicated to outreaching to small business owners, and can assist with this outreach. |
| Bespoke Benefits | In regards to the “no wrong door” strategy we’d recommend you make current agents and broker websites one of the “doors”. Not just in name only, but actually provide brokers with the ability to “private label” a web portal into the exchange and then compensate brokers for any individuals who purchase a policy in the exchange through that door. This concept is widely used with insurance companies which allow agents their own unique enrollment engine site link and also in almost any web-based retail environment through affiliate links. This strategy would embrace brokers and give them a reason to actively market the exchange to the audience that they are already engaged with. Doing this gives the exchange a sales force thousands strong that are eager to help. |
| Blue Shield of California | <p><u>Pre-Open Enrollment Marketing:</u></p> <p>During the initial phases of the marketing, outreach and education campaign it will be important to reach a broad cross-section of individuals and establish “brand awareness” for the Exchange.</p> <ul style="list-style-type: none"> • A media mix that allocates two-thirds of spending on TV and video is appropriate to generate initial brand awareness for the Exchange. This proportional spend on TV and radio is similar to the percentage Blue Shield dedicates for our brand awareness budget. • The Exchange should leverage the expertise of Navigator organizations to bolster awareness and consumer education for harder to reach segments of the population. • In addition, the Exchange should coordinate with insurers to explore the possibility of other marketing opportunities. <p><u>Post-Open Enrollment Marketing:</u></p> <p>While there is little detail on the post-initial open enrollment budget, we assume that the levels of paid media would be dramatically reduced. We also offer the following recommendations:</p> <ul style="list-style-type: none"> • Little or no funding should be allocated to retention. Health plans will have an interest in assuring that individuals remain continuously enrolled in coverage and individuals with the greatest need will see a benefit to remaining insured. If retention becomes a problem down the road, funding can be revisited. • Distribution strategy by segments during Q4 2012 should be identified and incorporated into the research plan. Specific goals and targets should be set for each phase of the marketing funnel: awareness/interest, consideration and buy. • |
| California School Health Centers Association | CSHC recommends that the Exchange seriously consider a brand other than “marketplace.” We are concerned that the use of the term “marketplace” implies that there is a cost to every health insurance option and that this will prove confusing to some Californians. We think that this term will not resonate effectively with adolescents and young adults, and that it will be discouraging to Californians for whom even a minimal out-of-pocket cost is prohibitive. |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #2: Marketing strategies | |
|---|--|
| Organization | Comments |
| California Association of Health Plans | <p>We realize that California is an extremely large and diverse state and appreciate the Exchange’s clear effort to engage in a comprehensive strategy. One population that we would like to see the Exchange pay special attention to in their outreach and marketing efforts are the young and healthy people who tend to not believe that they need health insurance. It is imperative that the Exchange emphasize a targeted marketing strategy aimed at these individuals. If these people do not enroll in the Exchange it will become unaffordable and ultimately unsustainable.</p> <p>We acknowledge that the Exchange has made a commitment to using metrics that will determine if marketing activities are offering a good return on investment and would like to further encourage an efficient marketing strategy that is flexible and able to adjust quickly when strategies are not effective. Plans have significant experience in effective outreach and marketing strategies and we encourage the Exchange to use the health plans as partners in marketing and outreach</p> |
| Community Health Councils | <p>Retention & Utilization messaging must be clearly defined marketing strategies in order to ensure the Marketplace stays strong and affordable. Ogilvy has outlined a fairly comprehensive set of strategies needed to achieve the desired goals and objectives. We specifically support the positioning of the market as a one-stop doorway that offers a choice of affordable and quality coverage. However, although mentioned in the communication strategies, the marketing strategies do not specifically highlight the need to promote retention of coverage.</p> <p>The success of the new Marketplace should not only be dependent upon who enrolls in coverage but the number of consumers who effectively utilize and retain coverage. Children and families often lose coverage at the time of annual renewal or when they fail to pay the monthly premiums. Promoting retention of healthcare coverage is a cost effective way to improve the continuous use of healthcare for children and families. Additionally, we would encourage the promotion of utilization as an additional marketing strategy. Given the number of financial decisions that consumers need to make in today’s economic climate, every monetary choice must come with a tangible benefit.</p> <p>Encouraging the use of preventative care specifically will provide consumers with immediate proof of the value of their health coverage and encourage them to retain their coverage. Expanding access to health coverage for all Americans is but one goal of the Affordable Care Act (ACA). The other goals of ACA include reducing and containing escalating healthcare costs and eliminating disparities in health. Making sure people use and keep their health coverage is integral to bending the healthcare cost curve. Gaps in coverage lead to higher program administrative costs as a result of re-enrollment in coverage (including the cost to the health plan and potentially providers and assisters) as well as increasing unmet need. Creating a marketing objective and strategy that focuses on retention and utilization will ensure a strong and affordable healthcare marketplace that meets the needs of all Californians.</p> |
| Consumers Union | <p>The wide range of suggested partnerships, especially to reach the Latino community that makes up a large proportion of the Exchange-eligible, makes sense. We note that schools and colleges are among those mentioned (e.g. pp. 53, 72-73). Based on CU’s experience in our previous “Healthy Kids, Healthy Schools Project” of 7 years, which successfully enrolled children and</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #2: Marketing strategies | |
|---|--|
| Organization | Comments |
| | <p>families in health programs through the schools, we believe even more could be done to engage K-12 public schools than is suggested, beyond enrollment days and back-to-school events. Some schools have institutionalized health coordinators and school-based clinics, for example, that could become sites for ongoing or regularly scheduled enrollment hours. LEA and MAA funding (specialized funds that can be available for school-based health enrollments) could provide a separate, additional resource for those efforts.</p> <p>The UCs, CSUs and community colleges also are great potential partners, as noted. In addition to joining up with them to reach students in attendance, a key opportunity is during student loan “exit counseling,” a required activity for all students with federally guaranteed loans and an educable moment when students entering the “outside world” are thinking about their coming obligations. This would call for linking with student financial aid offices at the various institutions; there is also a statewide association of student financial aid officers (CASFAA).</p> |
| County Welfare Directors Association | <p>Online and Mobile Video: On page 38, second paragraph discusses that online video comes in single pods that are not skippable; however, it then goes on to say that publishers are only charging when video is delivered 100% and not skipped, which implies that sometimes it is skippable. (Which? Seems like perhaps more background discussion would be helpful here to understand what the board would be buying.)</p> <p>Search Engine Marketing: The first bullet on page 39 states that this method is the most efficient for delivering prospects to the marketplace website. Some explanation of the efficiency measure and why this is considered most efficient would be helpful background.</p> <p>Direct Mail: How targeted can you get with direct mail? For example, can you target only the potentially eligible individual households and gather enough advance data to know that they are potentially eligible and not already covered under Medi-Cal, Healthy Families, or another plan?</p> |
| Delta Dental | <p>Page 14 – In any marketing strategy or outreach initiative, information must be included regarding stand-alone dental plans as a part of the Exchange’s available “products”. Delta Dental feels strongly that stand-alone dental plans should also be accounted for in preliminary market research in order to better understand the public’s understanding of the product and its availability through the Exchange.</p> |
| The Greenlining Institute | <p>Paid Media a) Greenlining supports Ogilvy’s recommendation to utilize paid media in numerous outlets to best reach California’s diverse communities. Namely, we support the use of ad space utilizing online platforms (Pandora, Google, etc.). Facebook is mentioned as a key social networking site to advertise on. We wholeheartedly agree with this and encourage HBEX to seek donated ad space from Facebook beyond the paid media. The wife of the founder of Facebook is a physician and she was the reason Facebook included the ability for its users to register as organ donors; adding this feature saw a huge spike in organ donor registration in 10 states (see: http://abcnews.go.com/Health/states-instant-spike-organ-donors-facebook-</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #2: Marketing strategies | |
|--|---|
| Organization | Comments |
| | <p>push/story?id=16255979#.T8aup9z2Ytl).</p> <p>b) In multiple places it is mentioned that paid media and materials developed will be culturally and linguistically relevant. While we support this, we highly encourage HBEX to seek not only relevant material but culturally and linguistically <i>competent</i> and <i>appropriate</i> material.</p> |
| Insure the Uninsured Project | ITUP supports the marketing strategy recommendations made by Ogilvy to the board. |
| Los Angeles County Department of Public Health, Children's Health Outreach Initiatives | <p>It is extremely important that the Exchange provide trusted sources of health care coverage and access for all populations. Undoubtedly, , start-up businesses, running the spectrum from providing minimal services at high costs all the way to fully fraudulent scams, are guaranteed to market aggressively to vulnerable communities, particularly in low-income, immigrant populations. To get out in front of this, the Exchange should prioritize strong partnerships with local community organizations, already trusted by those in the community and who use their services, to be the conduit to promote the Exchange through outreach, education and assisting with enrollment of these target populations.</p> <p>As an agency that has helped facilitate the enrollment of tens of thousands of Medi-Cal and Healthy Families clients over the past 10 years, CHOI urges the Exchange to recognize the important need to promote these public health insurance programs within the Exchange. Those individuals and families that will newly qualify for these programs have had associations with the programs through other family members, friends, the community, etc. and thus real connections can be made. Re-branding messages should still result in recognition of the programs, with a more positive, inclusive message to encourage enrollment.</p> <p>Los Angeles County has 2.1 million residents who are uninsured, 1.6 million of who will qualify for coverage in the Exchange in 2014. It is vital that Ogilvy and the Exchange prioritize the Los Angeles County market and engage heavily with marketing, outreach and education stakeholders at all levels to ensure target-specific and uniform messaging.</p> |
| SEIU | <p>We believe that there is a need to balance outreach strategies that reach a large number of people with strategies aimed at hard-to-reach populations. Thus, we urge HBEX to consider a more balanced approach with more emphasis on outreach to consumers in their community to maximize enrollment and provide seamless customer service. While we acknowledge that paid media is an important part of outreach, there should also be a significant investment in community grants for outreach and education.</p> <p>Pg. 6 – Although the strategy contemplates partnership with unions, This chart has no government touch points and doesn't explicitly mention labor unions. The chart should be updated to reflect the major role that unions intend to play. In addition, the chart does not mention schools as a potential touch point.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #2: Marketing strategies | |
|---------------------------------------|---|
| Organization | Comments |
| | <p>Influencers (p.11) should also include local government entities (e.g., counties) that have a high touch points with uninsured Californians through county services.</p> <p>HBEX should utilize the existing county infrastructure by checking Medi-Cal and Exchange eligibility for current persons already within the SAWS data system.</p> |
| Small Business Majority | <p>The marketing strategies outlined should lead to successful outreach, education and enrollment. Our organization's outreach has shown that the small business community has a hunger for information about new healthcare coverage options, including the SHOP Exchange, but currently has very little information available to them.</p> <p>The proposal's goal of creating a brand that is trusted is essential, especially for small business owners who tend to be skeptical of government's ability to understand their challenges and deliver on its promises. We appreciate the recommendation to prioritize small business owners as a targeted audience and develop a customized strategy to speak to their needs and concerns.</p> |
| United Ways of California | <ol style="list-style-type: none"> a. UWCA is pleased to see that the plan includes partnering with CBOs and others to participate in existing events, such as county fairs. We feel this will be an efficient use of time and money, and will reach the broader target audience. We hope the exchange will partner closely with trusted messengers in targeted communities to learn what events are planned and evaluate how the Exchange can most effectively participate. b. Spending time and money to conduct outreach and enrollment events focused solely on the exchange may be effective for a few consumers, but we encourage the exchange to carefully weigh the costs and benefits of such events before moving forward with them. In addition, big ticket items such as an enrollment fair with the First Lady does not seems like money and time well spent and may actually harm the overall effort. c. UWCA recommends that the CHBE evaluate the cost-benefit of conducting high cost bus tours as well. If the purpose it to reach remote, rural areas with hard to reach populations, it would be more effective to partner with local churches, CBOs, schools and other organizations so that a known, trusted messenger was approaching these communities in a way in which they would be familiar. The more remote or hard to serve, the more distrust of outsiders comes into play. |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

