

Effective Messaging to Increase CHIP and Medicaid Enrollment October 12, 2010

Donna Cohen Ross, CMS: Good afternoon everyone, and welcome to our webinar this day. I am Donna Cohen Ross, Senior Advisor in the CMS Office of External Affairs, and I will be your moderator for today's discussion. We've got a very timely and fascinating program planned, with several experts in public opinion research, communications, and children's health coverage outreach. And of course, we've got all of you, our participants. We've got nearly three hundred of you signed up this afternoon, representing our CHIPRA grantees, State and Medicaid CHIP officials, outreach organizations, and others. And, I believe this is the largest showing of any webinar we've done to date, so we're pretty excited about that. We have a packed agenda, and we're anticipating a very robust conversation. So, we are going to get started with that in just a second.

I would first like to thank our friends at Ketchum for coordinating this event and for handling all of the logistics leading up to it and for this afternoon. Before getting started, I am going to turn it over to Marni Rosen from Ketchum Public Relations, and she is going to talk us through those logistical aspects of what we are going to do this afternoon.

Marni Rosen, Ketchum: Thank you Donna. Good afternoon everyone. This is Marni Rosen from Ketchum Public Relations. I would also like to welcome you today's session. Today's presentation is being recorded and will be posted on InsureKidsNow.gov as soon as possible. The PowerPoint presentation that you will see, along with the video of the training, will also be available for your reference online. We will email all of today's participants when the materials are posted, and we will provide you with a link where you can access them at that time.

Before we introduce our first presenters, we wanted to familiarize everyone with some of the tools of the interactive Adobe Connect site. Please note all of our participants are currently muted so we can avoid background noise during the presentation. At the bottom right hand side of your screen, you will see a chat feature. We invite you to use the chat to interact with us and other participants throughout the session. You can also use this feature to ask questions. Please type your question in the small text box provided. We will be taking a few questions following each presentation, and you will have an additional opportunity to ask questions at the end. When we are ready to take questions, I will come back on the line and explain how to enter the queue. When it's your turn to ask a question, your line will be un-muted. And, one final note, please, if you can, do not put us on hold at any point during the call, as all of our participants will be able to hear background hold music.

So, now I am going to go ahead and turn this back over to Donna Cohen Ross from CMS who will introduce our first speakers.

Donna Cohen Ross, CMS: Thanks Marni. First I want to say a little bit about today's topic. Our topic is very timely, effective messaging to increase CHIP and Medicaid enrollment. It is also very urgent, as many or most of you know, just last month, the Urban Institute affirmed that there are roughly five million uninsured children who are eligible for Medicaid and CHIP but are not enrolled. That's five million children who don't have to wait as we take careful steps to implement health reform. They can get covered right away. Nationally, the participation rate for children in Medicaid and CHIP is 82 percent, but that's not enough. We know we can go further and do better, many States have. And, Secretary Sebelius has issued the "Connecting Kids to Coverage Challenge," a call to action that engages all of us to find and enroll those five million children – to

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do that we need to have the tools that will most effectively engage their families. As we will see in the next hour or so, the message matters, the messenger matters, and how we incorporate the messages and messengers into on-the-ground outreach activities may in fact matter most.

Salient messages are not static. What resonates with our target audiences changes as their lives change. I think we will also see the target audience may be changing. We've seen that happen, and, as we will hear with the recent economic down turn, we have many families with newly eligible children and their circumstances and concerns may differ from those we've worked with in the past. That's why when the Robert Wood Johnson Foundation indicated that it was going to invest in new focus group research to help update and refine the messages most outreach programs had been using for a while, we sat up and took notice. Our first speakers today conducted that research, and they are here to share it with us.

We have both Michael Perry and Alison Betty with us. They are both well known, long-standing friends of the outreach and enrollment community. I want to say just a few words about them before I turn it over to them. Michael Perry is a partner at Lake Research Partners, a national public opinion and research firm. Mike specializes in healthcare research, particularly issues related to the uninsured and public health programs. Mike is currently working on many projects related to enrollment in CHIP and Medicaid. He is doing some work, which I think we will see released in the near future with the Kaiser Commission on Medicaid and the uninsured to study enrollment innovations in seven States and report on lessons learned. For CMS, Mike will also be conducting a large national survey of low-income parents to better understand barriers to enrollment.

He is joined by Alison Betty, who is a senior vice president at GMMB. She has nearly twenty years of experience in strategic communications, issued-based advocacy, and social marketing. Alison leads the firm's work with the Robert Wood Johnson Foundation's healthcare coverage campaigns, and that's how we've gotten to know Alison over the years, and we are very happy to have both of them with us now to talk about their latest focus group research.

Michael Perry, Lake Research Partners: Thank you Donna. Great, as Donna said, what I want to focus on is the results of the Robert Wood Johnson Foundation study that we conducted this past July. That was an eight focus group project, with low income parents of uninsured children. All parents had incomes of 300 percent of poverty or less and the bulk of those parents were 200 percent of poverty or less. We were talking to them about a number of topics, first and foremost about enrolling in CHIP and Medicaid. We wanted to talk to them also more generally about their feelings about health coverage in a time of recession. We wanted to make sure that we got the perspective of parents of teens and adolescents, so when we recruited the parents we made sure about half the focus groups were parents of older children, who were uninsured to get some insights into what's going on in those families. We also conducted focus groups with Latinos to find out what special barriers may exist for that population. And then we tested some new ideas and thoughts around streamlining enrollment and renewal processes. And lastly what we did was we tested some messages and Alison from GMNB is going to go over the message part and I will set the stage by going over the other findings.

In the current environment, I think when you think about outreaches and enrollment, you have to think about the recession right now. I was doing focus groups just last week. I asked people how many people had lost a job in the last year and again, half the hands, three quarters of the hands

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went up and this is still really impacting families. Of course, most of them have lost health coverage when they lose their job. They are under a lot of pressure right now, and CHIP and Medicaid are in that environment, and this is one of the issues these families are struggling with right now, so we just need to remember that context. These families – many of them, COBRA was too expensive, if they had COBRA. Many of them have lost COBRA already. They have looked into private insurance and found that there was nothing affordable, so cost is a huge barrier for these families in getting coverage. Many of these families have had prior Medicaid or CHIP experience in our study. Maybe it was when they were pregnant, maybe it was when they themselves were children, maybe it was two or three years ago. We did have a number of the families who were in the enrollment process at the time they were in the focus group. We had some parents waiting to hear back. So, there was this interaction with Medicaid and CHIP, among a significant population in our focus groups.

Health coverage for children is a top priority. I think that is clear from – if you sat across the table from these parents, you would know how passionate they feel about this. I think there are other issues these families are dealing with right now. Putting food on the table, paying rent/mortgage, many of them are missing bills right now. Many of them have medical debt they are trying to deal with. Many of them are really focused on getting new jobs and getting more hours at their jobs. There are a lot of issues going on. In that world that a lot of these families are dealing with – getting coverage for their children, it is a priority, but it is behind getting food on the table. It's behind paying rent and we found a number of these families are delaying, even just a matter of days in some cases, but there's a delay going on in getting to and getting around to finding new sources of coverage for their children.

Their feelings about CHIP and Medicaid are positive. They are familiar with the programs. They know the names. I will say we did notice that higher income groups, that 200 to 300 percent of poverty, did have questions about the programs. We saw that they got quiet at this point in the discussion. They were scratching their heads, they were wondering aloud if they could qualify or not. They didn't know that they could possibly be eligible and we knew, based on the background information that we'd collected in recruiting them that they actually were eligible, but they didn't know that. So, the higher income group does have more of an awareness gap, but the majority of the parents in our focus groups knew about the program. They want their children enrolled. They are motivated people to get coverage for their children. Why is it important - being able to take their child to the doctor when sick. A basic kind of need that these parents want to be able to do...they are doing it anyway, but they are getting bills that they can't really afford as a result of taking their children to the doctor, accessing prescriptions, preventative care, dentists – they are paying out-of-pocket for these things, they are delaying them, they are putting them off. Peace of mind – not have to worry about their children – is a key. That is a finding that has been around for a long time, and it is still there and really weighs on these parents' minds that they have uninsured children. Avoiding large medical bills – many have medical debt currently. I cannot stress enough how Medicaid and CHIP really do fit into this economic context for these families. They really can't afford medical care, without coverage, and so one of the reasons that they do want this program so badly is to be able to afford the care that their children need.

