RUTGERS
Center for State Health Policy

Summary of Proceedings

Preparing the Public for Implementation of the Affordable Care Act–Opportunities and Challenges

April 2012

The Patient Protection and Affordable Care Act will extend health insurance coverage to hundreds of thousands of New Jersey residents. A critical measure of the success of such reform is that individuals are aware of their coverage options and that they understand the tools they have to help them choose a plan that best meets their needs. In summer 2011, the Rutgers Center for State Health Policy convened an expert panel, funded by the Robert Wood Johnson Foundation, to discuss the opportunities and challenges in preparing the public for reform, with a special focus on outreach to enroll those newly eligible for coverage, including especially hard-to-reach populations. The discussion engaged representatives from state departments of health and insurance, research organizations, insurers, foundations, health care providers, and the media.

Realizing the Promise of the Affordable Care Act Through Outreach

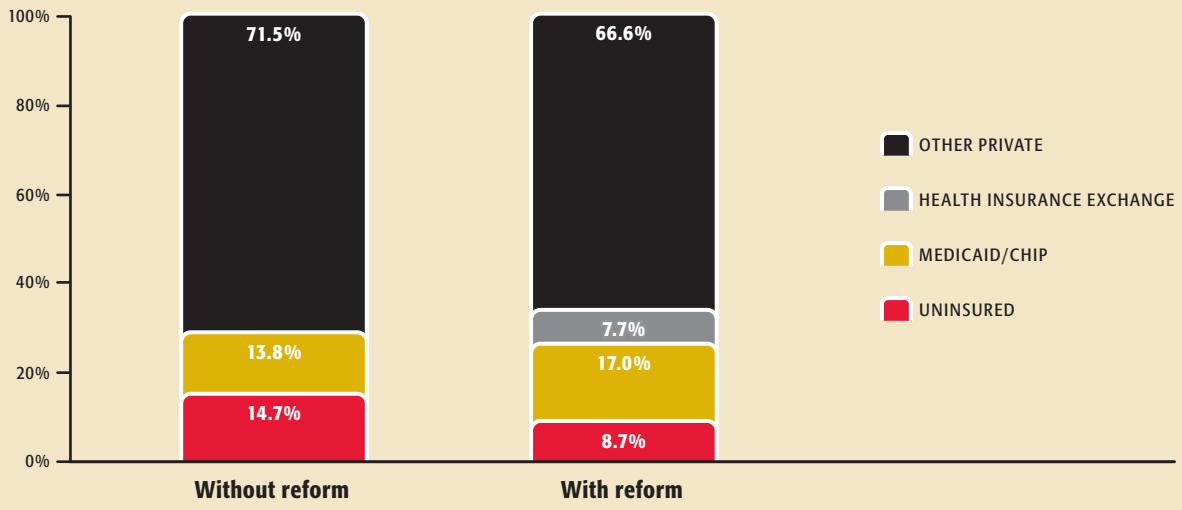
The Patient Protection and Affordable Care Act (ACA) of 2010 expands coverage to millions of previously uninsured individuals and potentially could cut New Jersey's uninsured rate substantially (see Chart 1). Reaching out to and enrolling those eligible for coverage can help improve their timely access to acute and preventive services, avoid the financial consequences of being uninsured, ease financial strains on providers, and spread risk—potentially reducing the cost of coverage overall.

State-based health insurance exchanges—the vehicle envisioned for creating an accessible and affordable market for coverage under the ACA—are to be operating by 2014. Federal guidance for creating health insurance exchanges explicitly states that such exchanges should include "aggressive and multi-faceted outreach" to ensure the public is aware of their options for coverage.[1] Creating a widespread outreach campaign, which is critical for realizing the promise of expanded coverage, however, can be an enormous undertaking.

