

Comments on Outreach and Marketing Plan: Clinica Sierra Vista

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- 1) Constant reference to pro-bono partners.
 - a. Outreach and marketing is expensive for health centers and community groups. Also, these activities are NOT allowable costs for health center reporting to either state or federal OSHPD and UDS respectively and so have no internal reimbursement pathway.
 - b. Local partners are proven to be most effective at getting messages out to local communities, particularly minority and low income groups. Messengers need to be trusted and well known with roots in community and a long history of public service. No one in the community is more trusted than local health centers.
- 2) Grant programs:
 - a. While this sounds good the actual implementation needs to be as community focused as possible. RFP targets and evaluation mechanisms need to be very clear, reflected in the actual funding available, and consider the capacity of local partners.
 - b. Setting a short date for doing buys and contracts with big media are fine but this is not necessary for local agency and CBO partners.
 - i. I would suggest breaking the plan into two(2) pieces. One that focuses on “big” media and the other focusing on “local” community outreach. Each should have its own budget with proposed targets that can be measured objectively to determine how effective they are.
- 3) Most importantly:
 - a. The discussion has focused aggressively on notifying people about the new programs but nowhere do I hear anything about public education for new users. I believe existing evidence demonstrates clearly that health plans, while putting a lot of money into direct mailing, have failed to actually educate the populations they serve on how to use these plans. There are many reasons for this failure but chief among them is lack of community input ,and over complication along with the sheer volume of materials that completely overwhelms most enrollees. This was documented at the Fresno Exchange Board presentation on this topic.
 - i. I would suggest you look to health centers to lead by funding true patient navigators as envisioned in the original federal exchange plans. Patient Navigators who will not only assist in application development and submission, but guide new enrollees through their use of this new resource in a way that adds value to their daily lives and assist them throughout the year and then through re-enrollment. This requires adequate, reliable and ongoing funding to support these activities.