And then, when we did these groups, was July, it was a back to school mentality among these parents...it clearly is a great time to be raising these issues with these families. I know CMS and

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other back to school campaigns are really effective because they are thinking about things like playing sports and getting immunizations and those kinds of things.

One big barrier that emerged, this is not a new barrier, but I learned some new things around this is because these families had interacted with Medicaid and CHIP in the past or currently in the process, they voiced a number of frustrations with enrollment processes. In some cases, some of the parents didn't go back to apply because they had applied a number of months ago, and it was such a difficult process they didn't go back. We had a number of parents who are in limbo. They did online applications, they haven't heard back, they don't know if the program got their application or not. We had some confusion among parents about their eligibility. One of the challenges with these families is their income's going up and down, they don't know how to really account for that in the enrollment process, and a lot of them were not getting advice or help to figure out if they qualify or not. Some of the specific barriers you see in that box. So difficulty accessing an enrollment worker to discuss their application. So, it was very hard, and this was common in every site, to actually have a long conversation, a lot of Q & A back and forth with an enrollment worker was very hard in every site. Long waiting periods on hold, so the telephoning, a very difficult process for a number of these families. We had many parents who said they gave up. They just couldn't wait so long on hold.

Many of them filled out applications for multiple programs, and this is something I think we didn't get clear insight on, but a number of them did longer applications because they were going for multiple programs at the same time, so they were asked questions in some cases about a second car, or they were asked questions about other kinds of things outside of healthcare. And some of these parents were not clear exactly what they were applying for, not if there was a simplified application for CHIP or Medicaid outside of this more complicated enrollment process they had to go through for the multiple programs. I remember being across the table of parents talking about a 13-page application they had to complete, whereas I knew that there's actually a three or four page CHIP application available, but these families didn't know that was an option. No one had told them that there was another way if they just wanted the healthcare that they could enter into the program. Too much verification, we know that already. But gathering the paperwork is hard. I'll tell you, it's hard for some audiences in particular. Latinos are particularly difficult. I'll talk about that in a few minutes. Again, this has been heard before, but some unpleasant interactions with their enrollment workers, being treated badly. Another issue is, when enrolling online, we had some families who never got any kind of confirmation back or communication back from the program saying they got the application or not. So they were in limbo wondering if their application was being processed or not.

I'll be going to the next slide. As I mentioned earlier, we looked particularly at Latino families and to explore any specific challenges that they faced. Many of the challenges that emerged are ones I think we all have known for a while. The main one is confusion around immigration status of the adult in the household and concerns about if the adult applies for the child, that there could be some negative immigration consequences. Eligible children are being kept out of the enrollment process because of the fears of their parents. Someone talked about stings being set up in front of government offices. So that is a big concern. In those groups, we talked about ways to address it. What we heard from the parents loud and clear, they want explicit explanations up front about where immigration status fits in for their children's eligibility for the program. They want to be told

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only the child's status matters. And so they said, put that on any kind of materials or outreach. They need to know that up front.

Another issue that we heard I hadn't heard before was the difficulty many of these parents have in getting verification from their employer or their landlords who might not want to get involved in an immigration issue and so would not give a letter and signing a letter verifying their housing for example, or verifying their employment. We had at least three adults in the group talk about that being a reason they were not able to complete an application for their child. They couldn't get that verification from either their landlord or their employer. Lastly, I'll just hit on this quickly, more than half did not have computer Internet service in the home, in the group that we did in Los Angeles. So online applications were certainly appealing to many of them, but there is a practical problem of access to being online and to the Internet for these families.

The barriers for parents of teens, I was really intrigued that we could really focus on this population. I have not been able to do it in prior studies, and so I was excited that I could really get underneath what is going on with these families. Initially they did not stand apart from any of the other families. They want coverage, they're trying hard to get coverage for their children. They know teens and adolescents need coverage. But, when I push, and I push very hard, parents are very tolerant of me, I push very hard in the focus groups, we did learn, and some parents came forth and said yes, they are delaying a little bit longer, they are a little bit more relaxed about their teenagers needing health coverage. Yes, they were more worried when their children needed well care check-ups than when they needed immunizations, and when their children couldn't talk or express how they were feeling, if they were feeling healthy or not. Those were times when they were more on top of this issue and were putting it as a very high priority. Now that they have teenagers, and now that they can get check-ups at the school, for example, one community we went to were able to get the check-ups to play sports for free at a school sponsored clinic. That was good enough to buy them some time for the child to play sports. But there is a delay, a more relaxed attitude around adolescents and teens to get coverage that we heard in these focus groups. There were a number of parents who disagreed with that and said they don't delay, but we did hear enough for me to believe that it is an issue for some parents. They came up with good ideas, we think, for speaking directly to parents of teens. One had to do with teens' bodies changing and some teens becoming sexually active and needing different kinds of services and different kind of providers as they age, and that may be a way to bring in parents of teens. They also talked about driving. Teens drive, it is the time of parents being nervous about their children, wanting them to have health insurance coverage if something should happen when they're driving. So driving is also a key time to talk to these parents about their 16 year-olds, and then of course playing sports is an ongoing thing. I know that many of you are doing the Coaches Campaign and other kind of efforts to speak to sports played at schools, and that was a big issue. Mainly because when you're talking about a teenager playing sports, in some cases the risk of injury is perhaps even greater. That definitely spoke to parents of teens.

Now we're getting to the part of the study where we talked about, we switched gears a little bit on these parents and talked about new ideas for enrolling, and basically asked them, would this way to enroll appeal to you? Would it make the whole enrollment process easier and more attractive to you? We tested four different ideas. The first one you see here is around applying online, and a number of the States we went to actually have online applications, and we had parents who had used that application. I have to tell you that the feelings around online applications were very positive. People liked that alternative. Even those around the table who wouldn't use it themselves,

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even those in the Latino group who don't have access to the Internet liked the idea of online applications. Those who have completed it say it took 15 or 20 minutes, they could do it at night while their children were sleeping, they could do it at work, they could find a way, even if they didn't have a computer, to do this. The response was very positive around online applications. The only concern here, and I think something the State should look at, is the verification that the online application was received. That's the point at which parents get nervous. They think it goes into this black hole and even though they get a number, a reference number of their application, what they really want is some kind of communication back from the program a couple of days later saying we got your application, we're working on it, expect to hear something in two or three weeks. It doesn't have to be a phone call, it can be some kind of online communication, but some verification that their application is being considered is something they want.

Next issue is data sharing between program around enrollment and renewal. The idea here is sort of an express lane eligibility kind of concept. That if you apply for food stamps, for example, your information would be shared with Medicaid and CHIP and you would be told whether you actually qualify for those programs or not. That is something that has a lot of appeal. Again, it's an idea that these parents support. It makes sense, they feel, if you are applying for like types of programs asking similar kinds of questions, that it only make sense that these data systems talk to one another, and that you get a chance to apply for multiple programs. They were surprised that in many cases the data systems are not talking to one another. They think it is burdensome to have to apply for multiple programs, so they like this idea. They also like it for renewals. That if you are renewing for food stamps, that that information could also be used to renew for Medicaid and CHIP. So that idea has a lot of appeal. I know many States are considering that.

Using their tax form to determine eligibility and identify eligible families is something that actually has a little bit more concern around it. There is this idea that tax forms are a little bit more personal and sacred kinds of documents, and they're worried about that kind of information being used for enrollment purposes. They're also worried it's going to cause them some trouble down the line, they're going to get audited, there's going to be a spotlight on their tax form, and they're very nervous about that. I think the bigger barrier is that the tax form they consider a moment in time, look at their income, and many of these families are going up and down, month to month to month. They feel that it's not really accurate portrayal of what's happening in their family. They would like more current kinds of income information being used to determine their eligibility. So that idea had some mixed responses.

And then, only in one or two groups were we able to test the idea of text messages, and the idea there was just a form of communication with potentially eligible families around enrollment and renewal. I'll say that they had some mixed feelings, but they encouraged text messaging to be an option, because they felt that they would like the ability to be contacted by phone, or by text message, or by email, to have some checks that they could check. One issue around text messaging is that it might cost them more. They mentioned how you have to pay more for texts, and they were worried that somehow, if the program were using text messages, that it would somehow end up costing them a lot more.

