

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

Name	Organization	Email	Phone
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The California Health Benefit Exchange welcomes your input on the marketing, outreach and education and assister issues under consideration. These issues are laid out in a draft recommendations report submitted by Ogilvy Public Relations and available on the Exchange [website](#). In particular, we are seeking comments regarding Phases 1 and 2, but we welcome comments and specific suggestions on all phases and other aspects of the report. Please submit your comments to the Exchange at info@hbex.ca.gov by close of business Thursday, May 31, 2012.

Issue	Comments
1. Overarching strategies	See below
2. Marketing strategies	See below
3. Communication strategies	See below
4. Phase descriptions	See below
5. Budget narrative	See below
6. Other comments	See below

On behalf of the Having Our Say coalition (HOS), we greatly appreciate the opportunity to share our comments with you regarding Ogilvy & Mather’s discussion draft *Statewide Marketing, Outreach & Education and Assisters Program Workplan for the California Health Benefits Marketplace*. The Having Our Say coalition, a statewide coalition of over 40 organizations, works to ensure that health care reform solutions address the needs of communities of color. Our goal is to work together to advance health policies that affirm our vision of inclusion and equality.

General Comments:

California’s population is one of the most diverse in the country, with almost 60% comprised of communities of color and over 100 different languages spoken. In California, over 2.60 million non-elderly adult Californians will be eligible to receive federal tax credits to purchase affordable health coverage in the Exchange in 2013.¹ Of these, 67% (approx. 1.73 million) will be people of color and 40% of the adults (roughly 1.06 million) will speak English less than very well. It is vitally important as the Exchange develops its Marketing and Outreach program that it considers the needs of the diverse communities who will be eligible for coverage in the Exchange.

The Having Our Say coalition appreciates the breadth and depth of the recommendations put forward by Ogilvy & Mather with respect to the development of the Exchange Marketing, Outreach & Education and Assisters Program. We applaud several of the proposed marketing plan options

¹ Gans D, Kinane CM, Watson G, Roby DH, Graham-Squire D, Needleman J, Jacobs K, Kominski GF, Dexter D, and Wu E. Achieving Equity by Building a Bridge from Eligible to Enrolled. Los Angeles, CA: UCLA Center for Health Policy Research and California Pan-Ethnic Health Network, 2012.

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including the option to provide grants to community based organizations to help market the Exchange to diverse, hard-to-reach populations. The draft workplan provides three basic options for development of a marketing plan. However, given California's racial, ethnic and geographic diversity, we think the state has no other option than to choose the Gold plan. We believe a truly responsive outreach and marketing plan that will help to maximize enrollment for communities of color into the Exchange must provide sufficient funds for:

- **Research, tracking and measurement in all of the Medi-Cal Managed Care threshold languages.** In California's Medi-Cal program, more than 25 languages are recorded as beneficiaries' preferred language with the top five languages being English, Spanish, Vietnamese, Cantonese, Armenian and Russian.² These same individuals and/or their family members may be eligible for subsidized coverage in the Exchange, making it extremely important that marketing and outreach be targeted to these communities. Going any lower than Silver would be leaving out critical groups that don't know about the Exchange subsidies and other coverage options.

It will also be important to target subpopulations including the LGBTQ population as well as those that may be experiencing gaps in coverage. For example:

- Early retirees
 - Divorced
 - High school and college graduates in their 20s
 - Self-employed (contractors, independent professionals, freelance writers/programmers, etc)
 - Part-time workers
 - Low-wage working families
- **Year-round marketing in order to encourage enrollment *and* retention of health coverage.** The retention message is extremely important in the first few years of the Exchange as those who fall off could be aggressively marketed to by bad actors hoping to skim off consumers from the Exchange. It is also important for the Exchange to think about the marketing and communication plan as a long-term plan that stays in touch with individuals over the course of their lives as their coverage options change.
 - **Grassroots and Direct Mail marketing campaigns.** To reach California's racially, ethnically and geographically diverse communities it will be important to include grassroots and direct mail campaigns as part of the marketing plan. These campaigns should be conducted in multiple languages and should provide information or taglines in at least 16 different languages for where individuals can go to get enrollment assistance in their primary language at the local and state levels.
 - **Robust CBO, NGO and FBO outreach and partnerships within diverse, ethnic communities.** For California's Exchange to be successful, it will need to reach as many individuals as possible through trusted messengers and community partners. The goal of these partnerships should not

² "Providing Language Services for Limited English Proficient (LEP) patients in California: Developing a Services System for the State," a Recommendation by The Medi-Cal Language Access Services (MCLAS) Taskforce, March, 2009

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only be to raise awareness about the benefits of the ACA, but to counter deceptive marketing practices and misinformation about requirements of the new law. The marketing plan should discuss how it will address misinformation as early as 2012 (during the upcoming election cycle) as well as ongoing deceptive marketing campaigns in different languages that seek to misrepresent the requirements of the ACA. We were pleased to hear that the Exchange will decide on an official “brand” in 2012 as this will help to introduce consumers to the Exchange and ensure consumer confidence in Exchange products moving forward. We look forward to hearing more about the Exchange’s plan to roll-out this new “brand.”

- **A Robust Grant Program for qualifying community-based organizations and other entities serving hard-to-reach populations.** CPEHN’s brief, “Achieving Equity by Building a Bridge from Eligible to Enrolled,” co-authored by UCLA Center for Health Policy Research and the UC Berkeley Labor Center, found that without multilingual outreach and enrollment efforts, language barriers may result in a different of 110,000 fewer LEP individuals enrolled in coverage. The Exchange should provide grant funding to organizations that can help outreach to hard-to-reach populations including low-income communities of color, Limited-English-Proficient (LEP), immigrants, seniors and persons with disabilities. This funding will help to ensure that Navigators have the marketing tools they need to get all ethnic groups enrolled in 2013.

We appreciate the opportunity to weigh in on this important proposal.

Sincerely,



Caroline B. Sanders
Director Policy Analysis & Having Our Say