To help identify concrete steps necessary to prepare for this massive enrollment effort, the Rutgers Center for State Health Policy hosted an expert panel discussion that drew an audience of more than 40 stakeholders who commented on related opportunities and challenges. In addition to focusing on outreach in New Jersey, the group heard from Paul Wingle, then Director of Creative Media for the Massachusetts Health Connector, who helped spearhead that exchange's outreach campaign, a key tool in helping to reduce that state's uninsured rate to the lowest in the nation. The expert panel also included Deborah Howlett, President, NJ Policy Perspective; Lee Keough, Managing Editor, NJ Spotlight; Henry L. Miller, Chief Operating Officer, Goodman Media International, Inc.; Christine Stearns, Vice President, Health & Legal Affairs, NJ Business & Industry Association; Mary Coogan,

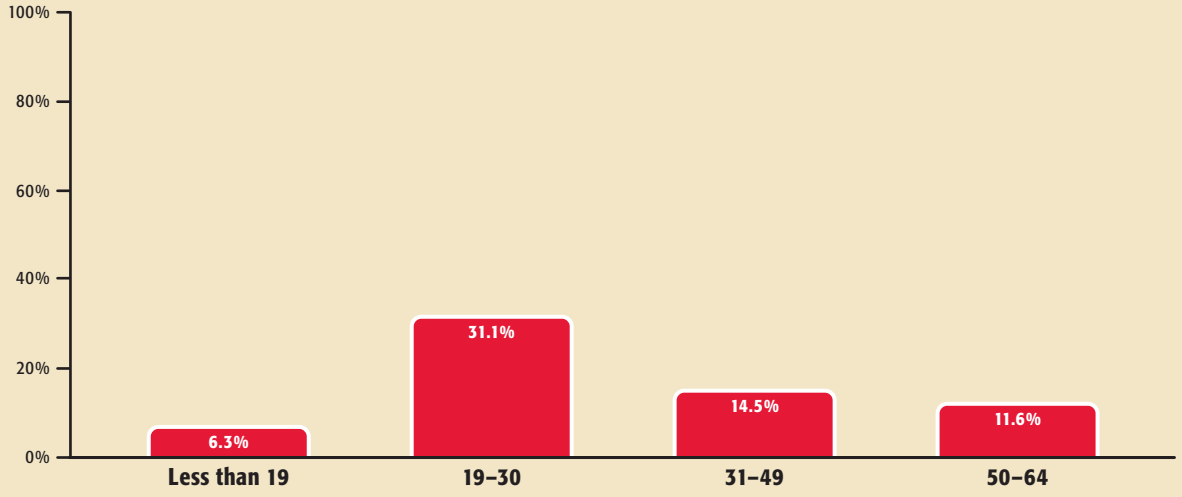
[1] ACA § 1311(d)(6)

Chart 1 | **Change in Coverage in New Jersey Under the ACA, Ages 0-64**



Source: CSHP analysis of 2009 American Community Survey data, exclusive of Medicare and other public coverage

Chart 2 | **New Jersey Uninsured Rates by Age Group**



Source: 2009 New Jersey Family Health Survey

Assistant Director, Advocates for Children of New Jersey; Daniel Santo Pietro, Chair Public Policy, Latino Action Network; and Crystal Snedden, then Health Care Campaign Coordinator, NJ Citizen Action.

New Jersey's Uninsured and Their Attitudes Toward Coverage

Poor, young, and minority New Jersey residents are more likely than others to be uninsured.

According to the Center's 2009 New Jersey Family Health Survey, more than one-third of New Jersey's residents who earn less than 139% of the federal poverty level are uninsured.

Nearly 70% of the state's uninsured are between 19 and 49 years old. Uninsurance is highest among the state's 19 to 30 year olds; at 31% it is more than double the rate of uninsurance among all other age groups (see Chart 2).

As with the rest of the nation, in New Jersey, uninsurance is more prevalent among Hispanics (37%) and Blacks (18%), compared to Whites (8%) or other ethnic/minority residents (7%) (data not shown).

Among adult noncitizens, the rate of uninsured is very high—71% for those who have been in the country for less than 5 years and 42% for those who have been in the country for 5 or more years (data not shown).

While many of these individuals are simply priced out of the market, a closer look at attitudes among New Jersey residents shows why some of those uninsured are not concerned about their lack of health insurance. When probed, many uninsured are more likely than their privately or publicly insured counterparts to agree that insurance is not a necessity, that they are much more likely to take risks than the average person, and that getting care at a public or free clinic is fine with them (see Chart 3). These attitudes may reflect a "weak" preference for having health insurance coverage.