ISSUE 3

| Issue #3: Communication strategies | |
|---|--|
| Organization | Comments |
| AIDS Health Consortia | The Ryan White system must be used as one of the “trusted channels to reach audiences.” The Ryan White system of care, where most uninsured people with HIV receive their care, has grown up outside of the traditional health system. It is currently a \$2.4 billion federal program. Ryan White providers are largely grant funded and special effort must be made to include them in overall communication strategy development in order to effectively reach people with HIV/AIDS. |
| Anthem Blue Cross | <p>Anthem believes the California Exchange should work in tandem with insurers and navigators to ensure widespread education of the exchange. We are concerned that a predetermined media mix, without proven attribution models, may ultimately increase marketing spending. Given the efforts insurers and navigators may potentially also undertake we believe this approach may underestimate the true marketing spending, as other stakeholders will be buying access to similar media channels during the same period.</p> <p>Additionally, Anthem would like to seek clarification on who would potentially be eligible to be a non-paid grantee.</p> |
| Asian Pacific American Legal Center of Southern California (APALC) | <p>We agree that clear communication is key to marketing the HBEX effectively and requires a combination of mainstream and ethnic media usage in proper API languages (the first five recommendations refer to the Webinar descriptions of the Communications Plan).</p> <ul style="list-style-type: none"> • Paid Media - We recommend the Silver option as a minimum since year round advertising and heavy ethnic buys should be part of the media strategy. This is especially important in 2014 since the health care system will be so new and it will take many people some time to understand the expansion of Medi-Cal, the Exchange and the many choices of health plans. • Media Mix Options - We believe that again, at a minimum, the Silver option provides for some grass roots outreach but we would recommend additional strategies other than the cash jacket, greyhound bus ticket jackets, and gas pump signs, such as advertising in community-based newsletters, funding to CBOs for printing and distribution translated posters and other informational materials, etc. • Targeted Ethnic PR, Partnerships & Events - We would recommend the Gold option for the most robust outreach and partnerships possible. Given the opportunity to work with existing statewide coalitions (such as the HJN, Having Our Say, etc., as mentioned below), there are cost-effective ways to leverage any grants to support an increased amount of targeted outreach that would be culturally and linguistically appropriate. • General market PR - Since the overwhelming number of communities of color and LEP populations are likely to be the majority of the newly insured, the suggestions for general PR and partnerships do not seem to be as necessary as |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|------------------------------------|--|
| Organization | Comments |
| | <p>targeted ethnic PR. If there were budgetary restraints, this is an area where the Bronze option would be adequate, especially since one of the suggestions, i.e., a paid partnership with a sports team or a bus tour, does not seem to be the best use of resources or the most cost-effective method to reach the primary population that the Exchange should be interested in.</p> <ul style="list-style-type: none"> • Grant Program Option - We strongly support the option for an "education and outreach grants" program to deliver in-language education and outreach, using such networks as HJN, Having Our Say, etc. who are currently conducting these types of activities and can do more if provided additional resources. We would recommend the Gold option to fund as many grantees as possible or statewide networks with many community-based partners and small business associations. The Bronze level would be unacceptable since many potential CBOs, clinics, small business associations, etc. would need funding to conduct the level of expanded outreach and education that will be needed. • Asian Pacific Islanders and mainstream television- We recommend that the following resources be used: Comcast's Cinema Asian America, the Center for Asian American Media (CAAM), and Mnet (Los Angeles) (p 38) • Online and Mobile Banners: This is good concept in theory, however it is concerning for a large percentage of the target population may not have access to internet at home or through a Smartphone. Therefore, a focus on traditional grassroots communication should be more of an emphasis, such as posters at grocery stores, community clinics/public hospitals, and CBO offices. (p 41) • Facebook Banners- Ethnic specific targeting is important when using social media; Asian Americans, Native Hawaiians and Pacific Islanders should be included in the social network user's breakdown. (p 43) • Out-of-Home – It would be helpful to elaborate on and how this tool would be used to reach communities of color since it is not clear what this tool is. (p 43) • PRIORITY- Community Newspapers- This should be a priority funded communication tool since many in the Asian American and NHPI communities and many LEP individuals rely on in-language newspapers as their primary source of news in their local areas. (p 44). In addition to community newspapers listed on page 45, magazines and internet blogs like Hyphen Magazine, Angry Asian Man, KoreAM, and Audrey should be utilized to market the Exchange. These news sources are connected to Asian American and NHPI CBOs and together can work together on outreach and education. For example, APALC is currently using non-paid or earned media through writing articles and op-eds in magazines and |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|------------------------------------|--|
| Organization | Comments |
| | <p>newspapers, such as KoreAm, Ngoi Viet News, and World Journal. At a recent press conference announcing the expansion of HJN last month (held at APALC with a representative from Congresswoman Judy Chu's office), we had 22 Asian American and NHPI media outlets in attendance.</p> <ul style="list-style-type: none"> • Direct Mail- This method is not recommended and should not be a high priority unless direct follow-up with these individuals is done (that excludes robo-calls), especially for LEP community members, unless the calls are made in-language, which would be hard to determine. If mail pieces are not correctly translated or unclear, they will be even less likely to follow through with attempting to access the Exchange's services (p 46). • PRIORITY- Utilization of CBOs to Communicate Message/Grass Roots-Consumer – Again, rather than using a bus tour, , we believe that a more effective method to reach out to communities of color, particularly those who are LEP or from immigrant backgrounds, would be to use trusted CBOs and community clinics for information. We recommend that these groups be engaged in a funded partnership for direct communication efforts.(p 47) |
| Community Health Councils | <p>Both Retention & Utilization must be clearly communicated at every level of the campaign so they are viewed as equally important as enrollment. Similar to the Marketing strategies, the communication strategies are well thought out and will have a positive impact on achieving the communications objectives. We appreciate that the communications strategies do highlight retention as a key component and create several phases in the timeline when special retention messages will be prominent. However, given that consumers will be faced with several reasons to potentially drop coverage such as cost, accessibility and paperwork (primarily with public programs), it will be important that retention messages stream throughout every phase of the campaign.</p> <p>Additionally, if the campaign is designed to truly market all available coverage options, it must also take into consideration that those in public coverage will not have renewal periods that conform to the proposed phased timeline. We also suggest here as with the Marketing Strategies that the workplan include utilization messaging throughout all phases. Most of the target population will have little to no history of usage and will need to be educated about the effective use of coverage (preventative vs. emergency). We expect that this may be a component of the education grants and that health plans may be asked to include utilization messaging in their marketing materials. However, if we are going to shift community norms and truly create a culture of coverage, the campaign must also encourage appropriate usage of coverage.</p> |
| Consumers Union | <p>Consumers Union appreciates that the communications objectives include increasing awareness of affordability options among all Californians. While targeted populations may be more likely eligible, and certain segments will need particular assistance and messaging, the broad objective recognizes that anybody can find themselves in a changed situation through job loss or divorce, for example, and in need of coverage.</p> <p>We are pleased that the drafters did 4 focus groups, but caution against relying too heavily on the initial focus group results (with</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|---|---|
| Organization | Comments |
| | <p>a limited number of participants) and encourage continual testing, particularly as draft materials (marketing, website, forms) are being developed. While focus group participants here expressed “little concern” about “the complexity associated with health plan shopping and selection” (p. 23), for example, when confronted with the actual experience and forms in hand, CU has found in our focus group testing that people are extremely confused about the most basic insurance concepts such as deductibles—this holds true even for otherwise sophisticated, insured consumers. The Exchange should be prepared to provide generic health insurance information as health insurance literacy levels are shockingly low in the general population, even amongst those who have had insurance.</p> <p>Message testing to date, nationally, has found that consumer anxiety about the economy may warrant emphasizing the financial security the Exchange can help provide—a “we’ve got you covered” theme. This would also support the “no wrong door” approach and de-emphasize eligibility differences among programs that drive consumers to distraction today.</p> <p>Even within the commercial market there will be differences in cost-sharing that will not be easy to explain. Consumers Union urges the Exchange to continue its current practice of building in funds for focus groups and web usability testing (with actual drafts and concrete examples) to maximize consumers’ understanding and avoid unintended consequences when choosing. This will be one of the biggest challenges for the Exchange: operationalizing the goal of providing simple, easy to use comparisons for consumers, particularly around cost.</p> |
| County Welfare Directors Association | <p>Bridging the challenge of multiple programs. The marketing campaign encompasses multiple public health care subsidy programs, with different enrollment requirements and timeframes. As noted at the May 22 board meeting, this presents a challenge in that enrollment can happen year round for Medi-Cal and (to the extent it continues to exist) Healthy Families, while there will be some restrictions for enrollment in the Exchange products outside of the regular open enrollment period – though there are triggers for special enrollment periods. It will be important not to make it sound like people who have significant life changes cannot seek Exchange products outside of the regular period; there are opportunities for special periods.</p> <p>Encouraging people to apply, rather than discouraging them or leading them to do their own (uninformed) eligibility determinations. County human services departments try very hard to encourage people to go ahead and submit an application for a program and not to do their own eligibility determination – a key message point is to apply, and let the trained professionals figure out what you are eligible for. The marketing approach should be careful not to discourage people who could be eligible from even seeking coverage because they do their own eligibility determination, despite not having all the facts or knowledge of the rules, based on sound bites. The way the phases are laid out, it seems like there could be a danger of this occurring.</p> |
| Delta Dental | <p>Page 17 – Delta Dental agrees that communications must be rolled out to potential members, as a part of the “Get Ready, Set, Go” phase, in advance of the Open Enrollment Period. The Exchange should be aware that small business owners typically make benefit decisions as early as August or September for a calendar year renewal. The SHOP must commence outreach efforts for this audience in early summer (at the latest) to be successful.</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #3: Communication strategies | |
|------------------------------------|---|
| Organization | Comments |
| The Greenlining Institute | <p>A) Coordinating with State Agencies</p> <p>a. Greenlining strongly supports Ogilvy’s recommendation to coordinate outreach and education with State Agencies. We encourage the HBEX to work closely with other State Agencies to determine messaging and marketing that most resonates with target populations. HBEX should also seek to identify what effective strategies other State Agencies have been able to implement and that may be replicated for HBEX needs.</p> <p>B) Partnerships with Community Groups, assisters, and navigators</p> <p>a. Overall we support Ogilvy’s recommendation to partner with a diverse set of organizations and entities in order to ensure that consumers are receiving information from known and trusted resources in their community. We would encourage Ogilvy to identify local, direct service, grassroots organizations that have demonstrated substantial ties to ethnic communities. In certain communities, such as northern San Joaquin Valley and South Sacramento, for instance, many of the trusted community organizations within the API community are not health specific organizations but act as a hub of information for their constituents.</p> <p>b. For reaching the small business community, particularly ethnic small businesses, while the larger Chambers of Commerce can be sources of information, many ethnic small businesses rely on their local ethnic chapter or ethnic business association for information. For instance, in the API community, the Asian Business Association and the Vietnamese American Chamber of Commerce of Orange County are highly respected within their constituencies.</p> <p>c. We encourage Ogilvy to utilize community groups that have demonstrated their ability to earn media in the targeted media outlets. Media outlets that target a specific constituency often prefer to place earned media by a person that is from and known in the community. This is particularly true for ethnic and gay/lesbian media outlets.</p> <p>d. We are encouraged by the list of questions identified by Ogilvy to address the role of health plans in outreach and education. While we understand that health plans will play an important role in conducting outreach and education, we agree that further research needs to occur to best determine how to mitigate steering of consumers.</p> <p>C) Grant Program</p> <p>a. Greenlining strongly supports the development of a grant program, which will help ensure that all communities receive needed outreach and education.</p> <p>b. We are concerned that the Gold level grant program specifies partnering, at a maximum, with those who serve Latino, Black, Chinese, Korean, or Vietnamese communities or communities speaking one of the other 13 Medi-Cal threshold languages. We highly encourage further examination to determine if organizations serving microcommunities that speak languages other than the 13 Medi-Cal threshold languages, should also be eligible to receive grant funding for outreach and education to the community they serve. By allowing organizations that serve these microcommunities to apply for grants, it will help ensure that these communities do</p> |

