

**THE SOUTHERN INSTITUTE**  
**on Children and Families**

**Report on**  
**Communication and**  
**Marketing Strategies Meeting**

**August 6, 1998**  
**Atlanta, Georgia**

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# Southern Institute on Children and Families Communication and Marketing Strategies Meeting

August 6, 1998

## Opening Remarks:

**Sarah Shuptrine, President  
Southern Institute on Children and Families and  
Director, National Program Office for Covering Kids**

We are very pleased to have gotten so many movers and shakers on this issue in the same room in the middle of the summer. We hope that we have created a networking opportunity for you, as well as an information sharing and learning opportunity for us.

The Southern Institute is a public policy organization working on behalf of disadvantaged children in 17 southern states and the District of Columbia. We recently completed site visits to the southern states to meet with Medicaid and welfare officials, child advocacy groups and, in some instances, business groups, to address the issue of improving access to benefits for low-income families with children. In February 1998, we published a report based on our findings from the site visits, titled *Southern Regional Initiative to Improve Access to Benefits for Low Income Families With Children*. Hard copies of this report are available from the Southern Institute, and it also is available over our Southern Institute and Covering Kids web sites at [www.kidsouth.org](http://www.kidsouth.org) and [www.coveringkids.org](http://www.coveringkids.org), respectively.

Late last year, The Robert Wood Johnson Foundation launched the Covering Kids program, which is the national initiative to help children gain health coverage. The program has three primary goals:

- to identify and enroll children,
- to simplify the eligibility and enrollment processes, and
- to coordinate across health coverage programs.

We were astounded and delighted to receive 45 applications from 44 states and the District of Columbia and are in the midst now of conducting Covering Kids site visits. The Foundation is looking to see what we might do beyond these states.

While many of us share information on a regular basis, many may not be aware of what others are doing. This meeting is a great opportunity for all of us to learn about what everybody is doing with regard to increasing enrollment in child health coverage programs.

The subject here today is communications and marketing – strategies that work and those that don't work. We'll be looking very closely at the state organizations that are present today. These are the folks who have been at the forefront, and we hope to learn from them.

I'm really interested in some of the terms that get thrown around that we really don't fully understand. The word "stigma," for example. Nobody really understands what stigma means. We won't know how to address it unless we know what causes it. As we explore these issues, it is very important to differentiate whether they are communications issues or process issues — you know, where people have been turned off so much about how they are treated when they try to apply for these programs — or whether they comprise a combination of both, or even something else.

We also need to look at the issue of how we can motivate people to enroll when their children are not sick. What can we do to give well children the advantage of health coverage?

Also, we need to develop ideas or thoughts about the Hispanic population. The data show that Hispanics should be a target population for outreach. There are plenty of indications that the information requested during the eligibility process, particularly Social Security Numbers, may be causing some of the problem. We need to know what the *real* problems are so that we can get at some of the real solutions.

In addition, the Southern Institute has found from its research that many families really believe they must be on welfare in order for their children to get Medicaid.

We have a lot of challenges ahead of us. There's no question about that. Knowing what has worked and what regional or national efforts have helped the states enroll children will be useful. And if there is some regional and national initiative that isn't needed and is actually in your way, we are very interested to know about that as well.

Families, of course, are our most important source of information. The Southern Institute has done a lot of work in trying to communicate with families, but we feel there is real value in bringing together the professionals who work in this area. Again, we are extremely pleased we were able to get so many top-notch folks together.

*Below are highlights from the morning's presenters, followed by questions and answers, where applicable. The second half of this report contains dialogue from the afternoon's brainstorming session.*

### **State Presentations:**

**Joe Quinn, Communications Director  
Arkansas Department of Human Services**

What works? Money. Advertising. Thinking out of the box.

It is absolutely essential to identify funding first. Traditional avenues of communication are dead. Conventional (free) PSAs don't work anymore. Money works. Spend it with professional advertising agencies. Purchase broadcast time. ARKids has negotiated a 2-for-1 deal with TV stations on purchasing spots. We call it leveraging (where you buy time, you also get time). We don't spend any money on newspaper or print advertisements. We focus on television.

When the governor of Arkansas was poised to sign a health care bill at a special event held at a day care center, he spontaneously borrowed a crayon from one of the youngsters and used it to sign the document. Thus, a logo was born. We printed our toll-free information number on red crayons and began handing them out. People loved it. From that day forward, the crayon became the centerpiece of our campaign.

It is important to have an "action step" for every campaign. Give people a way to act. The ARKids action step was the toll-free phone number.