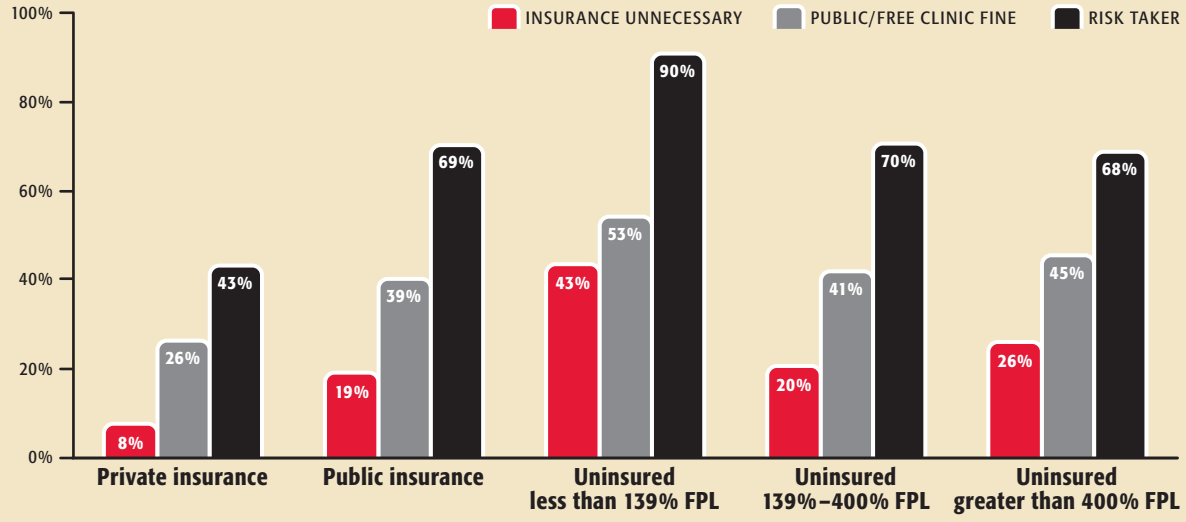
Whether uninsured individuals are unable to afford coverage or not convinced of its value, the challenge ahead for health insurance exchanges is to reach the full range of uninsured individuals and successfully enroll them in insurance coverage.

Know the Audience, Find What Moves Them, and Organize Like Crazy

The expert panel members talked about the importance of knowing New Jersey's uninsured "audience," how they get information, and how they are influenced.

Many cautioned against talking about "the uninsured" as if they were a homogeneous group of like-minded individuals. The uninsured is an extremely diverse group of individuals. While many would buy coverage if they could, others need information to help them evaluate the value of coverage and tradeoffs if they elect not to buy. Since the way many currently insured individuals

Chart 3 | **Attitudes Towards Health Insurance, Risk, and Public Clinics**



Source: 2009 New Jersey Family Health Survey

obtain coverage will change in 2014, the audience to be reached and enrolled is broader than the uninsured alone. Many of those who are uninsured need to have the value-proposition for coverage explained to them. With that in mind, the group recommended some key action steps:

Identify the audience(s). Because uninsured individuals are not a homogeneous group, there is a need to fully understand the dimensions of the group, segment the audience, and target which segments are a priority to reach. Specifically, which populations among the uninsured can be most impacted? Who influences them? The experts suggested building from the demographics and finding what message will work with each segment.

Understand and gather relevant information sources. Participants emphasized the need to understand how these audiences get information, both the formal, traditional vehicles, including television and newspapers, as well as other vehicles, such as clergy, politicians, barbershops, etc. Many warned not to discount those trusted, but less-traditional sources to help spread the enrollment message. To understand sources, the group suggested drawing on experts who currently work with targeted communities and get to know them well. Some participants urged that focus groups and surveys be conducted to better identify target audiences.

Organize a plan around the sources. Once the traditional and nontraditional sources of information are gathered, a plan needs to be formulated around those sources. Sort the audiences and catalogue the like-minded organizations that can reach them. There is a huge array of individuals who can be identified and become part of an outreach campaign.

Bring along the general public. Most everyone believed it was important to include the general public in any outreach campaign. First and foremost, experts cited the need to get the overall public engaged as a way to capture media attention and therefore get coverage in the media.

