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# **STRATEGIC COMMUNICATIONS PLAN**

FOR THE

## **DC HEALTH BENEFIT EXCHANGE**

NOVEMBER 16, 2012

## **STRATEGIC COMMUNICATIONS PLAN FOR THE DC HEALTH BENEFIT EXCHANGE**

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### **ATTACHMENT A: TIMETABLE**

## I. EXECUTIVE SUMMARY

This document is a Strategic Communications Plan for informing, educating and engaging District of Columbia stakeholders about the DC Health Benefit Exchange (HBX) being implemented as a result of the historic 2010 Patient Protection and Affordable Care Act (ACA). The intent of the communications plan is to ensure that District residents are aware of and adequately knowledgeable about the HBX and how it impacts them. The plan also aims to position the DC HBX Authority as the definitive and most trusted source of information about the HBX.

As a result of the ACA, every state must put in place a health exchange by January 2014. The District of Columbia has progressed quickly to implement a state-based exchange. Legislation was enacted in 2012 to create the DC Health Benefit Exchange Authority responsible for establishing and running the Exchange. The Executive Board of the Exchange was installed and has begun meeting, and Working Committees and interim staff are tackling the many issues that the Authority must address to implement the Exchange.

This communications plan is developed on behalf of the Executive Board of the HBX Authority to ensure that their Voice and Messages about the Exchange get to all stakeholders whose knowledge and support are essential for its success.

This Plan assumes that most District residents should be informed about the Exchange. Some stakeholders (e.g., the uninsured and small employers) may be more directly affected because they will obtain insurance through the Exchange. Some stakeholders are important because of the key roles they play in helping to reach, educate, influence, and/or advocate for health insurance purchasers.

The plan identifies and discusses the following key stakeholder groups:

- Consumers by Insurance Coverage
- Consumers with Special Needs
- Health Insurance Agents and Brokers
- Employers as Sponsors of Health Care Coverage
- Health Carriers/Insurers
- Providers of Health Care Services
- Health Care and Social Services Advocates/Organizations
- Community Organizations
- Business Advocates/Associations
- Government Stakeholders

The communications plan covers the period from October 2012 to January 2014. Because the plan has been developed without guidance on available resources and implementation funding, it will need to be refined as more guidance is provided.

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The overall goal of the Strategic Communications Plan is to ensure that District residents, small employers, and other stakeholders are knowledgeable about the DC HBX.

The objectives of the plan are to:

- Introduce and educate District stakeholders about the concept of the Exchange
- Inform, engage and generate support among stakeholders for the ongoing implementation decisions of the Exchange
- Position the Exchange Authority as the most trusted source of information about the DC HBX

The proposed strategies are designed to achieve the plan's overall goal and objectives:

- Public awareness media campaign
- Targeted informational materials for key stakeholder audiences
- Robust, interactive Exchange website
- City-wide and targeted interest group events
- Partnerships to access existing, communications vehicles and outlets
- Social Media to heighten awareness and buzz about the Exchange

The plan will require updating and refining as implementation details, specific stakeholder concerns and available resources are determined.

## 2. BACKGROUND

### Health Reform and Exchange Activities in the District

In March 2010, President Barack Obama signed into law the landmark Patient Protection and Affordable Care Act, which was later amended by the Health Care and Education Reconciliation Act of 2010, together known as ACA. The law represented a defining moment in the nation's history providing significant new consumer protections and initiatives that make health care coverage accessible to millions of previously under- or uninsured Americans. State Health Insurance Exchanges, considered the most significant reform in the Act, are mandated to be in place on January 1, 2014.

The District has fully embraced health care reform and has aggressively moved forward to achieve full implementation of the new law. Since the law was passed in early 2010, the District government moved quickly to implement several health care reform changes sooner than the federal law required. The District Council passed the "Health Insurance Dependents Act of 2010," which provided coverage under their parents' insurance for dependents up to age 26, and passed the "Health Insurance Rate Making Improvement and Reform Amendment Act of 2010," which mandated that a certain percentage of premium dollars be spent on medical care. The District also moved to expand Medicaid eligibility for childless adults under 65 with incomes up to 133% of the poverty level. Over 38,000 residents moved from the Health Care Alliance program (a District-only funded program serving low-income childless adults who did not qualify for Medicaid) to the richer-benefit Medicaid program. The District has one of the

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highest rates of insurance coverage in the nation with only 7% of residents being uninsured. The ACA should result in even more improvements in the availability and delivery of quality health care in the District of Columbia. In addition, the DC Health Reform website ([www.healthreform.dc.gov](http://www.healthreform.dc.gov)) was launched in November 2010 to ensure that the public had accurate, up-to-date information about the District's implementation of the ACA.