The last two slides I'm going to deal with, and then I'm going to hand it over to Alison, is around the positioning of this program. We tried four different kinds of positioning statements, so I guess what we were really trying to do with this is thinking how best to frame Medicaid and CHIP right

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now. That was the purpose of this. In every focus group, loud and clear, we heard that a more economic framing of the program was the way to talk about Medicaid and CHIP right now. That beat out other kinds of framing that really focus on the health benefits of having a child on Medicaid and CHIP. Rather, I think parents really want to be appealed to right now, and Alison will give guidance on this, around where they are economically, having lost their jobs and how these programs really can help families that are struggling to afford healthcare right now. That kind of framing is more powerful right now, given the recession.

Last thing I will say is we did try and link, one of the framing statements we tested did try to link Medicaid and CHIP with healthcare reform, basically trying to say, okay there are new laws that are going to help millions of families access coverage, but there are programs available right now that you should look into. And, what we found is that people really disconnected health reform from these programs in their minds right now, at this moment in time, at least in July, I don't know that it's changed, they were not linking how CHIP and Medicaid may be affected by healthcare reform. So just be aware that they're not making those kinds of linkages right now. So if in your outreach and enrollment you are talking about healthcare reform, know that families are not necessarily aware that there's any kind of linkage between these programs and healthcare reform. So I'm going to pass it off to Alison now, let me progress through some slides here to get to Alison's.

Alison Betty, GMMB: Hi everyone. Alison Betty here. Thanks Mike. As Mike had mentioned, he has kind of given you the key learning, so I think what I'm going to try to do is show you a little bit how we are finessing the messages based on that. Overall, before I get started, I think these groups in many ways came out the way we expected them to, which is that most of the messaging that you all, that we all have been using for the past five or six years, specifically on enrollment in CHIP, but Medicaid also, are working. We are certainly not suggesting here that you blow up everything you have. What we are really saying here is we are on the right track, but with these three particular audiences, we wanted to make sure that we were getting as much information as we could from these parents, and figuring out if there are any other things that we can do to motivate them to get their kids enrolled. So I'm going to go through just three or four kind of overall learnings, and then share with you the messages that we are now using and will continue to use over the next year. The first relates to Mike's comments about the economy. This is tricky, because we've been, in other focus groups, where we've done messages that mention the economy, and we hear things like, boy, if one more person tells me how bad the economy is, it's just really tough, I don't need to be told that all of the time. Well, I think what we're saying here is that we need to use the economy as a frame. We need to touch it lightly. We have found that the phrase even if it's temporary works well. What I mean by that is, CHIP and Medicaid can help cover the cost of healthcare for your kids and teens, even if it's temporary. Nobody wants to be in a situation where they have to find some other assistance to cover their kids. They certainly don't think they're going to do that for very long, if they're brand new to the program. So we don't want to intimidate them, that they are now kind of in a whole other place in their lives. What we're really trying to say is you can get help for your kids now. The other way we've worded it that's worked well is if your situation has recently changed, and your child needs health insurance, call 877-KIDS-NOW or go to insurekidsnow.gov, to find out now if they are eligible. Both of those have worked pretty well so far.

Another frame that has done very well over the past decade and continues to do well is highlighting that families are making tough choices between paying their rent, filling the fridge, and making sure that their kids have the health care that they need. Mike may have mentioned that we did test a few

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kinds of print ad concepts. Some were from some of the States we were in, some we old Covering Kids and Families ads that we had from the Robert Wood Johnson Foundation. We rotated them throughout the groups, we didn't test them all the same in every State. But overall, we found that in the advertising, that choice, families making those tough choices, continues to do head and shoulders above the other themes. We've worded it here with, "CHIP and Medicaid offer low cost and free healthcare for kids so parents don't have to choose between paying for groceries or paying for health coverage." The groceries and health coverage one seems to work pretty well, as does paying the rent or the mortgage.

A specific to parents of adolescents, there are three messages here. I won't read them all to you, you can read them on your screen here, but, overall, we found that there isn't just one specific message or topic that works well for parents of adolescents and teens. Sometimes it's even just enough to make sure you're saying teens when you say kids. Great, if you're doing outreach specifically to parents of teenagers and you want to get more specific. But we didn't find these three messages to be any better or worse than the more general ones that we were using. Of course, parents are sensitive to their teenagers specifically getting in accidents. They are more likely to be playing sports, maybe, by the way not always organized sports, it could be skateboarding, extreme sports, very individual sports, and they worry about that as well. And that they will continue to do that through middle school and high school. So mentioning that words that we're familiar with all the time like accidents and injuries can happen every day that kind of messaging still works well.

Specific to Latino parents, and I think Mike explained this pretty clearly, we have some messages here that have tested very well. Look, there is no doubt that we need to be very clear and upfront with parents, saying that the citizenship status of the child is the only one that is being considered here. We've phrased it two different ways here, right? When you apply, only the citizenship status of your child is considered, and then we did it again, a little bit stronger. You will not be asked to provide any documentation about your citizenship status. Only the citizenship status of the child is considered. The harder and more direct we were with this message, the better it went. Now I realize that our tendency sometimes is to just kind of mention it, just be a little light about it, because there are clearly some policy and political issues that surround all of this. But from a message perspective, what we can tell you is, the harder you hit it, the better it does.

Putting it all together. This is essentially the message that we have re-written, based on the groups, and I'm going to read it quickly and highlight a couple of things. "In these tough economic times, when so many people have lost their jobs, and families are struggling to make ends meet, CHIP and Medicaid can help you cover the cost of healthcare for your kids and teens, even if it's temporary. These programs provide low-cost or free health coverage for important health services such as doctor visits, hospitalization, check-ups, dental and vision care, immunization, prescriptions and more. If your situation has recently changed and your child needs health insurance, call 1-877-KIDS-NOW or go to insurekidsnow.gov to find out now if they are eligible." So this kind of brings it all together, and if you're doing a full positioning statement, please feel free to lift this and steal it, we want you to. But it brings together I think what are the basic learnings of what we have seen so far. And, a few more key phrases and recommendations, again, this will look very familiar. It's critical to always list the services that CHIP and Medicaid provide, and we know that's tricky a little bit with Medicaid versus what CHIP covers. When you can include dental, please do. We have found in previous groups that parents see dental care and coverage as important as they do their other medical coverage. I think mostly because they understand that kids need pretty consistent

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yearly dental check-ups as well. Affordable coverage. The phrase low-cost or free still works. We recognize that it isn't really free anywhere, that everybody pays just a very little bit, but we also recognize that if we were even talking about it as anything other than that, that they would think that it was not really a value, if it was just free, if it was a giveaway. So low-cost and free still works across the board. Affordable does also, but there is always a question about what affordable means, and that's different for everybody. So we're finding low-cost and free working better. The ease of applying. Yes, applying for CHIP and Medicaid is easier than it used to be. And, you can apply any which way you want to, is also critical. What's important about that is that we tested that message against other motivating messages that didn't have anything to do with the process of enrolling, so even the ease of enrollment is enough of a motivator for them, beyond what it covers. Beyond what the coverage is. When you can state income levels, it is absolutely critical. Of course, it's natural that anybody would look at these messages and say well, are they talking to me or not? The income, when you can use it, the income helps a lot. And teens. School-age children need check-ups and immunizations to attend school and play sports. I think that continues to be something that we all grapple with, in terms of reaching out to those parents, but continue to work.

A few more just do's and don'ts and then I'm going to give you a sense of our "ah-ha" moment through these. Just reminders here. Number one, keep it simple. The goal with our outreach materials is not to tell them everything they need to know about every bit of the program, the goal is to get them to pick up the phone. So while our tendency is to put so much information in there, we don't usually need to. We just need to get them to take that first step. Do tell them what they get. The concept of health coverage and health insurance isn't easy for everyone, and it's helpful to explain to them what the services are that are covered. Don't overlook those newcomers. What I'm really talking about there are the newly unemployed. Mike mentioned this before, but we're really seeing that. If you are a State where your income eligibility is 300 percent of poverty, or more than that, then this is a really important point for you. We found that the States where the income eligibility is 200 percent of poverty or below, they know these programs inside and out. They are watching, they know what we're doing, they have tried to apply before and for some reason have either been turned down or don't think that they are eligible. So I'm really talking specifically on those newcomers with those States that are 300 percent of poverty or around there.