They spoke of the importance of adopting a broad, simple message for the public. Some mentioned the need for everyone to understand the basic requirements of the law, recognizing that many people are unaware of what is required under the ACA.

The general public also was viewed as being a very effective outreach tool; most people know someone who is uninsured.

According to one expert, the public will need to be informed when they can act. In the meantime, there is a tremendous amount of organizing that needs to take place. Now is the time for organizing.

Look toward key contact points to carry the message. One offered the importance of engaging primary care physicians as major sources for information. They, their office managers, and nurses are critical communication points and trusted advisors to patients. Look at every contact as a communication opportunity. Every provider needs to be able to give a clear, succinct message about the health insurance exchange. Given the range of providers—doctors, nurses, dentists, and pharmacists—and their need to be well-informed about the ACA, experts strongly recommended that outreach plans include provider education sessions so that they, in turn, can educate their patients.

Leverage the Changing Media Landscape

New territory with more outlets. An informal polling of the experts revealed that a sizeable majority are not reading traditional newspapers but getting their news from Web sources. With print media shrinking, that means newspapers have less space for news, i.e., a smaller "news hole."

Potential opportunities. On the plus side, these changes in the media have resulted in many more news outlets being created, along with new partnerships among outlets such as NJ Spotlight and Philly.com. While the fragmented media landscape may make it harder to coordinate media campaigns, there are many additional avenues and news opportunities.

Develop FAQs and fact sheets for quick education of busy reporters. Many new media outlets are staffed by young reporters who are inexperienced in writing about complex issues such as health care and health policy. The experts emphasized the need to develop a set of frequently asked questions (FAQs) and fact sheets to have ready for the press with basic, need-to-know information. "The more you can give them, the better off you'll be," one person advised.

Back to first principles. Again, some reminded that while the news context has changed, the principle of every community having information sources has not. The challenge is to find and use those sources.

Focus on the Message

Hone in on a simple, consistent message. Some mentioned the importance of the message for the campaign, as well as the language around the name for the program and the exchange. Thoughts on both follow:

- Focus on a basic set of principles or facts.
- No need to educate people about the law in its entirety.
- Balance any context with a specific point and action item. The public does not need to know about the history of the problem.
- Be focused, specific, and "shockingly repetitive."
- For some, you will need to emphasize value: "This matters to you because…" For others, focus on quick enrollment: "Enrollment takes less than 10 minutes."
- Consider a name that will avoid stigma, including a Medicaid name change. The name should be easily identified and understood. It cannot sound like an insurance provider.
- Language is always important. Find words to crystallize what the program and exchange do. Find what resonates with people.

Consider adopting a "Red Sox" approach. To de-emphasize the political nature of reform, some wondered whether New Jersey should mirror the Massachusetts Connector approach that adopted the Red Sox baseball team as a sponsor for its efforts. While the state has no equivalent to the Red Sox, it does have Jersey natives Bruce Springsteen and Queen Latifah, along with the Phillies, Yankees, and Mets—any or all of whom should be considered for public service announcements. Some observed that there was an excited message in Massachusetts, and that the dynamic is very different in New Jersey. There is a level of skepticism that will need to be overcome with many fearing getting "bumped-off" the Medicaid rolls and then being encouraged to sign-up for another program. Also, New Jersey presents a number of challenges for media, as it is New York-focused in some parts of the state and Philadelphia-focused in the southern part of the state.

Ensure a Strong Exchange With an Easy Enrollment Experience

As a companion to a simple, smart message, the group emphasized the importance of an easy, well-working exchange portal. The website portal needs to be intuitively designed and be able to get people through quickly and include high-quality customer service. Do not make the exchange itself a bad experience. "You may only get one chance," experts warned. Some mentioned the difficulties of an enrollment process that takes long to complete and cautioned against enrollees having to wade through too many plans. If the exchange is built correctly, many of the details will fall into place, they offered.

As discussion got deeper into the exchange portal, some worried about the difficulties advertising something that does not exist (like super-quick enrollment). "We haven't built the system to support that yet." "We don't know what we're selling yet."