In 2011, the newly-elected mayor established his Health Reform Implementation Committee (HRIC), chaired by the Director of the Department of Health Care Finance (DHCF), with the Director of the Department of Health (DOH) and the Commissioner of DISB as co-vice chairs. The HRIC Committee included the Directors of Mental Health (DMH), Disability Services (DDS) and Human Services (DHS). Subcommittees of the HRIC included Insurance, Health Service Delivery, Eligibility & Enrollment, IT, HBX Operations, and Communications. The Health Care Reform and Innovation Administration in DHCF was created in 2011 to help oversee and coordinate health reform efforts in the District.

In 2011, eleven public meetings were convened under the auspices of the HRIC Insurance Subcommittee to inform stakeholders about the changes resulting from the ACA, introduce the concept of the health insurance exchange and obtain feedback on how the District Exchange might optimally operate. Additionally, DISB also fielded an online survey (with a paper version also available) to obtain resident input on the District's health insurance exchange.

The DC Health Care Exchange Authority Establishment Act of 2011 was passed and signed by the Mayor in early 2012. The purpose of the law was *"to establish the Health Benefit Exchange Authority and its functions and duties, to provide for the appointment of executive and advisory boards to the [HBX] Authority, to establish the powers and duties of the executive board, to include conflict of interest provisions for and limit the liability of the executive and advisory boards, to establish the minimum criteria for the certification of health benefit plans as qualified health plans, to require the executive board to report to the Council, Mayor, and public regarding the operation of the [HBX] Authority, and to require the [HBX] Authority to submit rules for Council review."*<sup>i</sup>

The District decided to integrate eligibility and enrollment for all health and human services benefits into a new single system, called the DC Access System (DCAS), which would incorporate the Exchange IT requirements.

As part of the HRIC work, several opportunities were provided for stakeholder engagement and input. The Insurance Subcommittee asked stakeholders for input on DC's proposed Exchange governance and structure, insurance market structure, and essential health benefits options. In addition, a contractor used an online survey and focus groups to solicit stakeholder attitudes and recommendations on the Exchange Navigator program.

Following nomination by the Mayor and confirmation by the DC Council, the members of the Executive Board for the DC HBX Authority began meeting in July. The Board has moved quickly to select officers, adopt bylaws, establish four Working Committees, and hire interim staff and

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an Interim Executive Director to begin addressing the wide range of issues and activities facing the Exchange Authority.

Recently, the Authority Executive Board voted on market structure proposals determining that all health insurance for groups of 50 members or fewer must be purchased through the DC Exchange. This decision requires implementing legislation by the DC Council. Additionally, a decision has been made on the benchmark Essential Health Benefits plan for the District.

To date, the District has been awarded over \$82 million in federal funds for planning and implementing its Exchange, including a recently awarded \$73 million Level 2 Establishment Grant.

As spelled out above, the District is moving ahead to implement its state-based Exchange. The uncertainty of the June Supreme Court decision and the November Presidential and Congressional elections are no longer perceived as obstacles to proceeding now that the District has received its Exchange establishment funding.

## DC Population and Insurance Status

The District population has been growing over the last decade but has experienced dramatic growth since the 2010 Census. Most recent estimates put the District population at over 618,000 residents. Three in four of the newcomers to the District are between the ages of 18 and 34.<sup>ii</sup> At this growth rate, the District's planning director projects that the District's population could reach 700,000 before the end of the decade.<sup>iii</sup> Once nearly 70% African-American, the District has seen a steady decline in this demographic segment and an increase in the percentages of Caucasians, Asians and Hispanics. According to 2010 Census data, African-Americans account for barely 50% of the population, while Caucasians account for 38%, Hispanics for 9% and Asians 4%. The District has also experienced significant immigrant growth, primarily from El Salvador, Vietnam and Ethiopia. There are about 250,000 households in the District. Almost half are householders living alone. About 42% of households have children under the age of 18 and over half of those households were headed by a female. Significant differences in health care services, access and status can be seen in the District's eight political wards, with Wards 7 and 8 tending to lag behind in many economic and health indicators. Census data estimates that about 10% of the city's adult population is gay, lesbian or bisexual. About one-third of residents are functionally illiterate, a high rate due to the number of immigrants who are not proficient in English. However, District residents are also highly educated, with nearly half of DC residents having at least a 4-year college degree and 25% a graduate or professional degree.