Don't talk about healthcare reform. It pains me to say that. I spent the better part of the past four years of my life working on it, but it's just not relevant to this audience, is the point. Even if there are new changes, or new developments in a State that in some way you relate to healthcare reform, they're just not interested in the policy, they want to talk about what's available for them. No need to focus on the health consequences of not having health insurance. The financial consequences, however, are an entirely different story. So often we have conversations with States and we're saying look, we don't want to scare anybody into this. We want to be sure that people feel that we are open and welcoming to the idea of health insurance, but not telling them they're bad parents if their kids aren't insured right now, and that's accurate. And, talking about health consequences of not having health insurance can be a little bit too prohibitive and scary. Talking about how you're going to save money, and how you'll have other resources for the other bills in your household, however, does work really well. So consider the financial consequences.

And lastly, and this is a reminder for all of us, try to keep your materials as clean and as clutter-free as possible. In terms of images, pretty much stays the same, parents of eligible kids still like to see lots of good happy children, many different races, genders, of course, and full families. Even single

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parents still really respond to images of full families. I know that's a challenge for all of us, there are only so much stock photos to go around, but we'll continue to try to identify those images for you. I'm just going to close by saying that I think the overall kind of "ah-ha" moment that Mike and I had, correct me if I'm wrong Mike, in these groups, is that most of these parents have been pretty familiar with CHIP and Medicaid over the years, and they know these programs inside and out. Even if they're misinformed or ill-informed, they think they know these programs. Which means that when there are changes made, it's important to tell them that. That's a little bit tricky for States, because we sometimes don't want to lead with our chin, we don't want to expose that there was a problem, but hey we fixed it, and now we're just going to do some outreach. We're just going to mention it generally, we're not going to mention that we fixed this specific problem. What we're encouraging you to do is consider, when you are addressing some of the barriers and enrollment issues in your State, and you're overcoming them, that you're specific with eligible parents about what you've done, so that they can clearly understand what has changed, and they believe those messages to be credible, because something very specific has changed. I just encourage you to be thinking about that as you're all working to simplify your programs.

Donna Cohen Ross, CMS: Great. Well thank you both, to Mike and to Alison. I know a lot of what I heard has been very affirming of where we're putting our efforts, and I know that so many of you are. But I'm wondering, in the next few minutes, if there are some questions that folks have to clarify what you've heard from Mike and Alison, this would be a good time to ask them. When we're at the end of the conversation we're going to open it up for questions about anything that you've heard, but right now, if there are some specific ones for Mike and Alison, now would be a moment. And, I'm going to ask Marni to remind us what to do.

Marni Rosen, Ketchum: Now, we're into the question/answer mode. If you have questions for Michael or Alison, please press star pound to be placed in the queue. When it's your turn to ask your question, you'll be taken off mute. At that time, please state your name and affiliation before asking your question.

Brief Silence

Lane Jacobs, Missouri Primary Care Association: Hi, this is Lane Jacobs, we're one of the CHIPRA grantees from Missouri.

Donna Cohen Ross, CMS: Hi Lane, go ahead.

Lane Jacobs, Missouri Primary Care Association: I have a question about the best tested messages, and of course I can't get back to it now, but I thought the message was really, really great, but I'm a real sort of health literacy buff, and I was really a bit concerned about the length of the sentences and the complex sentence structure, and was wondered if that had been discussed.

Alison Betty, GMMB: It's Alison, hi. I'm glad you mentioned that, because this was strictly message testing, so what I mean by that is that we separate messages, which are somatics and ideas, versus copy, versus exact language. That's a very good point, because the language that we have there is what we would call a positioning statement. It's a little bit the kitchen sink. Just trying to show what the elements are that are testing best. But I would encourage everyone to simplify that,

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depending on the materials that you're doing. What we would do in a 30-second ad, for example, or a brochure or flier would be quite different.

Lane Jacobs, Missouri Primary Care Association: The other thing I wanted to say is that, and I put it on the chat, we did, our emphasis is on teens in our CHIPRA grant, and we did focus groups with teens, and we got exactly what you got talking to parents, as far as the things that were important to them regarding health coverage. Which I thought was kind of interesting, and beyond that, we used a lot of the same photographs that you all used, at least on the PowerPoint.

Alison Betty, GMMB: You know, it turns out there's only so many somehow.

Donna Cohen Ross, CMS: Right, well there's a job for another time.

Laughter

Donna Cohen Ross, CMS: Thanks Alison. Do we have another question?

Automated Voice: Your microphone has been turned on. You have the floor.

Bobby Anderson, Georgia Department of Community Health, PeachCare for Kids: Hi, good afternoon. My name is Bobby Anderson, I'm calling from the Georgia Department of Community Health, and I've got to say I enjoyed the presentation from both you and Alison, Mike. I had a question Mike. I didn't catch your last name.

Michael Perry, Lake Research Partners: It's Perry. P-E-R-R-Y.

Bobby Anderson, Georgia Department of Community Health, PeachCare for Kids: Great. And what is your title?

Michael Perry, Lake Research Partners: I'm a partner.

Bobby Anderson, Georgia Department of Community Health, PeachCare for Kids: OK, I'm taking notes.

Donna Cohen Ross, CMS: We can send you the contact information of the speakers afterwards. Do you have a question about the content?

Bobby Anderson, Georgia Department of Community Health, PeachCare for Kids: No, that's all I had a question on.

Michael Perry, Lake Research Partners: I love that question, I can answer that completely.

Donna Cohen Ross, CMS: Great. It looks like we have one more question, then we're going to go to our next speaker. Are you there?

Stacey Davis, Maryland DHMH/Medicaid: There was an additional question. It's Stacey Davis in Maryland.

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Donna Cohen Ross, CMS: Hi.

Stacey Davis, Maryland DHMH/Medicaid: I had a question about how messaging would work, as far as the questions that people have. They say they can't get to the caseworkers, and the waits are too long. Do you think that parents could use things like frequently asked questions or documents that are a little lengthier that might be available online that would be helpful so that they don't always have to call, or did you not test that?

Alison Betty, GMMB: Yes, that's a good question, Stacey, and I'm going to use it to share some other information too. First, specifically to that. Yeah, I think on a website, of course we're all challenged to make sure that we're short and sweet. Having said that, we've got pretty savvy parents out there, and they're pretty online savvy too. So the more information and resources we're able to provide helps. But only to a point, because this is complicated stuff, right? The eligibility requirements often, and the enrollment process, can be tough. So only to the point, I'd say, that it doesn't discourage them.

Michael Perry, Lake Research Partners: The only thing I would add is that parents do like community-based organizations and other kinds of, outside of enrollment workers, other kinds of sources of help for enrolling in the program and answering questions. They often are more comfortable with the provider's office or a community-based organization. So if there are some resources in your community that they could use to answer, to talk to somebody, to get that more one-on-one, those are good resources to direct them to. And I will say, just add, that higher income group in particular, really does need a little bit more help, and they are really comfortable with community-based organizations, less so going directly, one-on-one, with a Department of Social Services worker, for example.

Alison Betty, GMMB: Stacey, I'm going to take liberties with your question, because I was reminded of something that I think is important to share with the group, and that is Mike and I were constantly reminded in these groups, that while we are all often pretty good at focusing on the messages and materials and making everything look fresh and savvy, for parents of newly enrolled kids, sometimes we forget about the re-enrollment piece. In fact, I was working in a State recently where we had re-branded the CHIP and Medicaid programs and were feeling pretty proud of ourselves for having it all look pretty good and pretty simple and clear. And, then we said ok, let's take a look at the re-enrollment materials. And, they were still printing messages from the State on a dot matrix printer with the paper with the holes on the side. The kind of things that often look like junk mail these days that we need to be sure we are highlighting. Many of your States have processes that some of those things can't change, but you can add materials like a letter or a flier beforehand saying, hey, this is coming in the mail next week, it looks like this. Just a reminder to be sure that we're applying all of the great work that you're all doing, not only with the new folks, but also the folks that have been in the program for many years.

Donna Cohen Ross, CMS: Great. I want to thank you guys again, Alison and Mike. We're going to go on to our next speaker, because I think some of the things that are coming up on the chat actually relate to the next piece of our conversation, which is about messengers. We have the messages, and now we need to think about who delivers that message. To help us think about this important piece, I'm now going to introduce Colleen Chapman. Many of you know her, she's now

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in-house at Georgetown University Center for Children and Families. She's also a part-time consultant for projects like the CHIPRA enrollment effort, working here with the folks at Ketchum. Colleen, prior to coming to Georgetown, was a senior vice president at Spitfire Strategies, where she oversaw the CHIP re-authorization strategy, and she's done much work in other areas related to CHIP and Medicaid. She's worked a lot with CHIP and Medicaid directors in States, and advocates from nearly every State. We've been longtime partners as well, which is really wonderful to have her here at the table. Colleen, I'm going to turn it over to you and have you talk about our messengers.