| Issue #3: Communication strategies | |
|------------------------------------|--|
| Organization | Comments |
| | <p>not fall through the cracks or are overlooked by other proposed outreach strategies.</p> <p>D) Media Relations</p> <p>a. We are supportive of the creation of all media relations materials being translated into Spanish but are concerned that the media relations plan does not include, at a minimum, the translation of materials in the top API spoken languages as well. Many ethnic media outlets do not have reporters or staff that can speak English. Without providing materials and/or spokespeople who can speak in-language, HBEX may miss opportunities to have a media outlet report or print something related to the Exchange.</p> <p>E) Events and Festivals</p> <p>a. We agree with Ogilvy’s recommendation that participation in events and festivals is an effective way to conduct outreach and education to many of the HBEX’s target populations. We would encourage Ogilvy to further examine the suggested events outlined in the draft and identify events that are well attended and reach a broad base of community members. While some of these events may be opportunities for outreach and education, this list is not inclusive of subpopulations within communities and therefore may not rightfully target all of these communities. For example, many holidays, events, and celebrations that other people of African descent celebrate, such as Carnaval, were not included in this plan.</p> <p>F) Multicultural Planning</p> <p>a. Even though Ogilvy recognizes that all people are not the same and there are different ethnicities within racial groups, the recommendations do not appear to acknowledge significant differences within the broad racial and ethnic groups that they have identified. In addition, other markers of difference (ie. age, class, geography, gender, sexual orientation) that will greatly impact the HBEX’s ability to reach certain groups in California are not clearly identified or appear to be thought out. For example, Ogilvy’s strategy for African Americans does not acknowledge the needs of other people of African descent in California such as African immigrants or Afro-Latinos. (See: Greenlining’s Racial Equity Framework for strategies to help with thinking through differences within racial groups: http://greenlining.org/resources/pdfs/GIREFLayout.pdf).</p> <p>G) Social Media</p> <p>a. Overall the social media strategy appears to touch on the basics of how best to reach consumers through the various social media outlets. We support these overall strategies and would encourage examining how best to offer all social media, at a minimum, in the Medi-Cal threshold languages. While Ogilvy mentions that the social media ecosystem will be multilingual, it is unclear what languages will be included. It is also important to ensure that all social media marketing is culturally and linguistically competent and appropriate.</p> <p>b. We would really encourage examining the feasibility of designing a smart phone app that can link consumers to the HBEX website and provide immediate information. The recommended SMS response platform and social CRM website could be designed to function more like a smart phone app that is easily accessible. An app can also provide push notifications, or reminders, to consumers regarding open enrollment</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #3: Communication strategies | |
|------------------------------------|--|
| Organization | Comments |
| | <p>periods opening and closing, new information, and/or other information and updates.</p> <p>c. We also would encourage Ogilvy to examine the use of memes in their social media campaigns. If done right, memes can be a hugely successful way to increase the virility of a campaign. Most social media campaigns have a virility of around 2%. The Young Invincibles, an organization dedicated to advocating for 18-34 year olds, however, were able to utilize a meme to drive up their virility to 19% on a health reform campaign. You can see two of the most successful memes here:</p> <ul style="list-style-type: none"> i. View Post - Reach - 1,500, Engaged Users - 5,010, Talking about this - 293, Virility 19.53% ii. View Post - Reach - 1,614, Engaged Users - 1,807, Talking about this - 208, Virility 12.89% <p>Much of the reason for the success of this campaign is because of the use of Ryan Gosling as the meme; this type of advertising is in line with Ogilvy's thinking on using celebrities to promote the Exchange.</p> <p>d. While Ogilvy is not responsible for the development of the HBEX website, we would highly recommend developing the website to be compatible as a mobile site for smart phones. This will make it so that consumers can easily access the information on the website without having to scroll from side to side because the page is too big for their phone</p> |
| Health Consumer Alliance | <p>Messaging and Branding.</p> <p>HCA supports many of the approaches proposed in the draft workplan regarding how to frame the messaging of the new health coverage options. We like the "It's coming" messaging to create a buzz and the suggestions to push messages about the ease of enrollment, the benefits of getting coverage and care, and the strategy of using the human face of health care to get the message out.</p> <p>After the initial open enrollment period for the Exchange, it will be important to continue to focus both on getting coverage as well as keeping it. As the workplan recognizes, because Medi-Cal and Healthy Families are available anytime, not constrained by open enrollment periods and because there are many circumstances that create a special enrollment period for Exchange coverage, we urge that the messaging after March 31, 2014 continue stressing the availability of coverage. We do also support the messages that focus on retention and the need to maintain coverage to address the high rate of churn. "Marketplace" terminology. Throughout the workplan the combined system of coverage for Exchange, Medi-Cal and Healthy Families is referred to as a "marketplace." We understand that the specific messaging and branding decisions have yet to made but because the marketplace term is used so often we felt it important to point out the problems with this given that more than nine million of Californians in one of the health subsidy programs will be in Medi-Cal which is free. Since the term "marketplace" strongly suggests payment for products we would urge that this term not be used. "Connector," "CalHealth" or "resource" language is more inclusive.</p> <p>We support the notion of an umbrella brand for Medi-Cal, Healthy Families and the Exchange. In the ACA-world of seamless</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|---|---|
| Organization | Comments |
| | applications and no-wrong-door enrollment venues it makes sense to give the message to people to come apply because they will be eligible for something. Many states that implemented their CHIP programs as Medicaid expansions have one umbrella for the Medicaid and CHIP programs. For example, Oregon's Healthy Kids program has a No Cost Option (Medicaid), a Low Cost Option (CHIP) and a Full Cost Option. In our experience, most consumers care more about whether they can get care and what it costs than whether it is Medi-Cal or another program. "Re-branding" Medi-Cal combined with simplifying the eligibility requirements and process and improving access in the program holds great promise in improving the image of the program. |
| Insure the Uninsured Project | ITUP supports the communication strategy recommendations made by Ogilvy to the board. |
| Los Angeles County Department of Public Health, Children's Health Outreach Initiatives | <p>CHOI recommends that the Exchange include references to the Assisters Program and County Medi-Cal agencies in its communication to the public. Messages that communicate that there are local, accessible individual and agencies ready and available to help people enroll, answer questions, etc. will help emphasize trust and accountability in the Exchange and its partners.</p> <p>CHOI strongly urges the use of testimonials/real stories to illustrate 1. What insurance coverage is (basic concepts), and 2. The benefits of coverage. The concept of insurance coverage is often hard to grasp for families that have never had coverage. Culturally and linguistically appropriate testimonials that break down the benefits of coverage in simple, easy to grasp terms is needed. These testimonials should also reference the community-level assistance that is available.</p> |
| SEIU | <p>In general, SEIU supports the "It's coming" messaging to create buzz. We also appreciate the recognition throughout the report of the need to have specific strategies aimed at particular communities of color and LEP communities and a focus on cultural and linguistic access.</p> <p>In regards to Marketplace brand architecture (p. 31) - HBEX is called "California coverage private subsidized & non-subsidized." That implies that it's non-governmental because it's not under "public programs".</p> <p>What does "heavy weight levels" mean on the Chart on Challenges/Solution (p. 32)?</p> <p>Target Population: Women (p. 10) – Many SEIU members are in this target population. There may be an opportunity for SEIU to help with outreach to and feedback from its members.</p> |
| Small Business Majority | The proposal for communication strategies is on target. Small business owners will respond to messages that are designed for them and address their top healthcare concern – affordability. The proposal is correct in stating that trusted channels must be used to carry these messages. |
| United Ways of California | a. While paid mass media is an important component of any public education and outreach strategy, it should be strongly complemented by community-driven education and outreach. This balanced approach enables the Exchange to leverage |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|------------------------------------|---|
| Organization | Comments |
| | <p>existing local communication channels and diverse networks of trusted, known messengers already engaged in health and human services education and awareness.</p> <p>b. Local community-based outreach by known trusted messengers has been proven to be a more effective method of reaching the so-called “hard to reach” populations, addressing their questions and concerns, creating trust in the brand, and ultimately increasing their uptake of health coverage.</p> <p>c. UWCA knows that reaching people through other human services programs is a crucial element of educating consumers about health options available to them. We believe, based on experience and data from our partner organizations, that human services integration (horizontal integration) can be a major factor in the Exchange’s success. We strongly recommend that the Exchange include in the marketing and outreach plan early outreach to, integration with and strong ongoing partnerships with these programs and the organizations that facilitate enrollment.</p> <p>d. UWCA applauds the emphasis on social media in the plan and recommend the CHBE adopt the Gold plan. Social media is the most rapidly growing channel for sharing messaging with a wide and diverse audience. The ‘conversation calendar’ with pre-scripted messages is essential and is the most efficient and effective way to keep all participating messengers on point, and the fact that all assisters will be able to access this shared messaging is invaluable. We also recommend creating common hashtags to help spread the message more broadly, and piggybacking on already utilized hashtags.</p> <p>Proposed Social Media Goals:</p> <ul style="list-style-type: none"> • Educate prospects on the new health care plan options: This is especially effective if trusted messengers like United Way and other community based organizations are part of the group that is disseminating the message. More and more CBOs and advocacy groups are already using social media daily to spread the word about health coverage options and advocacy issues. • Direct prospects on where to get assistance from official sources and enroll: UWCA agrees with this goal as an effective way to drive people to the central portal or local assisters. UWCA and 211CA both use Twitter and Facebook to encourage people to call 2-1-1, and to be proactive in obtaining health and human services. • Encourage and empower prospects to share positive experiences to fuel greater enrollment: There are many grassroots organizations that are already experts at story gathering. The CHBE could leverage these resources and learn from their experiences. We note that even the Gold option for social media ends after 3 years. Regardless of whether the contractor continues to be involved, this effort needs to continue after the initial three-year period. The messaging will need to be adjusted to reflect a need to enroll any remaining uninsured, |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #3: Communication strategies | |
|---|---|
| Organization | Comments |
| | encourage utilization of benefits, and promote coverage retention, but will still be an important part of getting Californians informed and enrolled. |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

ISSUE 4

| Issue #4: Phase descriptions | |
|---|---|
| Organization | Comments |
| Anthem Blue Cross | <p>Based on our interpretation of the information, it seems that the California Health Benefit Exchange is planning to treat all audiences the same with varying media investment levels. Based on our experience, we would suggest that the Exchange develop targeted campaigns with customized media plans for different ethnicities and audiences. We believe this will result in a better return on investment for the Exchange, particularly given constrained resources. Furthermore, we believe this could help prioritize some of the higher population segments.</p> <p>In addition to considering differences between ethnicities, the Exchange should also consider gender. Anthem's Consumer Relations Committee cited similar concerns. They believe that although one of the main targets is young men, the importance of targeting women should be noted. Women pay attention to health issues and will encourage men to engage.</p> <p>Anthem would like to seek clarification regarding why "no level" of media is included in phases IV and VI; we agree that lower level of media engagement is likely needed in these phases but believe even low levels would play a critical role.</p> <p>Finally, Anthem would like the California Health Benefit Exchange to develop a strategic plan for digital and social media outreach and education.</p> |