Mercer's Background Research<sup>iv</sup> on the District insurance market provided the following information on insurance coverage characteristics for District residents:

Employer Sponsored:	Military:	Direct Purchase:	Public Section:	No Coverage:
322,000	10,000	22,000	204,000	42,000

At seven percent (7%), the District enjoys the second lowest rate of uninsured residents in the country. The uninsured are not evenly distributed throughout the District and are more likely to live in Wards 1, 4 and 7. About half of the District’s uninsured population below 200% of the federal poverty level. Seventy-four percent (74%) of employers in the District offer insurance coverage to their employees. Small employers in the District are more likely to offer insurance than small employers nationwide. Over 55% of District employers with less than 10 employees offer coverage.

Nearly two-thirds of non-elderly District residents have employer insurance in the District. Among insured residents, nearly 10 times as many work in a firm that offers insurance. Nearly half of insured residents work in a firm with more than 50 employees as compared with almost 18% of uninsured residents.

About one-third of all District residents have some level of Medicaid coverage. Of these, one quarter (26%) receive coverage through the Fee-For-Service Medicaid program. Individuals eligible for SSI (those who are aged, blind or disabled) are covered under Fee-For-Service. Three-fourths of Medicaid beneficiaries are covered by managed care programs. About 16% of Medicaid enrollees in the District are identified as privately employed. About half of all privately employed workers with Medicaid are in the arts, entertainment and food service industry or in the health and social services industry. About 25% are in trade and temporary and service firms.

The Mercer Report suggested that the District’s decision to place Medicaid enrollment within the Exchange should make outreach and education of consumers much easier and could aid in capturing more of the uninsured into various health insurance coverages. poverty level is under the age of 35. This group is often referred to as the Young Invincibles.<sup>v</sup>

### The Media - A Summary Scan

The District, not unlike other major metropolitan areas, is home to media outlets with editorial coverage of health care reform ranging from the obviously supportive to the decidedly opposed. Stakeholders can access news sources at any time of the day or night offering countless perspectives from a multitude of media access points. This Plan recognizes that fair, balanced and positive opportunities exist to get the story out about the District Government’s approach to implementing the HBX on behalf of its residents.

For example, the District’s widely-read and frequently quoted daily newspaper *The Washington Post* generally offers readers balanced reporting. Its editorials support health care reform. Conversely, the conservative *Washington Times* consistently calls for the law’s repeal or major restructuring. An editorial scan of *The Washington Examiner’s* coverage also editorially opposes the law.

Local, niche-market publications like *The Washington Afro-American* and *The Washington Informer* published supportive, enthusiastic articles and editorials. Although the editorial coverage of other key niche market media is not known, these publications can be helpful in reaching various District audiences. For instance, ethnic newspapers, such as *El Tiempo Latino*, *El Pregonero*, the *Korea Times DC*, *Asian Fortune* and *Zethiopia*, are very effective in reaching ethnically diverse District residents. *Metro Weekly* and the *Washington Blade* are essential in reaching the LGTB (lesbian, gay, transgender, bi-sexual) communities. Other examples of niche media include *The Jewish Times*, and young adult and college newspapers, such as *The District Chronicles*, Howard's *The Hill Top* and Georgetown's *Hoya*. Progressive blogs and online e-bulletins of organizations (such as AARP targeting the 50+ audience) also support the passage of health care reform and establishment of exchanges, focusing primarily on how these initiatives affect their constituencies.

Business trade news organs clearly reflect the views of a stakeholder readership concerned about how mandated health insurance coverage may affect their bottom line. An article appearing in the *Washington Business Journal* in November 2011, "Both sides embrace Supreme Court review of health care," represents the local business community's cautionary stance toward ACA and the health exchange.

Local news programming like that airing on WHUR-FM, WTOP-FM, WAMU-FM's, "The Kojó Nnamdi Show," News Channel 8's 24-hour news format, NBC, CBS, ABC and Fox5 television network affiliates, and the government's own cable channels (13 and 16) are among the many print, broadcast, internet and other digitally-based avenues available to reach and inform District stakeholders with positive and accurate information focusing on the Exchange.

### Strengths, Weaknesses, Opportunities and Challenges

This section provides an overview of the elements that may help, hinder and otherwise affect the successful execution of the HBX communications program. Currently unknown influences may alter the factors listed.