Colleen Chapman, Public Policy Consultant and Child and Family Issues Advocate: Thanks so much Donna. So, for the messenger piece of things, what I'm going to do is pull out and re-highlight some of the great findings that Alison and Mike had and relate those to the right people to actually help carry those messages to the audiences that we're focused on. And, then following that up with a practical application or immediate next steps to actually make that happen. The first group that we wanted to touch upon were the Hispanic Latino communities. Mike highlighted that in the focus groups, what they found is that more than half do not have a computer or Internet at home. Given that fact, and some findings from some additional research, who's the best messenger, one of the potential best messengers to reach these communities? And one, based on previous research, is the prominent Latino and television media personalities in those communities, have a lot of sway, and a lot of influence, and a lot of respect. So that's one group to consider. Immediate and practical application, engage one, not all, even just one prominent Latino media personality as a spokesperson. If you're in area that does not have a large Latino media market, and no big television outlets, than the next step to turn to would be Latino radio personalities, which are in most communities nowadays.

The second group, parents of teens. Mike and Alison both spoke a lot about the really great detailed findings that are in this research about parents of adolescents. The piece that I wanted to pull out is that parents are less anxious about their teenagers needing coverage. It's less of an immediate focus for them, but they are one of the key findings, in addition to the sexual and reproductive health issues, extremely motivated by the injury message, especially if it relates to driving or playing sports. And in addition, the way that impacts or could result in huge medical bills. There are a couple of recommendations we have on this for messengers. The most immediate one is coaches. Obviously there's a lot of experience we have this year we have on the Coaches Campaign, which I'm going to talk about briefly, but there are also driver's ed teachers, color guard coaches, theater coaches, etc. to consider. For the coaches piece, in terms of immediate application, a couple thoughtful approaches. One is to start, if you're statewide, agency folks start with outreach to the school districts with the largest number of eligible children. Work through what we found in the Coaches Campaign, athletic directors in particular, instead of having to go coach to coach, and there's more to come, as I said, from the Coaches Campaign, lessons learned, which are going to be packaged and shared with folks in the upcoming months. We hope you'll be on the lookout for those as well.

And, then there are the 200 percent to 300 percent families. One of the key things that Mike and Alison touched upon a couple of times that is really important is that they know less about the programs than the other groups. So there's a very positive finding that both Medicaid and CHIP have very positive reputations and that there is a lot of knowledge about them. But, for these families that may be either newly eligible because of expansions or newly unemployed, they need to

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be informed much more about the programs before they will act. Usually the most valuable way to inform a group about the program is from their own community, from their own peers. One place to consider is online communities. Particularly mom blogs and Facebook. I'm going to speak about both of them specifically. This is the research piece that came out from eMarketer, which is really focused on mom blogs and really educating for-profit companies on the best way to reach moms. But, it has some really key lessons for us, as we think about approaching people where they are. What it found was, it researched where moms go after they have a child for a lot of their media based information. You'll see in the highlighted section that momcentric social media, blogs, Facebook, etc., 68 percent reported using those sources more after they had a child than they did before. So there's a huge bump up in moms getting their information from those sources. For mobile phone and email, if this is the way you do some of your messaging. It was split, so almost 20 percent said they use it more than before, but it's really important to look at that 25 percent said that they use email less than before they had their child. The final, extremely compelling one, on my view, based on the way we traditionally do things, is newspapers. Almost 50 percent said they use newspapers less than before. So the traditional route of getting earned media stories in the newspaper about families who qualify may be something that you want to think about potentially steering away from, if that's a key audience for you.

Some more reasons to consider social media to spread the word, particularly parent-to-parent in this group, and educate, is on the same research product, children's issues are the leading topic of interest in online mom communities, overwhelmingly, 91 percent reported that they go to these communities to find information about children's health issues. Practical application for this piece? A couple of things to think about if this is a new world for you. Buy or ask for donated permanent ad space on a prominent mom blog in your State. It's extremely easy to find these and evaluate them in a simple Google search. You'll find that a lot of States have prominent mom blogs by region as well. Not just simply statewide. The second way to do it is to reach out to the blog and offer to do a monthly blog post, either as a State advocate, or from a State agency perspective, to educate the families on what they qualify for and how to get into the program. The third is to consider creating a Facebook page for your State program. Several State programs have Facebook pages, and they're wonderful ways to get this on to the minds of moms who are online, and I'll show you some Facebook statistics in a second. The one thing I would say about Facebook as a messenger is that it's a great way to raise the profile of the program, and the understanding of the program, but it's not as much a quick one way place to get people to actually take action and enroll in the program. So it's more an education factor.

So here's the Facebook statistics to keep in mind for these families. The first and most prominent one is that Facebook releases their own data each year on who their users are. As of the latest one, which was the fall of last year, 60 percent of Facebook users fall in the 200 percent to 300 percent income bracket. 65 percent of all moms online use Facebook, 17 million Facebook moms have kids at home. Having a little technical difficulty. OK, and 94 percent of those 17 million moms use Facebook at least once a week. Something to keep in mind with the social media messenger.

The next messenger that we want to talk about, which came out as a very critical messenger in Michael and Alison's research, is that families value brief but confirming communication. For the State agency folks who are on the phone, they view you as a very critical messenger. They clearly value their interaction with you. Something to keep in mind in terms of your role as a messenger. There are several things that Michael had in his piece of the research, but even timely confirmation

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of the receipt of application and next step. So this is something to keep in mind, as Michael highlighted, that even when they support new technologies, that they really want to hear your voice saying they got it, and that you value them and you'll be back in touch.

For the final one that we wanted to touch upon is faith groups. This could also be, as Michael highlighted, very community-based groups. Faith groups are critical in a couple of ways. One that we're going to highlight is their role in helping the newly unemployed find resources in a way that they've never had to before. The first thing I want to touch upon is they've been extremely successful in bringing attention to the "Connecting Kids to Coverage Challenge." In Florida in particular there was a huge faith-based effort in Florida around the "Connecting Kids to Coverage Challenge," and there not only was a huge number of media pieces from the faith groups as messengers, but the quality of the coverage from the faith group as messengers was also extremely strong. As I said, faith groups and other very community-based groups are partnering very closely with social services groups, and you may know this through your own experience that they provide access to resources for families. Especially the newly unemployed during the downturn. The final thing to keep in your mind with faith groups is that they were extremely active in the CHIP re-authorization effort, and so they have been very involved in the effort to get coverage for children and have a renewed commitment to getting them into the program. So practical application, a couple of steps to keep in mind. One is if you're short on staff, short on time, short on resources, as we all are, it's a great way to work and reach out to the faith groups is through a State-based or regional interface organization, where you can reach multiple faith organizations at one time. One to keep in mind is PICO, who has been extremely engaged in its effort, and it's expanding to more and more States, so they've been active with State agency staff in New York, Colorado, Florida, etc. The second that we really wanted to keep on the front of your mind is engaging faith leaders as media messengers. So not just direct messengers to the families themselves, but as extremely successful messengers in the media, especially in reaching new groups.

So Barbara is going to come after me and talk about some more specific folks, grocery store chains, and some very community-based, very specific messenger experiences.

Donna Cohen Ross, CMS: Thanks Colleen. Before we get to Barbara though, we wanted to open it up for a couple of questions for you, and Marni, do you want to remind people?

Marni Rosen, Ketchum: Sure, so once again, we're going to enter the question and answer mode. For those of you who have a question for Colleen, please again press star pound to be placed in queue, and when it's your turn, you will be taken off mute. Before you speak please announce your name and your affiliation.