Leverage with TV stations and other media. Negotiate deals such as one free spot for every comparable spot purchased in a time period. In evaluating our progress, we can take parts of the state, look at what TV and radio time we are buying and overlap down to the zip

code to see how we're enrolling. Now more than ever before we are tracking the bang we're getting for our dollar.

You should integrate your messages with programmatic decisions from the get-go. Choose words and language for your messages that people can understand. Make materials colorful, glossy and attractive. People don't know what a "waiver" is. Frame the discussion so that people are able to understand. Put issues in context for the mainstream population. For example, in 1980 most employers paid the full cost of health care coverage for their employees. This is no longer the case. A family making \$19,000 with four children may opt not to take insurance offered down at the factory because their share of the premiums is unaffordable

Build non-traditional partnerships with entities like fast food restaurants, pharmacies and schools. For a media event we held at our state capitol, McDonald's provided 300 Happy Meals for schoolchildren who were on hand for the event as part of a pre-negotiated field trip. McDonald's later volunteered to distribute and provide ARKids posters and brochures at its local restaurants. This promotion did not cost us one cent. All it required was a little non-traditional thinking. To review:

- Identify funding at an early stage.
- Integrate programmatic decisions with the message.
- Move forward.

Those kinds of things have worked for us.

Our average cost per month per enrollee is \$36. That is far below what we had expected. We're also seeing recipients using dental and eye and preventive services. That means that if we spend \$36 per month, we'll get a healthier, thriving kid down the road and save millions of tax dollars over the lifetime of the child. It is essential to lay out the cost-saving benefits of the program. Never assume that the public knows what you know.

We call it our holistic approach: prenatal program, immunization program, ARKids program. Paint the total package from conception to three years old. If you do the total package, you are in much better shape for the future.

Our Medicaid ConnectCare Program is how we link Medicaid recipients with the primary care physician. The Kennedy School of Government at Harvard University last year received 16,050 applications for innovation in government awards, and we won with ConnectCare. It's a wonderful outreach program to link the Medicaid recipient with a primary care physician. If we can take that Medicaid recipient out of the emergency room, we are saving Arkansas millions of dollars. The more we take out of the ER, the more we save.

If we can mix ARKids and ConnectCare, which we are starting to do more than ever, we can steer people into ConnectCare as we enroll them in ARKids.

The ARKids bill was signed on March 1, 1997. We worked all summer, beginning with issuing an RFP to bring in an ad agency. We rolled out radio and TV spots on September 1, 1997, and started accepting applications the same day. From September 1, 1997, through August 5, 1998, we enrolled 27,500 kids with far less money than some states. All together, we spent about \$1 million (with the Medicaid match and creative leveraging).

*Mr. Quinn then showed TV spots on videotape.*

We couldn't do this campaign without the support of our governor. We strongly recommend you seek out support from your governor.

## Q&A

Q — What other groups (besides McDonald's) did you involve in the campaign at the grassroots level? Also, you focus a great deal on TV. Would you recommend radio to complement TV ads?

A — We have used Arkansas Advocates, a children's advocacy group. They have a grant to go to school guidance counselors and factory personnel. I think school guidance counselors are a huge untapped resource. Pharmacies are good, too. We have our poster in all pharmacies now. We would like to it displayed in all school guidance offices. Those are groups we are looking to partner with. You also need good associations with TV stations. This has been a project the TV stations like. It is important to tap into what they like.

Regarding radio, yes, I would recommend radio spots. They have value but should be used with extreme care. It can be difficult not to perpetuate racial stereotypes on the radio.

Q — We have all discussed the importance of changing the name of a program so that it isn't called Medicaid. When you market a new program and the families actually pick up the phone and make that call, what happens when they find out that what they're really going to get is Medicaid? Won't they be upset?

A — We don't have a fancy name for Medicaid. It's Arkansas Medicaid, and I am proud of it. It just won national recognition with ConnectCare. It is receiving rave reviews for ARKids First. The word "stigma" came up in the introduction today. Stigma to us is breaking down that "I don't want to walk into the county office." That's a double-edged sword to me. I am proud of what goes on in our county offices. What can we do to make people want to approach the county office, to make them feel decent about it? Maybe we are looking at that backwards.

You could conceivably find out about ARKids, apply for it, enroll and take your kid to the doctor and never know Arkansas Medicaid was funding it. But that's true of a lot of things. I don't think people would have a problem finding out that Medicaid was funding ARKids. We put a clause in our program criteria that you had to have been without insurance for your kids for a full year to enroll. We had a huge worry that if we did not build in that safeguard, people would walk into the factory, drop their health plan and come to us the next day. We had to protect ourselves from that.