| Asian Pacific American Legal Center of Southern California | <p>Phase I Build Out (September-December 2012) - We would recommend that outreach and education efforts begin immediately and not wait until September. Many CBOs and health coalitions are currently conducting these types of activities and should be utilized as soon as possible. As research and messages are developed, tested, and evaluated, they can be incorporated into ongoing outreach and education. We also believe that enrollment, especially automatic enrollment, including the transition of county Low Income Health Program enrollees under the 1115 Medicaid waiver into the Medi-Cal expansion program, should happen as early as possible in 2013, well before the official October 2013 Open Enrollment period officially launches. These populations should not have to apply and enroll and should seamlessly be transferred into the Medi-Cal; expansion program. Moreover, we recommend that media in targeted communities begin as early as possible, beginning now and increasing as we get closer to 2013.</p> <p>A. Reaching the Asian Pacific Islander Targets</p> <p>While APALC commends Ogilvy and the Exchange for recognizing the statewide diversity within the Asian American, Pacific Islander, and Native Hawaiian communities regarding languages, cultures and histories (p 81); we have several strong recommendations to greatly improve the Board's marketing, outreach and education efforts to the Asian American and NHPI communities. We also wanted to share an important resource for the Exchange and to inform the Exchange that there is an existing statewide network - the Health Justice Network (HJN) - which is coordinated by the Asian Pacific American Legal Center (APALC). HJN is comprised of over 25 Asian American and NHPI groups throughout the state, many of whom were identified in the report that represents the diversity in our community. We have regional partners in the SF Bay Area, Santa Clara, Central Valley, LA, Orange County and San Diego and it is expanding every day. We are all</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|---|
| Organization | Comments |
| | <p>working on health care reform in our local communities and are conducting outreach, education and advocacy on health care reform implementation in the state. As the lead agency, APALC is: 1) conducting trainings for its members as well as the general AANHPI population and small businesses so its members can do further outreach to their constituents; 2) creating and distributing culturally and linguistically appropriate materials, 3) undertaking a media strategy to publicize health care reform in our community; 4) soliciting input from Asian American and ANHPI community-based agencies, community clinics and small businesses throughout the state; and 5) conducting advocacy to ensure that the needs of our community are met. (P. 81-86)</p> <ul style="list-style-type: none"> • <u>PRIORITY- API Community Based Organizations (CBOs)</u> - With over 600,000 Asian Americans and NHPIs who could benefit from the Medi-Cal expansion and HBEX, the trust that Asian Americans and NHPIs place in CBOs is critical and they are the best messengers to the Asian American and NHPI communities. As noted above, APALC has been a community resource for over 30 years and its Health Access Project, funded by foundations, including Kaiser Permanente, The California Endowment, and First 5 LA, has recently expanded the HJN statewide to conduct the activities that the Exchange hopes to undertake. (P. 82) • <u>PRIORITY- Small Businesses Outreach</u> - Outreach to small businesses should be a priority of the Exchange and should be done in a culturally and linguistically appropriate manner, especially since there are over 500,000 such businesses in the state. Because there are so many LEP businesses and workers employed by these businesses, we support marketing, outreach, education and assisters that are culturally and linguistically competent. HJN also includes small business associations, such as the Los Angeles Chinese Chamber of Commerce and other API specific small business associations. However, we noticed the report used some problematic language about the Asian American and NHPI communities favoring “factory outlets, karaoke, posh cellular accessories,” which could reinforce inappropriate stereotypes. We would prefer that they not be used. (P 84-85) • <u>Influencers and Elected Officials</u> – We support the use of Asian American and NHPI public officials who hold leadership roles in public office, such as Senator Ted Lieu, Assembly Member Mike Eng, Assembly Member Warren Furutani, Congresswoman Judy Chu, etc. Other community leaders can also be “effective messengers” and should also be enlisted to help with outreach and education efforts. Nationally, the White House Initiative on Asian Americans and Pacific Islanders (WHIAAPIs) should be used for outreach. However, we would recommend that the Exchange board refrain from using statements such as a “cultural deference to elders” to generalize about the very diverse Asian American and NHPI communities. (P. 83 & 86) • <u>Asian Import Car Club Scene, Asian Pacific Islander Nightlife/Club Scene, & Celebrities and Ambassadors</u> – While creative outreach to diverse populations is necessary to enroll as many potential beneficiaries into the Exchange, it must be written and executed in a culturally sensitive manner. We question such statements such as “what started out as a craze for young API men has spread to other communities of color. Thousands of young men flock to car shows and exhibits...” or “after dark, hundreds of thousands of young API men and women flock to trendy night clubs...” which may again perpetuate stereotypes. Outreach and marketing at these venues is not necessarily a priority. Outreach through celebrities and YouTube “sensations” to reach young AANHPI adults is a creative method and is recommended |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #4: Phase descriptions | |
|------------------------------------|---|
| Organization | Comments |
| | <p>to reach this target demographic.</p> <p>We would recommend the Gold Outreach and Marketing option. Based on the 2010 census, in the last decade Asian Americans and NHPs are the fastest growing populations within California and a robust outreach and marketing plan which focuses on CBO outreach, grant opportunities, API event coverage, and strong small business outreach should be priorities. (P. 86)</p> <p>II. Phase II- Consumer Outreach and Education (January-July 2013)</p> <p>A. Specific Asian Pacific Islander Outreach – APALC and HJN, which spans the state, would be happy to participate in partnerships with HBEX on marketing, outreach, education, and assister efforts.</p> <p>i. Media Relations- In addition to the ethnic media newspapers listed on p 45, we recommend these outlets as well: Hyphen Magazine (San Francisco), Angry Asian Man (Internet), KoreAM and Audrey (Los Angeles), Pacific Citizen (Japanese American- Los Angeles), 8-Asians (Internet blog). In addition, working with specific Asian American PR and Marketing firms like IWGroup in Los Angeles would be ideal to market provide cultural conscious ethnic marketing.</p> <p>Partnerships/Events & Festivals- Partnering with CBOs is critical to the movement of the Exchange’s outreach and marketing plans. The examples of Asian American and NHPI events (i.e. SF/LA AA Film Festivals, Cherry Blossom Festival, and Asian Heritage Street Celebration) are a good start. Partnering with other CBOs can expand the reach into additional community events and festivals. We would highly recommend the HBEX create culturally and linguistically appropriate materials to pass out these events or partner with other coalitions, such as HJN, to produce and distribute such materials.</p> |
| California Labor Federation | <p>Coordinating with State Agencies</p> <p>Starting on page 51, the draft lays out a plan for coordination with State Agencies which we believe is key to enrollment of the uninsured, especially low-wage workers. We believe that the plan should go beyond marketing and outreach and focus on the state and local agencies where the uninsured or transitionally insured are concentrated and ensure those agencies are facilitating enrollment. For example, may low-wage workers or low-wage employers have to register for licenses, such as commercial drivers licenses, cosmetology licenses, etc. Those agencies should include the option to enroll licensees in the Exchange when they apply for a license. A full analysis of state agencies and the populations they interact with most would give the Exchange a better understanding of where to form strategic partnerships that will increase enrollment numbers, not just educate the public.</p> <p>Another example is the Office of the Courts. General outreach at the courts is useful, but targeting divorce, bankruptcy and other proceedings where a party is likely to have lost health coverage allows for a greater chance of enrolling those parties in the Exchange. In this regard, the Employment Development Department (EDD) is extremely important and every effort should be</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|---|
| Organization | Comments |
| | <p>made to coordinate applications for UI benefits with enrollment in the Exchange, since unemployment means the loss of job-based coverage for most people.</p> <p>Public schools and universities are another key area for coordination with the Exchange. Schools have the ability to reach rural and other hard-to-reach populations through their kids. Teachers and classified school personnel and their unions are critical to helping enroll students and their parents in the Exchange. The teachers and classified school employees' unions already have experience in outreach for programs such as Medi-Cal and Healthy Families, and they provide a wealth of experience and knowledge on what works in those programs. They also have the ability to reach rural communities and have existing relationships with families who may not trust other government representatives.</p> <p>The Exchange should develop strategic partnerships with key state agencies in order to maximize enrollment of targeted populations.</p> <p>Partnerships. Community Groups and Grant Programs</p> <p>The California Labor Federation represents 1200 affiliate unions and 2 million working families in the public, private and construction sector. Our unions have a wealth of experience and skills in educating and enrolling members in health coverage. They also have specialized knowledge about low-wage industries with high levels of uninsured members. In addition to members, unions and our Central Labor Councils serve the needs of union members' families and members who have lost their jobs.</p> <p>Labor unions have an important role to play in education, outreach and enrollment for the Exchange. The role of unions in outreach to low-wage industries and other targeted populations such as Latinos, APIs and African-Americans should be developed in more detail. Not only can unions reach their members, but they can reach their families and beyond.</p> <p>Central Labor Councils, which are located in every region of the state, are important outreach partners. CLCs reach a broad spectrum of union members in every corner of the state. They also often house Community Service liaisons who work with union members and their families who have fallen on tough times, exactly those people who would be eligible for subsidies in the Exchange. The CLCs should be specifically targeted for partnership with the Exchange and could serve as Navigators or Assisters. When partnering with businesses, businesses should involve unionized workforces fully in their campaigns. For example, the draft proposal names Pharmacies and Retail Stores (page 55) as possible partners. Many pharmacies and grocery stores are union and our members could be enlisted through their unions to do outreach on the Exchange as part of their work duties.</p> <p>Unions represent large numbers of target groups including women, Latinos, African-Americans and API members. African-</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|--|---|
| Organization | Comments |
| | <p>Americans have the highest unionization rate of any racial group in California at 24.4%, reflecting the high concentration of African-Americans in the unions public sector. Asian Pacific Islander comes in third behind Caucasians, but ahead of Latinos with a unionization rate of 14%. This means that unions, especially in the public sector, have an important role to play in outreach to target populations, especially African-Americans, women, APIs and Latinos.</p> <p>Unions have also developed the capacity for strategic and targeted outreach to members and their families through years of voter registration and turn-out campaigns. Dues collection also requires unions keep updated and accurate membership lists. Because many union members access health coverage through a health and welfare trust fund, or Taft Hartley fund jointly administered by labor and management, they trust their union for health coverage advice and guidance. Unions also have extensive experience in this area. That perfectly positions unions to both educate members on the Exchange and to provide assistance to their family members or other community members who may need assistance with enrollment.</p> |
| <p>California School Health Centers Association</p> | <p>PHASE ONE <i>Research</i></p> <p>B. CSHC recommends that older adolescents and young adults be included as a key group in the research phase. Young adults are very important health care consumers: not only do they make up a disproportionate share of the uninsured, but they are also typically healthier than older Californians, making their participation in the risk pool critical to the success of the Exchange. Older adolescents and young adults are their own cultural group, and will respond to targeted marketing and communications strategies. The research phase should explore their unique needs. It will be important to include high school and college students, as well as young people not currently engaged in the educational system. CSHC recommends that the team look at relevant materials and strategies that have been developed by youth-serving organizations.</p> <p><i>Partnerships, Community Groups, and Grant Program</i></p> <p>C. CSHC appreciates the inclusion of a) current health care providers, b) community-based organizations, and c) educational institutions as key partnership categories. Schools reach millions of Californians and are trusted messengers deeply embedded in communities. Similarly, health care providers, including school-based health centers, and community-based organizations, including after school providers, mental health providers, and youth development organizations, have the potential to play key roles in reaching children, youth, and families.</p> <p>D. CSHC recommends an explicit focus on developing partnerships with the California Department of Education (CDE), school districts, and schools. Although educational institutions were included in the top six key partnership categories (p54-55), the subsequent list of potential partners did not include CDE, school districts, or schools (pp55-56). We recommend that the</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|--|
| Organization | Comments |