Donna Cohen Ross, CMS: Thanks Marni. I'm going to take a prerogative here, there was a question that came up during Michael and Alison's talk, but I think it's really a question about messengers, and some of you may have seen it, it's been sitting up there on the chat for a while, it's from Heidi Smith, and I think that's Heidi from New Jersey if I'm not mistaken. But it's something that I've wondered about a lot, and it's one of those things that kind of is sometimes a little bit challenging to think about. When we're reaching out to, we want to get teens involved, we want to get adolescents involved in coverage, and of course it's most times their parents or whoever their caregivers are who are enrolling for them. But since they are such a different audience than the younger kids, messages that reach out and engage the teens themselves may also be important. And

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Colleen, I'm wondering if you can speak to that issue of not just the messenger, but who the target audience, being can the teen become the messenger to get the parent to enroll, and what do you think about that. I'm wondering, Mike and Alison, if you wanted to jump in on that. It's something that we kind of grapple with as we're reaching out to older kids. How much do we talk to them versus their parents?

Colleen Chapman, Public Policy Consultant and Child and Family Issues Advocate: Yeah, yeah well I think it's a great group answer, so Alison should be in it as well. And, of course the focus groups are specifically on parents, if I'm not mistaken. So I think peer pressure's always great, prominent people that have influence over their lives, I think coaches are a great one because they often are connecting with them day in and day out. I think theater is a great one, because it's such a close-knit community. I think you really have to be through the schools with the people that really lead each social group of kids. So a school-based effort seems like the logical one. In terms of the messaging and what to say, what motivates them the most? A lot of kids can't play on teams or do after school things unless they have a health form filled out, or some sort of form like that, if I'm not mistaken. So that may be one motivating factor. I don't know if Alison or Mike have more.

Donna Cohen Ross, CMS: Can you speak to how that translates into the teen getting the parent to act?

Alison Betty, GMMB: Yea, it's something we've talked about before. We haven't tested it, and we certainly haven't tested it with teens. I think there's a couple of basic assumptions though that we can make. One is that those materials need to look an awful lot different than what their parents may be receiving. It needs to be a little edgier, it needs to be a little bit more specific to the motivating factors that they would want health insurance. I have heard of some of that information being distributed, not only through coaches but through health and wellness classes and sex ed classes and other avenues where teenagers are talking about health. So I do think that there are some motivating factors there. One of the things Mike and I noticed in the groups, specifically about health insurance and sports, was often, not often, but a few times parents would say, well, I do have a child who plays on the soccer team, let's say. And, he has health insurance if anything happens to him on the field. I'm sure some of you are familiar with this, but many school systems carry health insurance for members of sports teams. Which is frankly more of a liability insurance than anything else, but if the child is injured, and injured during practice or on the field during practice or a game, they are covered. That of course doesn't cover any other injuries or illnesses that may come around. I do think that there's an important voice for coaches there to make the differentiation, because parents think all insurance is the same.

Donna Cohen Ross, CMS: Right, and of course that's one of the messages of our Coaches Campaign, and as Colleen mentioned, as we're wrapping up the Coaches Campaign later this fall, we're going to be putting together some of those lessons learned, and I hope that that will be topic for yet another webinar later on, where we can focus specifically on that. Is there anyone on hold waiting to ask Colleen a question?

Marni Rosen, Ketchum: Per the prompt, if there's anyone on the floor who would like to ask a question, please press star and pound to be placed in the queue. Go ahead.

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Cindy Arington, Ponca Tribe of Nebraska: Hi, my name is Cindy Arington, I'm with the Ponca tribe in Nebraska. I am just interested to know if you guys know of or have done any focus groups for the Native American population.

Alison Betty, GMMB: Truthfully, it's been a while. I think the last focus groups that we did with the Robert Wood Johnson Foundation were probably three, or perhaps four years ago. It was not part of this study, because we needed to really focus on the three target audiences you've heard two or three times now. It is something we would very much like to do. And, we will continue to have those conversations. We were, to be honest, in a little bit of a rush before the back to school season, to make sure that the messages that we had were going to work in light of the economy specifically, which is why we were on a super fast time frame. It's something we would like to do in the future.

Cindy Arington, Ponca Tribe of Nebraska: Thank you.

Michael Perry, Lake Research Partners: The only thing that I would add is that has come up a couple of times. I know that Alison and I would like to do focus groups with that population, and we're going to raise it with the Robert Wood Foundation as a possible next step.

Cindy Arington, Ponca Tribe of Nebraska: Great.

Donna Cohen Ross, CMS: And, I think we have one more question waiting.

Connie Happ, Reno Sparks Tribal Health Center: Hello, my name is Connie Happ, and I'm also calling for a tribal organization, the Reno Sparks Indian Colony Tribal Health Center, and I was wondering, is there any materials or information, statistics, research that is available to us, since we target, you know, specifically Native American communities. Some of the stuff really doesn't apply to our communities, but I would like to get a hold of any materials or research and statistics to use in my presentation materials that I hand out.

Donna Cohen Ross, CMS: That's a really great question, and we are in the process of developing some materials for our CHIPRA outreach grantees who represent Native American communities and tribes. And so, you'll be seeing some of that material before long. I don't know if you've been in touch with the folks at our central office, Kitty Marks and her staff, who may have some materials that are available to you now. So, what I'll do is follow-up with both of the two last questioners afterwards and share with you what we do have available and let you know a little bit more about what we have on the horizon for you.

Connie Happ, Reno Sparks Tribal Health Center: Alright, thank you.

Donna Cohen Ross, CMS: Great, thank you. I want to now bring in our final speaker now, Barbara Best, who is with the Children's Defense Fund. She's the director of Foundation Relations and Special Projects. Barbara coordinates special projects of strategic importance to the Children's Defense Fund, including CDF "All Healthy Children" campaign, a school-based outreach initiative designed to link every eligible child with health coverage, bringing that project to scale, and of course that goal is the same goal that we have here, in enrolling all five million eligible uninsured children. Before coming to the national CDF staff, Barbara spent ten years with CDF Texas office, rising from outreach coordinator to Texas executive director. We know Barbara through that entire

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journey, and Barbara has been one of the outreach folks at the ground who have really explored and refined some of the outreach strategies that continue to be models. We are really pleased to have her with us. We've asked Barbara to listen in on our previous speakers, the research and the guidance on messaging, and talk about how all of that translates into very specific outreach strategies on the ground. How can we use those tools to really incorporate into our outreach strategies the best that research has to offer. So, Barbara, if you're with us, this would be your moment.

Barbara Best, Children's Defense Fund: Okay, thank you Donna. Well we heard earlier that the most effective framing for outreach is to emphasize the importance of CHIP and Medicaid during these tough economic times. So I'd like to talk about how we operationalize these messages into on the ground outreach activities. The first step is to go where families are. If we know that families are having difficulty making ends meet, then we should think about the settings in which we conduct outreach. At the Children's Defense Fund, we have found schools to be very effective outreach partners, and have launched a campaign in Texas school districts to add questions on health insurance to school enrollment forms, so we know where every uninsured child is by campus and can link them with coverage. The campaign was piloted in the Houston Independent school district, the nation's seventh largest, with more than 200,000 students, and identified 17,000 uninsured children during its first 10 months of operation. We've now expanded to 28 Texas school districts, reaching 850,000 students, and hope to implement the initiative nationwide. I'll talk in a moment about a successful outreach campaign with grocery store chains. You can also see a sample of a tool kit with bulletins and open announcements for faith communities to inform families about children's health coverage.

I'm just going to my next slide here. Another important strategy is to engage the business community in child health outreach. Many small businesses are struggling with rising health insurance costs and see the benefits of enrolling uninsured children in CHIP and Medicaid. We've developed partnerships with Fiesta Supermarkets, HEB, and McDonald's Restaurants that have linked thousands of uninsured children with health coverage. Chambers of Commerce have also been strong partners that have co-sponsored outreach activities and supported efforts to remove barriers to enrollment. You can see here the success of a partnership with McDonald's and Clear Channel Outdoor. We developed CHIP tray liners that were distributed at McDonald's restaurants in 14 cities throughout Texas, and Clear Channel provided 88 bilingual billboards in target markets, and also aired free public service announcements throughout the State.

In this slide, I'm going to show you some examples. This is our McDonald's tray liners, and again, they designed this and distributed them, thousands of these, throughout the State. Clear Channel billboards, GMMB had helped us with the design, we were a Covering Kids and Families grantee at the time. We had several partners help to put up these billboards, including Clear Channel Outdoor.

I'd now like to walk you through one of our most successful campaigns. Over the last 10 years, we have partnered with Fiesta Supermarkets, a Latino grocery store chain in Texas, to hold 20 citywide enrollment drives that have assisted more than 20,000 children, primarily Latino children, in applying for health coverage through CHIP and Medicaid. I'm going to walk you through some of the keys to the campaign's success.