Q — What's the total number of folks you're covering?

A — Our initial estimates were that we had 125,000 kids in the state without insurance. Our initial target for enrollment was 55,000. And we're on track to probably hit 33,000 or 34,000 the first year.

Q — What are some of the hallmarks of your ConnectCare outreach effort that might be different from what you're doing starting up ARKids?

A — ARKids applicants now must designate three physicians they would like to see. Then we assign a primary care physician. There have been minor problems because those who have not been in the system don't know any doctors. There is confusion, and applicants are requesting guidance. We're working on it.

In conclusion, let me say that it is possible for you to get the money. We're Arkansas. We're the little guy. And we found \$500,000 (\$1 million with the federal match). I *can* be done.

**Jana Key, Director of Research  
Florida Healthy Kids**

*(Editor's Note: Since this meeting, Ms. Key has accepted a new position as Program Director with PeachCare for Kids in Atlanta, Georgia)*

There have been a lot of changes, even for people who are familiar with Healthy Kids. Our legislature recently created Florida KidCare, which really solved a lot of our problems with outreach. Three programs address different age groups: MediKids is for ages 0-5; Healthy Kids for ages 5-19; CMS Network for ages 0-19 with special health care needs.

Healthy Kids right now is accepting every application for every program. We like to call it one-stop shopping for the families. They don't have to figure out which program to apply for. There is one toll-free phone number. People call in, and we mail them one application. We figure out where they go. Simple.

We're applying every disregard possible. If people are Medicaid eligible, they are enrolled in Medicaid. If not, they are referred into other programs under Florida KidCare, which is co-located with Medicaid staff.

Our primary avenue for outreach is schools. It is possible to reach an estimated 69 percent of uninsured children through the schools. Every child receives a flyer with our toll free number. In counties with a health plan in place, those children are receiving an application along with the flyer. Everyone else is getting a flyer only.

We also use radio and television ads, billboards, restaurant trayliners. While our numbers initially showed that we didn't get a lot of outreach from the McDonald's trayliners, they didn't cost us anything either. If it doesn't cost anything but you find just one family, then it works. Organizations like McDonald's are there to help, and they are willing to do it.

We conducted surveys of families enrolled in Healthy Kids. Overwhelmingly, they heard about the program through the schools. We found cultural differences also. Hispanics hear (and trust) information from family and friends more than non-Hispanics. But schools still are our number one referral source.

We can't talk about outreach without talking about enrollment. If everybody in the world knows about your program but they don't know how to get in, you haven't done them any favors. We must reduce the barriers. Florida's application is:

- one page,
- can be mailed in,
- does not require a face-to-face interview , and
- allows self-attestation on income (with random audits).

We send the message to families: "We trust you."

We have used the school lunch program as an income indicator since day one. Parents are asked to *volunteer* the information that their child is in the school lunch program, which is different from just taking the information from the school lunch application and sharing it without permission. This is an important distinction. The information may be verified “for research only,” and it is completely confidential.

Eligibility determination is the sole responsibility of the Medicaid agency. Parental involvement is limited to corrections or incomplete information.

Make sure your toll-free phone lines can handle the volume, especially after major outreach messages are released. Try to anticipate volume. For example, there is a program called “Unavision,” which is a Spanish news station. They did this huge, great, wonderful five-minute report on Healthy Kids. Our phone volume on our Spanish queue tripled in one day. This was great outreach, but we were not prepared for the response. Our phones just fried!

## Q&A

Q — What did you find about the Medicaid stigma?

A — We did a phone survey in which we found that people have lots of issues with Medicaid. Some don’t like coming down to the office. It was humiliating to them. It’s an educational issue. Our messages now say “There’s a new enrollment process. It’s easy to get. It’s great to get.” We are trying to get people to look at Medicaid in a new way instead of the old way. We are calling this a new program.

**Becky Shoaf, Project Director  
Right from the Start Medicaid  
Division of Family and Children Services  
Georgia Department of Human Resources**

*(Editor’s Note: Since this meeting, Ms. Shoaf has left Right from the Start Medicaid but continues to serve as a consultant to the agency.)*

In Georgia, we thought we had the best program that had ever been invented, the best thing since sliced bread. We thought it absolutely would sell itself. All we had to do was tell people about Right from the Start Medicaid, and we were convinced they would beat our doors down. Here’s what happened.