Focus on Hard-to-Reach Populations

A discussion focused on who might be hardest to reach (see sidebar). Among suggestions for focusing on those populations:

Include a community dimension to outreach. While advertising provides a context, there is a need to go deeper into the different communities to find key leaders. Understand what information is needed and how it can be messaged appropriately, some suggested. Listen to community members to create the right messages. For example, focus on the end, not the means. "It's not access to behavioral health care; it's success in school." Some offered that early adopters in the community should be enlisted as "mini navigators" to help others enroll.

Thoughts on People Who Might be More Challenging to Reach

- The under-30 somethings
- "Churners" with fluctuating incomes
- Childless adults
- People with multiple homes
- Those working in small businesses who have limited time
- People who do not think they are sick
- Mixed-status families
- Young Latinos from immigrant families
- Other ethnic groups who would prefer to put money into education rather than health care
- Those with disabilities, including those with mental health problems
- Those involved with the criminal justice system

According to one expert, nothing replaces "boots on the ground" in getting results. Follow people where they go, one offered, "At noon ... the soup kitchen." While some suggested that many uninsured do not want to be reached, others countered that knocking on doors does produce results.

Give attention to micro-employers. Small employers (especially those with fewer than five employees, called "micro-employers") are extremely busy—and may not have time to look into the implications the ACA might have on their business. Without a formal human resources department, micro-employers may be more similar to buyers in the individual market. They often shop on price, requiring messaging that is focused around affordability.

Lessons from Medicaid and NJ FamilyCare

Some mentioned the value of learning lessons from those already working on the changes in Medicaid and drawing on experience from Children's Health Insurance Program (CHIP) implementation, which should be folded in to create a "wider pathway" for take-up through the ACA.

A task force convened earlier within the state to look at barriers in enrolling people in NJ FamilyCare, New Jersey's CHIP initiative, emphasized the need for a multi-pronged approach in their 2009 report. "There's no one-size fits all." Some take-aways included:

- *The outreach is easy; the follow-up is not*. After you get information out there, someone needs to follow-up to ensure applications actually are filed.
- *Tear down the legal barriers that prevent easy sign-up*. Do not tell people to sign-up and then present them with all the barriers, the experts warned. For example, some mentioned difficulties in putting kiosks in emergency department waiting rooms. Current laws and regulations prevent people from enrolling at hospitals and other points of service.
- *Information technology infrastructure is critical*. For NJ FamilyCare, many systems were not able to share data with one another—a huge barrier in finding and enrolling people. Many states have created state-of-the-art eligibility systems; New Jersey may need to upgrade its systems to ensure success.
- *Over 150 languages spoken here.* Across the state more than 150 languages are spoken. Any outreach plan should take into account Department of Education data on English as a second language.
- *Do not forget about "churners."* Churning (when individuals lose and regain coverage in a short period of time) was a huge issue in N J FamilyCare, with tens of thousands disenrolling every month. People need to understand the importance of keeping coverage once they have it.

The Massachusetts Experience and Lessons for New Jersey

Paul Wingle, then Director of Creative Media for the Massachusetts Health Connector, spoke of the Massachusetts experience and lessons that could be valuable for New Jersey.

First, it can be done. Massachusetts passed its health insurance reform in April 2006 and enrollment was set for October 2006. In short, according to Wingle, "It can be done." While Massachusetts had an easier job from a political and consensus standpoint, there were still numerous challenges, including a shortage of time. "Time was the enemy," he said.

The starting audience was broad. It was hard initially to target an audience in Massachusetts because the impact of the law was so widespread. A key target for the campaign was the typical person without coverage in the state—a 37 year-old employed male.

The campaign had three goals: 1) provide information about the law, 2) promote availability of insurance, and 3) promote the Health Connector (the name given to Massachusetts's health insurance exchange). There were two distinct messages. One, for men, focused on health security and health insurance as providing protection from financial ruin. The other, for women, focused on access to preventive care.

Be opportunistic; be ubiquitous. May 2007 saw the opening of the paid media launch that included $4 million for advertising, which was viewed as small, but was supplemented by pro bono ads and efforts. The Red Sox brand was used as a major cornerstone for the launch, with Wingle noting that nothing else in the state has its resonance and power.