First of all Fiestas has more than 50 stores in primarily Latino neighborhoods in Texas and is a trusted source of information in the community. That level of trust has been a key component of our

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success especially in reaching immigrant families. To promote the enrollment drive we do heavy media upfront and tell families exactly what they need to apply for coverage. So we put on the, in the press releases and it ends up on the screen in English and in Spanish one pay stub or the most recent tax return or a letter from your employer verifying your income. It tells people exactly what to bring and then put the store locations as well on the screen. We sent out bilingual press kits one month in advance of the campaign, a press release the week and day before and we've been able to secure extensive free media coverage, especially in the Spanish language media and on public affairs shows, and I want to emphasize what Michael and Alison said about, and Colleen, about the Spanish language media being an important messenger, we found that the Spanish language media, the public affairs shows can be very helpful in conveying that immigration information that you know, it only matters what the status of the child immigration is. That the use of CHIP and Medicaid do not constitute a public charge that would prevent families from becoming citizens at some point. We found Spanish language media to be enormously helpful in that regard.

During each one day campaign application assistance is provided at 10 to 15 store locations. So we can publicize a citywide drive, but have multiple sites in targeted neighborhoods with high numbers of uninsured children that are convenient for families to get to. Individual stores are managed by State-contracted, community-based outreach organizations, and then we have 100 plus volunteers per drive who are trained to assist families in completing applications. You can see the types of volunteers that we get there, hospitals, clinics, faith-based groups, students, AARP. We found that volunteers really enjoy this because it's a campaign that a lot of families participate, a lot of families come, so it's a good use of their time as well, and then trained outreach staff are available to answer any questions that may arise. And Fiesta's also done a great deal to promote these drives through their circulars which reach hundreds of thousands of households. They also sponsor press conferences on an ongoing basis.

So looking forward, because of the success of the campaign, Fiesta has instituted monthly drives to help families with renewal and utilization of coverage, and we've also developed broader messaging for our campaign to encourage families to apply for coverage, to use their coverage, and then to renew it, and you can see the messaging of "get it, use it, renew it," our broader messaging, and this is an exciting opportunity to think about the long-term needs of children, and since Fiesta has become such a trusted place for enrollment, families can come back and seek help in filling out renewal forms. They can also ask questions about how to choose a health insurance plan, how to select a doctor and how to use 24-hour nurse call lines if the doctor's office isn't open during the after hours or on the weekends and these strategies can help promote the use of preventive care rather than delaying treatment and seeking care in costly emergency rooms.

So this concludes my presentation, I thank you very much for your time and attention. I'd be happy to answer any questions that you may have and please don't hesitate to contact me if you'd like to discuss any of these outreach opportunities further.

Donna Cohen Ross, CMS: Thanks Barbara, I'm gonna ask for anyone who has specific questions for Barbara, this would be a good time to ask them, and then in the remaining time we have, we'll open it up for any questions and comments for the entire group. So do we have any questions for Barbara? While we're waiting to find out, that's okay we have somebody? Okay, Barbara I'm gonna ask my question okay? You mentioned in I think it's your second to last slide that you've reached over twenty thousand children. But, I thought I saw somewhere some numbers on the

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number of kids that have been enrolled through the Siesta Supermarket Effort. If I'm right about that, having seen those numbers, can you share those with us?

Barbara Best, Children's Defense Fund: You know, we've only recently been able to obtain a tracking number from the State so that we can identify how many children actually get enrolled, and so until now. We've been monitoring the number of families and children assisted at city wide drives. The number of people who we help complete applications and in the future we hope to have the ability to track the number of applications that are actually you know, where children actually get coverage.

Donna Cohen Ross, CMS: Great I do think that thinking about and figuring out good ways to track enrollment is really important so that it helps us understand how the outreach actually turns into enrollment. So we'll be looking forward to what you learn about that and if others have ideas about how that's gotten done effectively in other outreach campaigns we're real interested in that as well. But Barbara thanks so much, we do have one question for you so just hang on with us.

Marni Rosen, Ketchum: Go ahead.

Santiago Sanchez, Agency for Health Care Administration: Yes good afternoon, this is Santiago Sanchez with the Florida CHIP Program.

Donna Cohen Ross, CMS: Okay.

Santiago Sanchez, Agency for Health Care Administration: And, I'm just interested in finding out if you've had any kind of success with other mainstream type supermarkets unlike Fiesta that's primarily for the Hispanic community? What kind of success if any have you had with you know, just broad range type supermarkets like Publix or Albertsons or something like that?

Barbara Best, Children's Defense Fund: Great, that's a great question thank you. You know we replicated this campaign with HEB, which is the seventh largest grocery store chain in the United States, and it went really well. We got let's see, that first campaign just a couple years ago we assisted 1,300 families in one day in applying for coverage. So that was great, and again I think the key is to do heavy media upfront, tell families exactly what to bring, and HEB also was very invested, and so they were at the kickoff press conference, they had some media you know, some paid media that they had already purchased and they incorporated our messaging into that, and it worked very well. So yes we have replicated the campaign for more general audience, thank you for your question.

Santiago Sanchez, Agency for Health Care Administration: Thank you.

Alison Betty, GMMB: One quick add on to that, this is Alison Betty, when we have been doing the Covering Kids and Families Back to School Campaign over the years, at least in the past three or four years there have been partnerships with Albertsons, Safeway, Giant, and Stop and Shop although many of those have merged and separated round and round.

Donna Cohen Ross, CMS: Now it's just one big supermarket.

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Alison Betty, GMMB: I imagine you have colleagues on the phone from those States that would chime in and there are likely others, but it really has turned out to be a very successful model over the years.

Donna Cohen Ross, CMS: Great and Barbara one thing you just mentioned very quickly as you were ending up your answer to that question I think is something that is helpful to all of us. I think I heard you say that when you were working with HEB you got them to incorporate your messaging into their material, and to the extent that the messaging that we're using has been, is based on research and has been tested, I think its really important for us to promote those messages so that we have you know, a consistent messaging across our efforts and if we're really good we also have message discipline and we stick to the message, so thank you. I think we have another question, go ahead.

Diane Fager, Chicago Public Schools: Yes this is Diane Fager from Chicago.

Donna Cohen Ross, CMS: Hi Diane.

Diane Fager, Chicago Public Schools: Hi, I was wondering if you can talk a little more about what you're doing with the schools because we're doing something at the Chicago public schools and do you do just enrollment at registration time or so that's one question. The second is this, you said that you've gotten the State to give you a tracker number, is that for medical only or medical when it's also with food stamps?

Donna Cohen Ross, CMS: Barbara?

Barbara Best, Children's Defense Fund: Yes, I'm here, those are great questions. Starting off the school-based outreach; we had gotten some funding from the Michael and Susan Dell Foundation and then continued on the work with the Covering Kids and Families Project to kind of institutionalize outreach through schools. So what we want is for child health outreach to be a routine part of school district operations, and what we did is added questions on health insurance to school enrollment cards. So like you know, the cards that families have to fill out every year when their children register for school, we added a question on health insurance. Does this child have health insurance, and, if so, what kind you know, CHIP, Medicaid, private health insurance, none, and from that we identified the 17,000 uninsured children in the Houston Independent School District within the first 10 months, and then we trained key school staff to assist families in applying for coverage at health fairs and other enrollment events. We found that schools really took this on, there was this one great principal who got the list of all the uninsured children in her school and so she would have these "robo calls" go out like every week with her voice you know, and then she would change it and say, if you want to get off this list, if you want me to stop calling you then go to the school nurses office and apply for health coverage, and it just worked really well. So I would say that the keys to the campaign are one, training key school staff, nurses, and health staff primarily about how to complete applications and what the enrollment procedures are, and then the second would be to add that question on the enrollment card because then you know where every uninsured child is, and then in terms of the tracking number, I think this is just for our health applications. That in Texas we know, we have a code for all the applications that are generated by the children's Defense Fund or where we personally assist families through our school-based

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outreach, and so we're gonna be able to tell the results of that, and I'd be happy to get you more information on that if you would like additional detail.

Diane Fager, Chicago Public Schools: Thanks yeah, I would love to get some more information from you.