We took 195 outreach workers five years ago and put them in the communities working non-traditional hours. We told them to go the extra mile to help families.

What we learned is that many families don’t apply because they are healthy right now. Some are not aware of potential eligibility and believe that working families never get a break. The welfare stigma is alive and well. It is a bad thing. There is a perception of laziness. Applicants don’t want to be seen in a welfare office. People also cite poor service in welfare office and that they are not always treated with respect there.

Here's what worked for us with outreach:

- Be available during non-traditional hours to accommodate working people.
- Offer customer friendly sites. Meet families where they want to meet (take applications at McDonald's, for example).
- Appear separate from welfare system. We use the name RSM often.
- Treat families well. Pay attention to traditional customer service protocols.
- Use health care providers to get the word out. Families generally trust providers.

Always include in your message that this program is something for *working* families. It is not a handout program. This will help families succeed.

It is important to have a simplified application process. It has to be quick. It has to be easy. And you must reduce verification standards. It is possible to accept self-declaration and not have major problems with quality control.

Continually reinforce the message that your organization's goal is healthy kids. It is a worthy thing. Use the message that your organization is interested in preventative health care and is getting nothing from promoting the program. If your organization is really concerned about families, show it!

Families say they want to be comfortable with the process. Walk them through it. Tell them what to do next. Hold their hand and treat them with respect. Be sincere. Offer to come to their house if they can't get in to see you. We can't emphasize enough the need for an easy application.

If there is anything you can do in your state, convince people of the need for continuous eligibility. Tell applicants to report anything that changes but don't call them up every month and to verify their income. It just won't work. Confidentiality is very important.

This is what we learned:

- Relationships with community agencies are invaluable. You cannot hire enough people to broadcast your message.
- Staff development and retention is a big need. Spending money on this will always pay off. Make sure that you listen to the workers; they are the experts.
- Having few or no resources sometimes pays off. Outreach workers get involved with community groups and task forces. They develop positive relationships. Later, when they need something from community, they are welcomed in.
- Technology is important. Paper processing is crazy. Everyone should be able to access the system, sign up, determine eligibility and go. That should be the end of it. We need interactive ability. If Kroger can tell me exactly what I bought as soon as I walk out the door, why can't my workers tell people the same thing about something as important as their child getting to the doctor next week?
- We need professional-quality literature. It must be simple and supplied in abundance.

These are effective ways to share news:

- Utilize all media, broadcast and print.
- Use local programming. People love small-town local talk shows.

- Hire people who live in and are active in the community.
- Educate all health care providers and staff. Point of service is the very first opportunity you will get to serve some families. Don't miss this opportunity.
- Involve the faith community and other volunteers such as senior adults.
- Involve 1-800 services, but be very careful that you select someone who can deliver your message intact.

We would like to share information through schools and are hoping to get to that point in Georgia. Direct mail, using up-to-date information, also can be valuable.

## Q&A

Q — How do you find and hire quality outreach workers?

A — We often get kids fresh out of college. They feel they can change the world. These folks believe they have the answer and can make a difference in the lives of families. They are creative and energetic. We will go anywhere. We will talk to you any time. We will take an application from our car trunk. We give these workers a whole lot of training. If there's anything we can get for free or almost free, we ask for it.

Q — Are these workers monitoring enrollment and identifying any conflicts with providers and recipients?

A — We are not at this point. With CHIP, we may be asking applicants to select providers in their county, so we'll begin building information from there.

Q — How are you addressing the challenges of outreach workers in remote areas that don't have shopping malls and widely accessible public places?

A — You've got to find something that will fit with your community. Some communities close up shop at 5 o'clock, so you can forget traditional outreach. You might go out when the state highway patrol is checking to see if people are wearing their seatbelts. Outreach workers need to seize opportunities and talk to people and pass out literature wherever they are.

Q — Are your caseworkers just doing CHIP or the full package?

A — Not the full package. Just Right from the Start Medicaid. Basically, they are eligibility workers who offer Medicaid. However, they will walk families through the PeachCare process.

### **Keith Johnson, Director of Operations TennCare Bureau Tennessee Department of Health**

TennCare is working very hard to be the best program it can be. On January 1, 1994, TennCare overnight converted 800,000 Medicaid recipients to managed care. The state retained a marketing firm to help prepare videos, TV and radio spots. A large TennCare Information Line was established to help people with questions, and local health departments conducted major enrollment drives in their communities. They were the key





















