| | <p>Exchange Board explore, and consider how to support, the many ways in which CDE, school districts, and schools can conduct marketing and outreach to students and their families. Potential activities include, but are not limited to: posting information on the CDE website; utilizing CDE's statewide communications infrastructure to disseminate information with California's 10,000 schools; distributing health coverage materials in back-to-school packets; displaying handouts and posters in central and front offices; and hosting health fairs.</p> <p>E. CSHC recommends an explicit focus on developing partnerships with school-based health centers. There are 183 school-based health centers (SBHCs) throughout the state. They are located in northern, central, and southern California, including in both urban and rural communities. More than 250,000 students have access to SBHCs, as do many of their family members and other members of their communities. We would like to see the Exchange Board explore, and consider how to support, the many ways in which SBHCs can conduct marketing and outreach to students, families, and community members. Potential activities include, but are not limited to: distributing health coverage materials through office visits and waiting areas; sharing information through in-class presentations and school health fairs; and engaging peer health educators in the effort to build a "culture of coverage" among adolescents.</p> <p>F. CSHC strongly supports the inclusion of education and outreach grants, and would like to see schools, school districts, and school-based providers explicitly included in the list of eligible applicants. The current workplan states that "grant programs can help ensure participation by a wide variety of NGOs and CBOs that have already expressed great interest in being part of this program, but may not have the resources to become full partners without financial support" (p57). While we fully support the inclusion of NGOs and CBOs in the grant opportunity, we would also like to see the explicit inclusion of CDE, school districts, schools, and SBHCs as eligible grant applicants, for all of the reasons outlined above.</p> <p>G. CSHC recommends that the education and outreach grant application include a requirement that awardees be able to link consumers to enrollment services. While we see the need for dedicated funding to support education and outreach, we also believe that marketing efforts must be tightly linked to enrollment opportunities. We urge the Exchange Board to require applicants for education and outreach grants to demonstrate that they will be able to connect consumers to Assisters for further help (if they are not themselves Assisters).</p> <p><i>Health Care Delivery Systems and Providers Outreach</i></p> <p>H. CSHC appreciates a focus on leveraging delivery systems and providers to maximize education and outreach, and would like to be added to the list of entities through which the Exchange will coordinate health care provider outreach. CSHC is the primary liaison to the 183 school-based health centers (SBHCs) in California and has the ability to reach thousands of school-based providers. CSHC would like to be included in the list of health care entities (p59), so we can help coordinate</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #4: Phase descriptions | |
|----------------------------------|--|
| Organization | Comments |
| | <p>between the Exchange and the state's SBHCs.</p> <p>Multi-Cultural Planning</p> <p>I. CSHC recommends that school-based health centers be leveraged in reaching out to multicultural populations, including Latinos, African Americans, Asian Pacific Islanders, and others. The vast majority of California's school based health centers (SBHCs) are located in communities of color. Many families are disengaged from the health care system but do have children in school, making schools a good place to reach them with health care information. SBHCs are well-positioned to reach the multicultural populations targeted by the Exchange.</p> <p>Social Media</p> <p>J. CSHC supports a strong social media component to the workplan but would like to see an explicit and targeted focus on using social media to reach adolescents and young adults. While social media is a growing force across all population groups, it is particularly central and important to young people, most of whom are significantly more likely to use Facebook, twitter, and other networks than they are to engage with other media sources. We strongly encourage the Exchange to put a particular emphasis on the use of social media in reaching out to adolescents and young adults, and to ensure that diverse groups of young people are involved in developing the approaches that will be most effective with their peers.</p> <p>K. CSHC urges the Exchange Board to make a greater investment in the education and outreach grant program. The success of the Exchange requires millions of people to sign up for coverage. As the workplan emphasizes, however, many un- and under-insured Californians have adopted a "culture of coping," making marketing an extraordinarily important piece of the health care reform effort. While the Ogilvy workplan is very strong, we wish to emphasize the need to support small, grassroots organizations, as well as other under-resourced but deeply connected entities, in using their networks to share information and encourage a "culture of coverage." The proposed size of the grants program is too small relative to the size of our state: even if funded \$10 million, it would be unable to support a significant and effective effort, and would limit our collective ability to engage the hardest-to-reach communities.</p> |
| Community Health Councils | <p>Overall we are encouraged with the level of detail provided in Phase I and the volume of activities that will occur in Phase II. We echo here the same comments as above and the need to have utilization and retention messages that stream throughout every aspect of the campaign and in every Phase.</p> <p>Additionally, we pose the following concerns and recommendations: Given the diversity of California, the social marketing campaign MUST address a wide range of ethnic populations. We appreciate the amount of research Ogilvy has done to identify the various ethnic target groups and potential marketing strategies. We also understand that due to potentially limited resources,</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|-------------------------------------|--|
| Organization | Comments |
| | <p>the state may have to make some financial considerations and may consider prioritizing outreach to certain populations. It is critical that all communities be provided with information about the Exchange and public coverage programs available in 2014. Therefore, we recommend that the project sponsors prioritize marketing, outreach, and education efforts to ensure ALL communities receive information about new coverage even if it requires that the marketing and education plan devised by Ogilvy and project sponsors be scaled back in terms of the degree to which it incorporates all media platforms (i.e. radio, print, social media, billboards, bus tours, etc.).</p> <p>While we support a multipronged and robust social marketing campaign and program, we do not think that such a program should come at the expense of some communities not receiving information and enrollment support. Ogilvy and project sponsors should make certain that their plan at every level reaches all or at least California’s threshold languages/populations. Any differences between levels should only be at the amount or type of activity conducted. Also Ogilvy should do their best to assess which activities will achieve the maximum results in reaching the most potentially eligible and ethnic populations without a huge impact on cost.</p> <p>A portion of the Education Grants should be designated to entities that are certified as Navigator Entities especially if the current timeline stays in effect for reimbursement of enrollment activities. Given that Navigators will be required to begin activity in the Fall 2013, these education grants will provide many organizations with the funds needed to hold them over until payment occurs in February 2014. Having no initial start-up funding may limit the number of experienced enrollment entities with the reserve funding to conduct enrollment activities and then wait almost half a year for reimbursement. Earmarking a portion of the education grants for Navigator entities will guarantee that the Navigator network is robust, with organizations that can provide geographic, cultural/linguistic, and market-segment access. Additionally having Navigator entities in the mix of organizations providing education during Phase II will allow some consumers to have a direct link to enrollment assistance.</p> |
| Consumers Union | <p>We suggest accelerating Phase I to start in July 2012, beginning the work to settle on a name for the Exchange (and other, related program name changes, if any) before October. Deciding on a name for the Exchange may take time, and testing through focus groups, surveys etc. will be critically important. In addition, if the Project Sponsors intend to also consider renaming the public programs or creating an umbrella name for the Exchange and public programs, that is an extra layer of complexity—one likely worth examining, but which will take time. We recognize deciding the name and brand position may go hand in hand, but that is all the more reason to start as soon as possible. Name and brand positioning are foundational, critically important decisions upon which many other decisions depend, including visuals and creative messaging.</p> <p>We support the “it’s coming” approach for Phase II as an opportunity to educate about health insurance and the existence and functions of the Exchange, and the retention theme in Phases IV and VI to avoid gaps in coverage. The retention theme, however, will need to be different here than in our prior efforts for retaining people in Healthy Families and Medi-Cal. We can expect people to shift amongst the public programs and commercial coverage, and “retaining” thus means “staying in</p> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #4: Phase descriptions | |
|------------------------------|---|
| Organization | Comments |
| | something”, not necessarily keeping what you currently have. |
| The Greenlining Institute | <p>A) Phase I: Build Out</p> <p>a) Greenlining strongly supports Ogilvy’s recommendation for additional qualitative work to explore differences based on culture/language and plan eligibility status. Further, we encourage the HBEX to, at a <i>minimum</i>, support the Silver level for this research. In order to truly understand differences among the consumer population, we need to ensure that the research conducted is robust and incorporates perspectives and data from all of the HBEX’s target communities.</p> <p>b) We also strongly support the inclusion of conducting a market segmentation study and would highly encourage the HBEX to adopt the Gold level research recommendation because of the use of oversampling of African Americans and Asian Pacific Islanders. Oversampling is necessary in order to ensure that the research conducted will be able to provide enough data to demonstrate an effect. Without oversampling, Ogilvy would be unable to disaggregate the African American or Asian Pacific Islander data to draw any real conclusions from their responses.</p> <p>B) Phase II: Consumer Outreach and Education</p> <p>a) Similar to our comments regarding Phase I, overall we support the recommendations proposed by Ogilvy but when laying out the framework for reaching communities of color in California, we encourage Ogilvy to think beyond just language access but also cultural and linguistic competency and appropriateness of the marketing and communications strategies.</p> |
| Health Consumer Alliance | <p>Research. We are gratified to hear that the initial research shows people hold a favorable view of Medi-Cal and that it would not stigmatize the campaign to link the programs. The focus groups to date offer important findings regarding what messages will be most effective in reaching California consumers but certainly more work is needed to refine the messaging. We support conducting additional research in all the Medi-Cal threshold languages as outlined in the gold option because different messages will resonate with different populations.</p> <p>Community Grant Program. HCA is pleased to see that the draft workplan includes grants for community-based organizations as part of the outreach and education strategy and strongly urge the Project Sponsors (the Exchange, DHCS, and MRMIB) to make a significant investment in community grants as part of the campaign. These are permissible uses for federal Exchange grant funds which should be maximized. To be most effective, a comprehensive marketing, outreach and education strategy, must utilize the expertise and connections COBs have in their communities. As recommended, the Project Sponsors should issue an RFP to fund CBOs to provide outreach and education to consumers in need of health care coverage. It is critical to reach people in their communities with trusted community organizations as spokespeople to make sure folks actually enroll</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|-------------------------------------|---|
| Organization | Comments |
| | <p>rather than just giving broad information about the need for and benefits of health coverage. The HCA supports the proposals in the Report for the RFP process, including that grantees be required to be organizations with proven, trusted resources within the community, cultural and linguistic competence, ability to reach hard-to-reach populations, an understanding of barriers to care and a track record of assisting underserved populations. The campaign will be most effective partnering with those organizations with a successful record of and experience with serving the target populations in accessing health coverage and care. The Exchange should also emphasize partners with the array of expertise in all of the public programs, as well as the experience of the uninsured and underinsured.</p> <p>HCA supports either requiring or giving strong preference to CBOs that provide the full array of service capacities to not only perform outreach and education but also have the capacity and experience in enrollment and retention activities. It is important to include and even prioritize groups that can serve individuals holistically, not just giving information but being available for assistance at all stages of enrollment, utilization, and retention.</p> <p>We also urge the Project Sponsors to analyze the relative effectiveness of the strategies they are considering including in the Plan and any data available on the results produced with one-on-one outreach as compared to broad media buys which can use vast funds. [insert evidence from Healthy Families experience about the relative effectiveness of media campaign v. CAAs]</p> <p>We share the concern expressed by Dr. Robert Ross that even the “gold option” of \$10 million for community grants is insufficient given the size and diversity of California and the challenge of reaching millions of residents.</p> <p>Media. The workplan includes a wide range of media strategies and while it is difficult to comment on the recommendations without budget numbers, we would urge that the Project Sponsors focus funding on media in the API languages as well as Spanish and less on costly mainstream media. The HCA also urges that the media, in addition to telling people about the availability of affordable health coverage options, focuses on getting people to a Web site or phone number where they can be connected to a CBO who can answer their questions about what options they will have given them particular circumstances.</p> <p>Agency partnerships. We are pleased that the report calls out the importance of partnerships with consumer assistance programs, Department of Social Services, county offices, WIC, FamilyPACT, the Employment Development Department, and others. We think it is critical to “meet people where they are” to maximize enrollment and provide seamless customer service.</p> |
| Insure the Uninsured Project | ITUP supports the phase descriptions outlined in the Ogilvy report. |
| Los Angeles | Understanding limited resources for market research, CHOI recommends the Exchange fund the Preliminary Target Research |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|--|---|
| Organization | Comments |