Donna Cohen Ross, CMS: Thanks Barbara and thanks Diane for your question. I just want to remind folks that the last webinar that we did and I guess it was in August or maybe late July was on school-based outreach techniques, and we did have three very fine presenters that had a lot of information to share on various school based outreach techniques, and that webinar is, you can access that on InsureKidsNow.gov because we're gonna get you the link so that if anyone either missed it or wants to go back and have a look at what was discussed in that webinar, you'll have it, so thank you for that question and Barbara thank you for that great answer. I want to open it up now to any questions that folks may have for any of our presenters on anything you heard today or your own experience that you'd like to share with all of the participants. We have about 10 minutes left and this would be a good time for just the broader conversation, and it looks like we already have a questioner, go ahead.

Heidi Smith, NJ FamilyCare: Hi this is Heidi from New Jersey, I was just wanted a follow-up question to Barbara to see if she knew the percentage of those 17,000 that actually applied using the "robo call?"

Barbara Best, Children's Defense Fund: That is, the "robo calls" were at a specific elementary school, so it would be a smaller group. I don't have numbers on that, the one in the Rio Grande Valley along the Mexican border, our office and I can get you the exact data, but they had added the question to the enrollment card one year and had about 12,000 uninsured children, and then they did intensive outreach all year long, and then the next year when they did the survey, they had 8,000 uninsured children. So it really was like a significant drop, but I'll be happy to you know, collect any data that we have. But the Rio Grande Valley data was the strongest that I've seen, and now with that coded application number, we're hoping to be able to better determine what the impact is.

Heidi Smith, NJ FamilyCare: But it counts, okay thanks.

Donna Cohen Ross, CMS: Thank you, I think we have another questioner on the line, go ahead.

Charlotte Newbreast, Black Creek Nation: Yes this is Charlotte Newbreast from the Black Creek Nation, and because we are out in the boonies and sticks to get to an appointment a lot of parents are asking if there is travel reimbursement?

Donna Cohen Ross, CMS: Travel reimbursement to get to appointments to apply, is that the question?

Charlotte Newbreast, Black Creek Nation: Not for apply, once they're enrolled.

Donna Cohen Ross, CMS: Let's get back to you on that, I think States have different rules and procedures about that. So why don't we talk about that offline okay?

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Charlotte Newbreast, Black Creek Nation: Okey doke.

Donna Cohen Ross, CMS: Great thank you for your question. Are there other questions? Okay, if you're waiting, this is your moment.

Shannon Robinson, Leech Lake Band of Ojibwe: My name is Shannon Robinson, and I work for the Leech Lake Band of Ojibwe here in northern Minnesota. They were talking about information for outreach, how do we outreach you know, how do we do outreach in the native communities, what we have done here with this new CHIPRA grant that we got this year is that we send out flyers and in the evening time we'll put on dinners because as we know here in the native communities or even with our general population you know, the economy, we'll put on dinners in the evening in different communities so the parents can get there to apply for medical services. What we do is we'll make appointments, we go sit in the clinics, we go to their homes when they can't come into the office because as we know we live in the boonies and the sticks, and that's what we're doing with our outreach here.

Donna Cohen Ross, CMS: Thank you, one of the things that strikes me when I listen to your comment is that most States, almost every State has mail-in applications for Medicaid and CHIP, and so unless families are also applying for other benefits that require face to face interviews, I'm interested in why appointments you know, and needing to go to an office to apply is the barrier, and my guess is it may be because they want to apply for other benefits like SNAP and some other things that are very, very important to families. Is that, am I getting that right that they're applying for more than just Medicaid and CHIP?

Shannon Robinson, Leech Lake Band of Ojibwe: Well some of our clients that we have here they have to go so far because they want so many different documents. Like they say they have to drive here like they might live 20 miles farther out on the reservation and have to drive that 20 miles and not have transportation to get there, so that's their barrier is the transportation. So we go as patient benefit coordinators, we go to their homes, we take them where they need to go or else we have them sign releases, income releases, any kind of verification that they need and then we do that for them here.

Donna Cohen Ross, CMS: That sounds enormously helpful, and I think it also underscores how important it is to you know, that the focus on simplification and cutting those barriers, those obstacles to coverage that are unnecessary barriers like asking for a lot of paperwork that isn't necessarily required is so important. The other thing that it brings up for me is how important community-based application assistance is because there will always be families that will need that direct help. So it sounds like you're really offering a very, very important line of assistance to families, so thank you for that. Do we have others on the line? Okay, and I think we had, some of you were asking for some clarification of some of those Facebook statistics that Colleen had mentioned, and I think those are getting, there they are, those are getting put up in the chat box so thanks for your question and those statistics are being made available to you right now.

Unidentified Female: People wanted to know below 200 percent so those, we're sending them your way.

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Unidentified Female: You'll have to do the poverty, the poverty line, and note that that first line, I'm sorry folks, this is just a typo, and the zero to twenty five thousand essentially is seven percent not 70.

Donna Cohen Ross, CMS: Okay, thanks this was really a group effort in getting those numbers up for you. We're getting very close to our end time right now, and I'm just wondering do any of our speakers have some final thoughts that they'd like to share with participants? Michael, Alison, Colleen, Barbara, do you have some final thoughts?

Michael Perry, Lake Research Partners: I guess the thing that I would add is that you know, why we're getting our messaging so good in our outreach, really to the point it needs to be you know, we have to also keep in mind what the parents told us is that when they interacted with the enrollment process, that's where they ran into problems. So just keep up the work, the streamline, make it simple, more communication with families, just keep those efforts going because its not enough to just drive them to the program if we make it so hard once they're there, and I know there have been some great improvements but I think we just need to keep pushing the envelope there, particularly with 24 Team on the horizon.

Donna Cohen Ross, CMS: Great, others Colleen, Barbara do you have any final thoughts?

Colleen Chapman, Public Policy Consultant and Child and Family Issues Advocate: I would just say that within the newly eligible and the newly unemployed, which are on folks minds a lot I think, the great findings from Mike and Alison that they need more education to even get to that point as taking the step to enroll. They just need to know more about the program and so if they haven't thought of themselves as using those resources before.

Donna Cohen Ross, CMS: Thanks Colleen, Barbara any final thoughts?

Barbara Best, Children's Defense Fund: The only other thought I had is that in that economic framing, we found that the Chambers of Commerce really resonated with the idea of maximizing enrollment of eligible children and coverage and so to build on Michael's point, we can talk to them about that. About streamlining eligibility so that eligible children can in fact get enrolled so that we don't require families to renew every six months to keep their coverage and impose other barriers. So I agree that those, the two, the outreach and the streamlining of procedures is critical.

Donna Cohen Ross, CMS: Thanks and I think that's an important way to end our call, it's the way we begin conversations so often and I'll just repeat it again that simplification, that cutting red tape is so important for not just enrollment but for renewal as well for people who have taken advantage of programs, these programs for a long time and also as Colleen just pointed out, for the newly eligible. This cutting red tape is critically, critically important. The piece that I picked up from this conversation is also that always reassuring families that they're on the right track in the application process is really important. Whether it's telling people the status of their application, and we know that some of those online applications do have a "my benefits" feature where you can tell at what point in the application process you are, and then of course and we heard this from many of the folks that asked questions and shared experiences, help from community based organizations in providing information to families but also in helping them enroll is so very critical, and it just strikes me I think our experience over the years is that simplification makes outreach activities

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easier and more effective, and those outreach activities help us understand what we need to do to simplify. They both work in tandem so we will be following up some of the questions that were on the chats about particular materials that we're developing and other information that we have. We'll be getting that information out to you, we can see all your questions if you're typing them up there, and we also as you heard in the very beginning of the call from Marni, we will be posting this entire webinar on the website, on the Insure Kids Now website, we'll let you know when it's available for you, and, again, I urge those of you who expressed interest in the school-based outreach strategies to take a look at the previous webinar that is already up there, and hopefully you'll have some answers to your questions there.

Thank you very, very much, keep your eyes on your email as we are getting ready for subsequent webinars and other activities. We'll be letting you know about that as we heard earlier. Later on this fall as we wrap up the Coaches Campaign, we'll be putting together some lessons learned for you, and we hope to have a webinar that will focus on some of the good work that has been happening in schools this fall related to the Coaches Campaign, so look for that. I want to take a moment now to thank our speakers, Michael Perry, Alison Betty, Colleen Chapman, and Barbara Best and to thank all of you for signing on to the webinar and for your participation and your great questions and suggestions. We really do appreciate that, and until next time, we're gonna sign off right now, have a good rest of your afternoon.