Along with the media, a wide variety of other avenues for outreach were pursued. "We were everywhere":

- More than 150 seminars were held across the state. Field organizers conducted events in communities, catering to regional sensibilities.
- The Department of Revenue launched a postcard campaign, mailing an "Urgent Message to Massachusetts Income Tax Filers," which included red letters calling attention to the need to "act now" to avoid penalties of $219.
- The Greater Boston Interfaith Organization held in-congregation sessions and disseminated a paper version of the enrollment tool.
- Corporate partners, including CVS pharmacies and Shaw's grocery stores, posted large window signs and provided information on receipts and through bag stuffers.
- The Associated Industries of Massachusetts partnered with key business associations to hold 16 three-hour educational sessions.
- International Brotherhood of Electrical Workers posted electronic billboards on the expressway.

People need to know what they need to know. The message emphasized affordable plans, lots of choice, and easy enrollment. The Massachusetts public also liked the idea of having plans certified by the government. Wingle stressed the idea of letting people know just what they need to know. For example, people do not need to know that the people designated to help people enroll under the ACA are called navigators.

Gather the low-hanging fruit first. The campaign initially targeted the easier-to-reach people and then focused on the "young invincibles" for phase two. At that point, ads highlighted the tax penalties and became more "edgy." With broad media being a very expensive and sometimes inefficient tool for reaching the intended audience, the campaign shifted modes, focusing on things like "pay-per-click" ads.

Evolve the plan over time; change and calibrate the message. Initially, everybody had questions about health reform in Massachusetts. However, over time, the general reach became more targeted. Navigator grants were calibrated to get the harder-to-reach populations. Wingle described the initial challenge of needing to combine education with enrollment. The focus now is on enrollment.

Exploit what is special about the state. Wingle mentioned the importance of not looking at every special condition in the state as a disadvantage. Exploit what is special, he urged. For example, rather than focus on the problems of two media markets in New Jersey, think of ways to be opportunistic and perhaps link campaigns with New York and Connecticut—or with Pennsylvania and Delaware. That avoids having three states buy air time in an expensive media market.

Do not build a website and expect it to do all your work for you. There are different types of insurance shoppers, Wingle noted. Some need handholding, others want just the headlines and click to buy. The site needs to recognize differences. On its face, it looked like some 80% of applications were done electronically. However, on closer inspection, many of those applicants were assisted by customer service representatives. He encouraged thinking about how much support is needed for consumer decision-making.

Track results. Success was measured by increases in coverage. In 2010, the percentage of people without health insurance in Massachusetts was estimated at 1.9%, the lowest rate in the nation.[2]

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[2] Division of Health Care Finance and Policy. *Health Insurance Coverage in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys.* Boston: Massachusetts Executive Office of Health and Human Services, 2010.

Looking Ahead

The meeting closed with experts weighing in on what the next steps should be to prepare the public for 2014 implementation of health insurance exchanges, should the United States Supreme Court uphold the Affordable Care Act. Below were some common themes that emerged, along with questions to consider moving forward.

- **Get organized, continue discussions, but add urgency.** Create a statewide plan, identify lead and partner organizations, and begin to develop an outreach campaign with input from a variety of stakeholders, including community-based organizations.
  - » *What role can and should government play in organizing a plan for public education?*
  - » *How can stakeholders from different perspectives combine efforts to assure effective public education?*
- **Create a concise, uniform message.** Develop a single message with simple terms and talking points for across-the-board use. The message should be developed with an eye on conveying the value of insurance ("what's in it for me?") and maximizing the use of coverage (regular visits and preventive care, not emergency department use); include culturally appropriate materials.
  - » *What entities should be at the table to frame the most effective messaging for public education?*
  - » *How can and should the news media be engaged in developing and communicating the message?*
  - » *What resources are available to fund needed educational activities, from what sources?*
- **Build a strong exchange.** Ensure the infrastructure to support all new enrollees, including the right customer service model and simplified, easy enrollment.
  - » *How quickly can the exchange be created, and how can it be engaged in the education process?*
  - » *How should the navigator function required by the ACA be structured? How should the work of navigators be connected to a broader effort to educate the public?*

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