| <p>County Department of Public Health, Children’s Health Outreach Initiatives</p> | <p>at least at the silver level (inclusion of Chinese, Vietnamese, Korean, Tagalog, Hmong and Cambodian), with the goal of inclusion of all Medi-Cal threshold languages at the gold level if financially possible. Los Angeles County is home to a largest Asian/Pacific Islander population in California, many of whom will qualify for coverage. It’s important that messages geared toward these populations resonate culturally and linguistically.</p> <p>In reference to coordinating with state agencies, CHOI strongly recommends that the Exchange, in addition to coordinating with statewide agencies, to also reach out in particular to Los Angeles County agencies including the Departments of Health Services, Public Health, Public Social Services, Los Angeles Unified School District, Los Angeles County Office of Education, etc. in order to facilitate more efficient and effective dissemination of messages and materials.</p> <p>In regards to the education and outreach partnership grants:</p> <ul style="list-style-type: none"> - CHOI recommends funding the grants at the gold-level – which includes representation from Latino, African American, Asian and Pacific Island and the 11 Medi-Cal Threshold languages. The community agencies provide services for low-income families in these communities are their most likely resource for information about the Exchange, and thus they are an important investment. - CHOI strongly supports funding outreach and education partnership grants with local public and community clinics and hospitals. These are agencies that have a direct, in-person link to the uninsured. It is critical that staff and providers in these settings have the resources and tools to inform clients about public and private coverage in the Exchange. It is also critical that client assistance at these agencies not stop with outside referrals, but rather that the Exchange embraces clinics and hospitals as a comprehensive, bridging resource, supporting them not only in outreach and education, but also continue to support them via Assister grants and enrollment fees. • CHOI commends Ogilvy for their strong commitment to outreach to Latino communities. However, outreach plans require a greater emphasis on County public clinics and clinic associations given that Latinos utilize <u>all</u> community and public clinics and are often the majority of patients, regardless of geography and Latino-associated history . It would best serve the Exchange to build on existing outreach relationships by reaching out to County public clinics and clinic associations across the state to coordinate culturally and linguistically appropriate outreach to Latino populations. • Along with outreach to LA Unified School District’s LA’S BEST Program, CHOI urges the Exchange to partner with LAUSDs’ CHAMP Program (Children’s Health Access and Medi-Cal Program), which actively enrolls LAUSD students and families in health insurance programs, as well as provides information to parents and staff on free and low-cost health insurance options. |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|---|
| Organization | Comments |
| | <p>In regards to Phase III, p. 17 – It is unclear what the proposal refers to by “dedicated call center,” and how it differs or is the same as the service center. One-on-one encounters on-site also include county government locations.</p> <p>In regards to Phase IV, p 18 – Starting here and continuing elsewhere there are mentions of how we reduce “churn”— should this be one of the goals here? And how much of HBEX’s resources should be devoted to this? While there should be a focus on retention of coverage, individuals should be able to switch coverage products to get the best coverage to suit their needs.</p> <p>In Phase I, under Materials Development: outreach and education, p. 51, the paper has its first mention of coordinating with state agencies. This reflects solid thinking and we’re glad to see it in here. We think it should be flagged earlier and a bigger part of the overall strategy.</p> <p>In Phase I, under Partnerships, p. 54, good to see the mention of labor unions, especially those representing low wage workers. As a union that represents health care workers, we would also like to be explicitly considered as a health industry partner. Again on p. 56, good to see labor unions (particularly SEIU) listed.</p> <p>In Phase I, under health care delivery systems and providers outreach, p. 59—we recommend the inclusion of unions representing health care workers.</p> <p>In Phase I, Spanish Language Media partnerships, <i>Univision</i>, p. 69, note that we know of at least one instance when SEIU phone banks were used during a Univision drive to get people to sign up for health insurance was enormously successful. We would be interested in replicating that.</p> <p>In Phase I, Graduate School, etc. partnerships, p. 73, this seems to us a particularly fertile place to focus.</p> <p>In Phase I, <i>Unions</i>, p. 75. Agreed and health care workers are also excellent ambassadors to their communities. SEIU-UHW has initiated efforts to deploy its members in the community to conduct surveys to identify barriers to healthcare access, and enroll uninsured individuals in coverage programs for which they are eligible.</p> <p>Retention efforts may need to be nuanced based on the individual’s needs. HBEX should also consider what retention means (retention in a specific product vs. retention in any form of coverage), and how assisters can assist in these efforts.</p> |
| SEIU | <p>Phase I – As the proposal points out, additional research will be essential during Phase I to better understand the needs of small businesses and what specific communications strategies will be most effective. We strongly encourage the Board to adopt the proposal to do small business specific research related to message development and advertising testing. We are concerned that</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|--|
| Organization | Comments |
| | <p>the recommendation for a market segmentation/baseline survey does not include small business owners. Without their inclusion, the market segmentation study will not include any information related to the SHOP Exchange. We urge the Board to include small business owners as a targeted population in this survey.</p> <p>The proposal for Phase I includes a lot of paid media, some specific to small business owners. We appreciate the recommendation that paid media be done through business journals and business websites. We believe this will be more effective than advertising in mainstream media outlets. However, as previously stated, small business owners have very little information about the ACA and the Exchange. Education conducted by the small business community and trusted advisors will likely be more effective than paid media given their lack of information, particularly during Phase I. Non-paid media options may include distributing information through newsletters, emails, social media and websites of trade associations, chambers of commerce, broker organizations, accountant organizations and other business organizations.</p> <p>We support the recommendation that direct mail be a part of the Phase I strategy. We encourage the Board to partner with channels that small business owners trust to ensure this mail is read and trusted. In addition, the Board may consider partnering with federal and state government entities whose mail a small business owner is likely to read such as IRS, SBA, DOL, FTB, BOE, and EDD.</p> <p>We also strongly support the proposal to make grants available to business organizations and trade groups to assist in this education and communication. Small business owners are most likely to listen to other small business owners and peers such as business organizations. We believe outreach conducted by groups that are viewed as part of the small business community can be extremely influential and effective in helping the Exchange meet its goals of maximum enrollment. We encourage the Board to make this type of outreach a top priority for Phase I, ahead of more traditional methods such as paid media, which we do not believe will be as effective in reaching employers.</p> <p>For outreach to media organizations, we appreciate the recommendation to focus on the economic impact of the ACA and the SHOP. This will not only be a great hook to get publication in business media, it will also be effective in piquing the interest of small employers in the SHOP Exchange whose top priorities are affordability and economic growth. Business journals, bloggers and social media should all be utilized to get the business message across.</p> <p>Phase II - We appreciate the recommendation to conduct significant outreach efforts during Phase II to educate potential enrollees about the Exchange. As mentioned above, small business owners know very little about the Exchange today. Without an aggressive, continued education campaign, we would worry that a marketing campaign would not be very effective. Small business organizations, chambers of commerce, brokers, accountants and other trusted channels should be part of Phase II outreach.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|--------------------------------|--|
| Organization | Comments |
| | <p>Phase III – While we believe paid media should be a part of this phase, we urge the Board to include continued outreach from the trusted small business channels previously mentioned. While paid media may spark a small business owners’ interest, it is unlikely to be enough to move them to enrollment.</p> <p>Phase IV – Phase IV includes the time of year when many small business owners are filing their taxes. The small employer tax credit, which at this point will be available exclusively in the SHOP, should be a central piece to this phase. We encourage the Board to work with accountants and tax preparation software publishers to include information about the SHOP and the small business tax credit. A tax credit calculator will be an effective marketing tool for the Exchange to utilize. These calculators are easy to create and can be shared on social media and websites of the Exchange, government agencies, elected officials, business organizations, brokerage firms, accounting firms, and insurance companies. Outreach related to the tax credit should be an ongoing part of the Exchange’s strategy but we would hope it would receive increased attention during tax season. Also, the Board should keep in mind that many small businesses do not file taxes when individuals file on April 15 so tax season for a small business can go as late as September.</p> |
| Small Business Majority | <p>Phase I – Build Out:</p> <ul style="list-style-type: none"> • The California Department of Public Health’s Office of AIDS must be included early in this process. They administer the AIDS Drug Assistance Program that provides HIV treatment for more than 40,000 low income uninsured and under-insured Californians, many of whom will be moving into new systems of care in 2014. They must be involved in the build out phase in order to fully understand the messages that will be going to the general public about the programs. This will be essential both to ensure appropriate messaging to people with HIV/AIDS and so that they can fulfill their role of communicating changes to the Ryan White providers who will continue to assist people with HIV with linkage, engagement and retention in care services not provided under the Exchange program. • Research – this research must include people with HIV/AIDS and the systems that serve them. Because the Ryan White system of care sits outside of the traditional system of care there is a lack of understanding about how this system works and how it’s payer of last resort requirement dictates that it interacts with other systems. It is critical that this research is done early, in coordination with the state Office of AIDS. • Materials development – it is critical, again, that the State Office of AIDS is included in the state agencies that collaborate on the implementation of ACA and that they are invited to the “sharing” session. We also support the idea of co-branding on websites – Ryan White providers and people living with HIV/AIDS may be more successful at accessing information through the state Office of AIDS website because they are a trusted source of information. • Partnerships, Community Groups and Grant Program – HIV providers should be included as a partner to reach people with HIV/AIDS, a hard-to-reach community. As we have discovered through the movement of seniors and persons with disabilities into mandatory managed care as well as the implementation of the Low Income Health Population, people with HIV/AIDS fit the definition of hard-to-reach. They also have the unique challenge of moving from a coordinated |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #4: Phase descriptions | |
|------------------------------|---|
| Organization | Comments |
| | <p>system of care into a new coverage and sometimes transitioning to new providers as well. HIV specific CBOs should be included as key partners.</p> <ul style="list-style-type: none"> • Grant program – we recommend that HIV CBOs be included in the organizations that are eligible for the grant-based program. Because this population is so difficult to reach and will need to much help enrolling in new systems of care, it would be beneficial to have experienced providers implementing education and awareness materials that will best serve this distinct population. • Events and festivals – the California Coalition of Local AIDS Directors (CCLAD) should be invited to attend the First Lady Summit. • Multicultural planning – people with HIV/AIDS require specific information that is appropriate both for their unique and complex health needs. They also need information that explains the interaction between new coverage and the Ryan White services that will continue to provide necessary linkage, engagement, navigation and retention as well as other wrap around services for those with HIV. It is critical that a plan for reaching this population be developed and that HIV/AIDS stakeholders are included in the development of the outreach plan. <p>Phase III – Get Ready, Get Set...Enroll: Storytelling for earned media – it is important to highlight people with HIV/AIDS and other chronic diseases.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

ISSUE 5

| Issue #5: Budget narrative | |
|---|---|
| Organization | Comments |
| Anthem Blue Cross | <p>While Anthem is supportive of the need to tailor marketing materials and California’s approach to outreach to its diverse population, we ask the Board to carefully consider the implications and costs associated with some of this research and outreach, particularly in the gold tier. We are concerned that, given that resources are not infinite, reaching out to interview people who speak over twelve different languages is not the best use of limited funds.</p> <p>To ensure the best use of funds, we believe assisters should be compensated for successful enrollment. Furthermore, we strongly believe that the Exchange should be able to select specific non-profits that meet certain standards as the state’s assisters; we do not believe any organization demonstrating interest in the assister program should necessarily carry out these functions. Selected assisters should be capable of fulfilling all of the required roles and services; it would be inefficient to permit assisters to provide some, but not all, of the required functions. Anthem looks forward to providing more detailed responses on Agents and the Assister program in response to the more recent request specific to that topic.</p> <p>Furthermore, Anthem would like to ensure the California Health Benefit Exchange consider budget sustainability when considering marketing, outreach and education. Given the requirement that all exchanges be self-sustaining in 2015, we are concerned that the lack of federal dollars could compromise the marketing efforts of the Exchange. We ask that Board carefully consider how to best transition from a funding model that is supplemented by federal dollars to one that solely relies on user fees. California will have to carefully balance the need for marketing and outreach to keep the brand of the California Exchange intact and promote Exchange enrollment with costs, as anticipated Exchange enrollees are likely to be price sensitive and all marketing activities will likely be financed by consumers enrolling in the Exchange.</p> |
| Asian Pacific American Legal Center of Southern California (APALC) | <p>We would recommend that HBEX leverage its limited resources by using partnerships with community-based coalitions and organizations to increase the level of outreach and education to communities of color, immigrants, and LEP populations. By optimizing the marketing, outreach, education, and assisters efforts with CBOs, the cost estimates may be lower and the “Gold” tier options more easily attained, especially when compared to paying for consultants or third party vendors to accomplish similar tasks.</p> |
| California Association of Health Plans | <p>We are interested in seeing the estimated paid marketing costs. It is really difficult to tell what the impact will be on affordability without this information, since paid media is so expensive and will likely be the bulk of the costs.</p> <p>We would like to suggest that the Exchange provide clarification that the broad marketing and outreach to inform people about the Exchange is distinct from ongoing enrollment strategies being done by Assisters. The grants for the broad marketing and outreach strategy discussed here should be funded initially through the federal planning grants and supplemented by California foundations that typically support these activities for the period leading into open enrollment. We believe that it will negatively impact the affordability of products in the Exchange if it is assumed that these grants will be used to conduct enrollment activities</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #5: Budget narrative | |
|-------------------------------------|---|
| Organization | Comments |
| | beyond what is part of the initial outreach and marketing campaign. We believe that enrollment activities should be paid for on a per enrollment basis and we provide further detail on this in the Assisters comment form. |
| Community Health Councils | The Budget and Narrative must be as complete as possible for the appropriate decisions to be made. In order for the Exchange Board to know exactly how much the marketing and outreach plan will cost, all potential expenditures must be included. It is understood that given the time to put this work plan together, all costs were readily available. However, it will be crucial for the Exchange board and staff to know the entire budget of the campaign including those that may not occur in Phase I or II (paid media & staffing). Costs in Phase I may impact the amount that can be spent in later phases. Conversely, if expenditures in the later phases are crucial, there may be a need to curb certain costs in Phases I and II. It is essential to understand the marketing costs that may not be included in the Exchange implementation funding but may be picked up by health plans and the other project sponsors. As with Healthy Families, health plans took on a bulk of the marketing that MRMIB could not. It will be important to see what other resources can be leveraged to maximize federal funding for other critical costs. |
| The Greenlining Institute | In order to truly reach all of the HBEX’s target communities, the Gold option budget is the best bet in ensuring that California’s communities of color and other diverse populations will be reached through the proposed marketing and communications strategies. Throughout the recommendations, the bronze standard rarely reaches beyond English and Spanish speakers. To truly reach <i>all</i> communities, the HBEX needs to support a marketing and outreach strategy that, at a minimum, targets populations covered within the Medi-Cal threshold languages. |
| Insure the Uninsured Project | ITUP supports the budget narrative in the Ogilvy report. |
| San Mateo County | Based upon our experience with our local health coverage network, the use of grants to community-based organizations with expertise serving specific, hard-to-reach populations offers the best opportunity to maximize enrollment among the entire spectrum of the uninsured population. In order to minimize the risk of adverse selection, lower premium costs for participants in the Marketplace, and fulfill the State’s goal of insuring all Californians, the Exchange should consider a targeted grant program during its initial rollout phase in order to maximize enrollment in 2014. |
| SEIU | HBEX should clarify what activities the grant funds can be used towards, and if they can be used to augment assisters and other funds. It would be helpful to include in the budget costs for paid advertising, sports team partnerships or direct staff costs in future versions. It is unclear what are the drivers in terms of choosing between bronze, silver and gold levels. Is it just dependent on whatever federal funding is available? |
| Small Business Majority | Branding and Messaging: <ul style="list-style-type: none"> a. While we are aware that the CHBE has not decided on a “brand” for itself, UWCA is concerned that the marketing and communications draft repeatedly refers to the Exchange as being a “marketplace.” We believe a wise approach would be branding that reflects the role of the Exchange as a “Connector” to health and wellness, in order to effectively reach the most people with a positive and pragmatic brand. We believe that a “Connector” identity is more likely to resonate positively with a wide variety of consumers, particularly those with limited health literacy, limited experience with health |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #5: Budget narrative | |
|-----------------------------------|---|
| Organization | Comments |
| | <p>insurers, and those who have experienced frequent churn in and out of coverage. This approach would also enhance the Exchange's ability to overcome a variety of enrollment barriers, including some consumers' apprehensions about purchasing health insurance and the level and quality of coverage they get. We believe that the CHBE can maximize this opportunity to build a unique, positive brand by emphasizing opportunities to connect to valued resources beyond just health insurance.</p> <p>Two-way Horizontal Integration:</p> <ol style="list-style-type: none"> a. UWCA recommends that the CHBE's marketing and outreach plan support robust two-way horizontal human services integration. Every year, millions of people seek out programs and services to meet their critical needs such as food, shelter, income supports, and child care. Even though there may also be health needs, health is often not the presenting need as it may not be the most immediate threat to an individual, child or family. However, many of these millions are part of the target population the Exchange needs to reach to achieve enrollment goals. |
| United Ways of California | <p>UWCA recommends that the CHBE undertake a more serious cost-benefit analysis of the various strategies for reaching certain populations, particularly the traditionally hard to reach segments. The expense of some tactics such as CHBE events, bus tours, and paid advertising is concerning. Additionally, the budget does not even reflex the media buy costs which will be extraordinary based on California's complex and expensive media market. By shifting a percentage of the advertising and paid media budget to focus more on partnering with known trusted community messengers, we believe the CHBE can get more return on its investment.</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

ISSUE 6

| Issue #6: Other comments | |
|---|--|
| Organization | Comments |
| AIDS Health Consortia | <p>Currently, most uninsured people with HIV/AIDS access their health care services through the Ryan White system, which includes a broad network of providers and pharmacies. Because Ryan White is a payer of last resort, people with HIV/AIDS will be required to enroll in the new insurance products in order to access health care. People living with HIV will be one of the only populations moving from one system of care to a new form of coverage, possibly having to transition from long term health care providers to new ones. In addition, because most people with HIV/AIDS have been kept out of private insurance due to pre-existing conditions and required to become disabled in order to access Medi-Cal or Medicare, they are new to insurance complexity and navigation.</p> <p>Given all these factors and the concern that the most vulnerable people with HIV could be lost to care during an unassisted transition, we believe that marketing, outreach and education about the new health insurance options available under health care reform specifically address the needs of people with HIV/AIDS and that the state Office of AIDS should be included as a partner in this process.</p> |
| Anthem Blue Cross | <p>Anthem would like to collaborate with the California Health Benefit Exchange to ensure that a two-day training session is sufficient time to provide adequate training for Navigators and direct benefit assisters. Anthem's Consumer Relations Committee echoed our concern regarding the level of training that would be necessary.</p> <p>Anthem encourages the Exchange to request or require ROI analysis when awarding future grants. We believe it is important that the Exchange establish the need to balance cost/efficiency and comprehensiveness, and set tools and parameters to ensure grantees and other stakeholders tasked with promoting the Exchange can meet the requirements.</p> |
| Asian Pacific American Legal Center of Southern California (APALC) | <p>With regard to the Board's decision to move forward with its plans to establish a state-based Exchange rather than a federally-facilitated exchange, we strongly support this decision. We believe California's diverse population, especially its large immigrant and limited-English proficient (LEP) communities, requires that the Exchange ensure culturally and linguistically appropriate access to outreach, education, marketing, enrollment, retention and utilization efforts. Moreover, we have seen the limitations of federally administered consumer centers, such as the 1-800 Medicare, particularly during the implementation and annual enrollment of the Medicare Part D program. For example, a report by the National Senior Citizens Law Center, the National Health Law Program, APALC, and other community based agencies, revealed serious problems with Medicare's consumer hotline, which often did not provide linguistically appropriate access to LEP applicants and beneficiaries. Others expressed similar concerns at the May 22nd meeting.</p> <p>We would also like to clarify a couple of points regarding linguistic or language assistance services. First, linguistic or language assistance services includes both oral/interpreter services and written/ translation services. However, there is widespread misunderstanding of the differences between interpreting and translation and many people use the terms interchangeably but they are not the same. "Interpreting is the process of understanding and analyzing a spoken or signed message, and re-</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #6: Other comments | |
|--|--|
| Organization | Comments |
| | <p>expressing that message faithfully, accurately and objectively in another language, taking the cultural and social context into account. The purpose of interpreting is to enable oral communication between two or more individuals who do not speak each other's languages. Translation is the conversion of a written text into a corresponding written text in a different language." (See National Council on Interpreting in Health Care, American Translators Association, and the National Health Law Program, <i>What's in a Word</i> (2010) available at: http://www.healthlaw.org/images/stories/Whats_in_a_Word_Guide.pdf).</p> <p>With regard to the requirement that Exchange-related marketing, outreach, education, and assisters must provide language assistance in the 11 non-English languages, it refers to the languages for which translation services or written materials must be provided. For oral or interpreter services, such as the languages for which the consumer help line must provide, or any other interpreter services required by the LEP person, any LEP person must be provided with an interpreter unless the language is so rare that no in-person or telephone interpreter is available. (See Medi-Cal Managed Care Contracts, Office For Civil Rights, U.S. Dept. of Health and Human Services' <i>Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons</i>, 68 FR 47311 (Aug. 8, 2003)(balancing of four factors to determine the type of language assistance to be provided), and Title VI of the 1964 Civil Rights Act).</p> <p>Finally, we fully support the recommendations of the Having Our Say Coalition submitted by the California Pan-Ethnic Health Network.</p> |
| California Labor Federation | <p>Unions have found that the most effective field campaigns involve a combination of direct mail and paid advertising built on a strong foundation of member-to-member contact. We still believe in the effectiveness of person-to-person communication to educate and mobilize our members and voters—and we have a long record of success. This model applies to Exchange outreach as well. The paid advertising and social networking is important, but nothing can replace person-to-person communication in order to really motivate individuals to enroll in the Exchange. Especially for hard-to-reach populations or for households with mixed immigration status members, that personalized outreach is critical. Unions have the experience and reach to assist in developing grassroots campaigns that both educate and motivate for action.</p> |
| California School Employees Association | <p>Partnerships, Community Groups and Grant Program- On page 56 of your draft report, CSEA would like to be added to the list of labor unions as potential partnerships. Currently, SEIU, AFL-CIO, CTA and AFT are listed and we would like CSEA added to that list. It is in CSEAs interest to make sure that the California Exchange is success and affordable. Over half of CSEA members are part-time employees, many of which experience serious affordability issues with health care costs. Many may qualify for the exchange and subsidies because their health care will be deemed unaffordable. We also estimate that ten percent of our members are uninsured. These members may also seek the Exchange for health care coverage for themselves and their families. We represent classified school employees across California from diverse backgrounds.</p> |
| Consumers Union | <p>There is a distinction between getting the Exchange known and actually enrolling people. Social marketing research holds that it takes at least 3 "contacts" for new program or other key health information to stick. (We see that the media plan, p. 117, mentions a "reach" need of perhaps 7 or more contacts, which perhaps is more realistic.) So "duplication" through multiple</p> |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #6: Other comments | |
|---|--|
| Organization | Comments |
| | channels is actually a good thing. Some strategies/mediums are better for broad public education (e.g. mass media) but not for actual enrollment, at which trusted, community-based organizations are more successful. Striking the right balance between expenditures for the two is what is needed to achieve the twin goals of letting the public know about the Exchange and ACA requirements/benefits, as well as actually getting people to apply and enroll. |
| County Welfare Directors Association | <p>Research Options: Additional Qualitative Research on Message/Strategy Development with Individual Consumers. Regarding the three research levels described on pages 23 and 24: It is not clear what the purpose is of dropping from three strata in the bronze option (those eligible for subsidized programs, marketplace plans with subsidies, and private non-subsidized plans) down to two strata in the silver and gold options (public and private subsidized and non-subsidized plans). The silver and gold strata do not really seem to tell you sufficiently broken down information to provide good comparison data. Why would you not keep the three strata for any of the three levels? This is a really important piece of the research and seems like you would want it to be sufficiently robust to be widely useful.</p> <p>Measurement and Evaluation: The list on page 27 does not include a measure for the mix of who is enrolling, only the number of enrolled. Wouldn't we also want to measure how well we attracted our particularly targeted consumer groups set forth earlier in the paper, and possibly also the risk mix given the importance of this to the Exchange?</p> <p>Social Media Tracking: It is not clear in the bullet points on page 28 what is being measured. Is it discussion about the marketplace itself, about the plans being offered, about the program in general? The bullets use all three of these words at various points (see the Reach Based, Preference bullets under "listening based measurement" and item b under "survey based measurement"). Seems like this needs to be tightened up to be more clear about what our specific goals are for the use of social media (Is anyone talking about the marketplace at all a good thing because it denotes awareness? Do we need to measure the quality of that mention as positive or negative?) and how we are to measure and track that (i.e., How many times it is used as a hashtag on Twitter, number of likes on the Facebook page, etc.)</p> <p>Draft Marketplace Brand Architecture: On the flow chart on page 31, it is not clear why the overall marketplace brand is then backed up with separate branding between the public programs and the private subsidized/non-subsidized programs. If there is to be one overarching brand, why would we then dilute that by having sub-brands? There really isn't much of a discussion around the reason for that decision in the paper.</p> |
| Delta Dental | Page 13 – Delta Dental supports the use of existing forums, such as Community Based Organizations, Non-Profit Organizations and Faith Based Organizations to educate and inform individuals about the Exchange and its benefits. For the SHOP, the Exchange can also utilize Chambers of Commerce and agent groups, such as the Association of Health Underwriters, to educate small employers about the existence and benefits of the SHOP. |
| The Greenlining Institute | <i>We strongly support and appreciate Ogilvy's focus on reaching California's diverse communities. While we support some of the marketing ideas recommended, there are often areas where the recommendations would hold true to all of California's diverse communities but is only mentioned for one specific subpopulation. In other instances, a marketing suggestion would have limited reach even within the target subpopulation. Below you will find further comments regarding the marketing and communications recommendations, where applicable, we have differentiated our comment as they pertain to the populations</i> |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #6: Other comments | |
|--------------------------|--|
| Organization | Comments |
| | <p><i>specified by Ogilvy.</i></p> <p>A) Overall, Greenlining believes the marketing strategy is a great start, but more needs to further develop to ensure all communities will be reached.</p> <ul style="list-style-type: none"> a. The identification of the four critical issues in targeting Latinos encompasses the main overarching issues that need to be addressed in all marketing phases. However, while we agree that marketing to the Latino community need to be culturally relevant and in-language when appropriate, we are concerned that the in-language ignores the different indigenous languages within the Latino community. When targeting highly indigenous populated regions, they may not speak English or Spanish and an in-language campaign will be greatly needed. We recommend partnering with organizations and media outlets that target these Latino Non-English and Non-Spanish speaking communities, such as <i>Radio Bilingüe</i> in Fresno who hosts <i>La Hora Mixteca</i> and targets indigenous speaking communities b. We applaud Ogilvy’s focus on the African American community but also feel it is really important that there be a focus on other people of African descent as well. There are many significant ethnic and cultural differences between African Americans (black people born in America whose family has been in America for generations) and first or second generation Africans, or people who are Afro-Caribbean or Afro-Latino. Some parts of California - including the Bay Area, Los Angeles, and San Diego - have significant African immigrant populations. It is important to acknowledge the cultural differences between these groups and target accordingly, as many of the strategies listed for African Americans will not necessarily work to reach other black populations. <p>B) We strongly support the strategy to target Latino children in public schools, but encourage utilizing the opportunity to use schools system partnerships to reach all children, young adults, and their parents.</p> <ul style="list-style-type: none"> a. School system partnerships should extend beyond K-12 to community colleges and state universities. b. We strongly support Ogilvy’s recommendation to partner with API fraternities and sororities. We also strongly encourage the Exchange to form partnerships with sororities and fraternities associated with the black community, such as the National Pan-Hellenic Council, because of the mission driven nature of these organizations. This also holds true within the Latino community and fraternities and sororities that are not ethnic specific. <p>C) We applaud Ogilvy’s acknowledgement of utilizing and partnering with ethnic owned papers.</p> <ul style="list-style-type: none"> a. Ethnic owned media is highly valued and particularly trusted by people of color. Limited English proficient individuals, or those who reside in a community with limited English proficiency, are also more likely to rely on ethnic media for their news and information. b. We also think it is absolutely critical to form partnerships with or run advertisements in the major magazines that reach the targeted populations. For instance, <i>Essence</i>, <i>Ebony</i>, <i>Jet</i>, and <i>Black Enterprise</i> all |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #6: Other comments | |
|--------------------------|--|
| Organization | Comments |
| | <p>have a strong readership, and wide reach within and across black communities - both in California and across the nation. Further, these magazines regularly publish articles related to the health of black people. Partnering with networks such as TV One and BET would also help reach populations of African descent.</p> <p>D) We strongly support Ogilvy’s recommendation to partner with celebrities but encourage choosing celebrities that are proven influencers.</p> <ul style="list-style-type: none"> a. We encourage Ogilvy to work to form partnerships with entertainers who are more relevant for younger people. Although Stevie Wonder is a wonderful entertainer and his music is well known in the black community, for youth of African descent, hip hop or R&B artists, or actors/actresses, would likely be a greater influencer. We also encourage partnership with popular radio hosts because radio hosts often have a strong following of listeners of color and could be strong outreach and educational allies. b. We also recommend against generalizing by race or ethnicity which sports are popular. For instance, within the Latino community, while soccer is a popular sport, baseball is also viewed as a highly acclaimed sport and partnering with baseball teams will likely have a similar effect on marketing to Latinos as it would to other communities. <p>E) To ensure that ethnic small businesses are reached, there should be an expanded effort beyond the larger ethnic chambers and other professional associations to ensure a wider reach of small business owners. Many ethnic small business owners do not belong to the larger chambers, like the California Hispanic Chamber of Commerce, but they do trust and rely on information from a more local or regional based chamber or small business association. We also recommend partnering with state and local licensing outlets to disseminate information to small business owners in-language.</p> <p>F) Native Americans</p> <ul style="list-style-type: none"> a. Ogilvy’s planned partnership with Indian Health Services should prove to be beneficial, as Tribal members often seek healthcare from their local Indian Health Services provider, and this is an extremely effective way to disseminate information in Indian communities. We, however, encourage Ogilvy to think beyond Indian Health Services in order to ensure that information is disseminated in a culturally competent and generationally and linguistically appropriate way. b. We encourage Ogilvy and the HBEX to network with and partner with tribal governments. Tribes typically operate a health department (separate from Indian Health Services) and are well versed in making material culturally relevant. Networking with tribal governments will enhance feedback and access to the input necessary to make marketing efforts culturally relevant by generation. c. Many tribes operate their own radio station, and native radio can be an especially beneficial tool for outreach and education if a tribe has a critical mass of members who have low English proficiency or only speak a native tongue. Partnering with tribal governments is a great way to gain access to Native radio stations. d. We encourage Ogilvy to also consider marketing strategies that could take place at broader cultural |

California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program

| Issue #6: Other comments | |
|--------------------------|--|
| Organization | Comments |
| | <p>events, celebrations, and holidays. Pow Wows, for example are held across the state of California, and Stanford University hosts one of the largest pow wows on the West Coast (see: http://www.stanfordpowwow.org/). Partnerships with tribal governments, however, are vital as tribal government representatives will be able to help individuals who are not members of a particular tribe distinguish between events that are sacred and events that are open to the public. In many circumstances it would be appropriate for individuals who are not members of a tribe to employ education, outreach, and marketing strategies at events that are open to the public.</p> <p>e. The Federal Government filters money into tribes that allow their health departments to hold health conferences. Partnering with health departments to participate in these events could be an excellent way to disseminate information.</p> <p>f. Partnering with youth councils, boys & girls clubs and other non-profit entities on reservations that cater to youth and young adult demographics is another great way to reach this population. Furthermore, many colleges and universities have active Native American sorority and fraternity chapters, as well as cultural organizations. Partnering with campus organizations could create an opportunity to disseminate information to native young adults.</p> |
| Health Consumer Alliance | Thank you for the thoughtful work to date on developing plans for a marketing, outreach and education campaign for health coverage in California. We look forward to partnering with you on this critical effort. |
| PEACH | <p>1. Partnerships, Community Groups and Grant Program We appreciate that the first of the six grant categories includes “Current health care providers to the targets.” We encourage the Exchange to consider community safety net hospitals and their provider partners as potential grant recipients. We also offer PEACH as a resource to the Exchange in its outreach to the safety net hospital community. Community safety net hospitals are trusted community members that have long served ethnically and linguistically diverse, underserved communities. These hospitals and their affiliated provider partners have expansive networks and relationships with community based organizations that should be leveraged in educating target populations about the Exchange.</p> <p>2. Health Care Delivery Systems and Providers Outreach We also appreciate the inclusion of the California Hospital Association (CHA) as part of the Exchange’s outreach to providers and will work closely with CHA and the Exchange to maximize opportunities for community safety net hospitals to serve as education and outreach partners.</p> <p>3. Navigators and Assisters We also appreciate the acknowledgement of the important role of Navigators and Direct Benefit Assisters in helping champion the Exchange, and educating and enrolling millions of uninsured and underinsured Californians. PEACH looks forward to aiding the Exchange in this critical mission.</p> |
| Teachers for | On page 72 the report discusses school based strategies. Teachers for Healthy Kids has been working in schools for over 12 |

**California Health Benefit Exchange: Stakeholder Questions
Marketing, Outreach & Education, and Assisters Program**

| Issue #6: Other comments | |
|----------------------------------|---|
| Organization | Comments |
| Healthy Kids | <p>years now. The strategies you discussed have not been found to be the most effective for school based efforts. Schools and counties as public agencies can share school enrollment lists and Medi-Cal/ Healthy Families data and determine families who might be eligible but currently not enrolled in these programs. This has been found to be more effective since their program can target the outreach. The school districts listed (we have worked in 4 out of 5) have between 50- 75% of families eligible by income for public programs. Additional families will be eligible under the Exchange. Determining these families by tape match should be considered. Also, using the schools automated absentee hotline to send messages to parents has been shown to be an effective strategy, particularly when combined with a school based survey program. Health fairs have been found to be the least effective strategy.</p> |
| United Ways of California | <p>Branding and Messaging:</p> <ol style="list-style-type: none"> a. While we are aware that the CHBE has not decided on a “brand” for itself, UWCA is concerned that the marketing and communications draft repeatedly refers to the Exchange as being a “marketplace.” We believe a wise approach would be branding that reflects the role of the Exchange as a “Connector” to health and wellness, in order to effectively reach the most people with a positive and pragmatic brand. We believe that a “Connector” identity is more likely to resonate positively with a wide variety of consumers, particularly those with limited health literacy, limited experience with health insurers, and those who have experienced frequent churn in and out of coverage. This approach would also enhance the Exchange’s ability to overcome a variety of enrollment barriers, including some consumers’ apprehensions about purchasing health insurance and the level and quality of coverage they get. We believe that the CHBE can maximize this opportunity to build a unique, positive brand by emphasizing opportunities to connect to valued resources beyond just health insurance. <p>Two-way Horizontal Integration:</p> <ol style="list-style-type: none"> a. UWCA recommends that the CHBE’s marketing and outreach plan support robust two-way horizontal human services integration. Every year, millions of people seek out programs and services to meet their critical needs such as food, shelter, income supports, and child care. Even though there may also be health needs, health is often not the presenting need as it may not be the most immediate threat to an individual, child or family. However, many of these millions are part of the target population the Exchange needs to reach to achieve enrollment goals. |