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• District government's full throttle approach to implementing HBX</li> <li>• On-going and continuous activity coordination among District government agencies</li> <li>• Establishment of the HBX Authority Executive Board and hiring of staff</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Stakeholders are not fully informed about the Exchange</li> <li>• Misinformation about the Exchange evident among brokers and their small business and individual customers</li> <li>• Lack of consumer attitudes research on insurance/purchasing/providing health insurance</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Can serve as a highly visible model for successful health exchange</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Known organized opposition of some stakeholders to Market structure decisions</li> </ul>



implementation due to location in Nation's Capital	
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### 3. STAKEHOLDER ANALYSIS

This Plan assumes that most District residents are stakeholders who should be informed about the Exchange. Obviously some stakeholders (e.g., the uninsured and small employers) will be more directly impacted, and we will want them to be more informed and engaged about the Exchange. Some stakeholders, such as the DC Council or certain District agencies, are important because their support is needed to implement the Exchange. Some stakeholders are important because of the key roles they play in helping to educate and influence the decisions of health care consumers. Effective and timely communications with all relevant stakeholders is essential to ensuring the successful implementation of the HBX in the District.

**Note:**

*We were asked to include the HBX Authority and HBX Executive Board as additional stakeholders in this analysis. Generally, we view the Executive Board as the guiding body and the voice of the Exchange. Since the HBX is a quasi-governmental entity, the plan assumes that the Executive Board, through its chairperson, is the “voice” of the Exchange (rather than the Mayor). The Exchange Board is “The” Communicator” rather than a constituency/stakeholder being communicated to. The “Executive Board” is our Client for this Communications Plan, to be implemented by its staff and committees.*

*We recognize the influential role that the Executive Board members (both collectively as a board and individually) have as influencers in the communications about the Exchange and include them in their “influencer” capacity. We also recognize that communications within and among the Executive Board and the Exchange Authority are important and may benefit from the development of a separate “internal” communications plan and policies to address their communications needs.*

#### Introduction

Because of the diversity of types and varied roles of Exchange stakeholders, communications will need to employ multiple strategies: targeted communications for specific audiences that are greatly impacted by reform; engagement that allows two-way communications for key stakeholders; as well as “broadband” communications that provide general information for those who might never use the Exchange.

#### Consumers by Insurance Coverage:

- Self-Employed/Other Privately Insured
- Uninsured (healthy, young, pre-existing, poor, illegal residents)
- Underinsured (low employer coverage, unaffordability)

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- Employees with Employer-Sponsored Coverage (employed by small businesses <50 employees and businesses 51+ employees)
  - Medicaid/CHIP Eligibles
  - Medicare Beneficiaries
  - Dual Eligibles (both Medicaid & Medicare)
  - Alliance Enrollees (the District-only funded program serving low-income childless adults who do not qualify for Medicaid)
  - Pre-Existing Condition Insurance Plan (PCIP) Members

As noted above, only 7% of all District residents are uninsured. The uninsured may include those who are unemployed, persons with pre-existing conditions, part-time employees, the Young Invincibles, the working poor whose employers do not provide insurance or who cannot afford to get employer provided insurance, and the undocumented who cannot qualify for Medicaid or the Alliance. By 2014, most uninsured individuals will be mandated to have health insurance, so they will be the primary targets for communications about the District's HBX and the subsidies and cost-sharing that will be available through the Exchange. The PCIP program will end in 2014 and those participants will be able to get insurance through the Exchange. Also, self-employed individuals will be targets for participation in the Exchange. Employees who work in small businesses with less than 50 employees will be particularly affected and will be a key audience.

Medicaid and Alliance recipients will need to know about how eligibility and enrollment will occur through the Exchange although plan selection will initially be handled by the Medicaid enrollment broker. Medicare beneficiaries are not expected to be users of the Exchange, but will want to be informed and may serve as information sources and influencers for family members and others in their community.

The suggested communications vehicles for these populations include:

- Mass and niche media
- Direct mailings
- Social Media, especially for students, Young Invincibles
- Outreach to employers through trade associations, chambers of commerce, DC Department of Small and Local Business Development (DSLBD), etc.
- E-Newsletters and the Exchange website

#### **Consumers with Special Needs:**

Examples of special needs populations include:

- Consumers of Mental Health Services
- Substance Abusers
- Consumers with Severe, Chronic Illnesses
- Adults and children with Physical or Mental Developmental Disabilities
- Children Transitioning out of the Foster Care System

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Consumers with special needs, and the caregivers and advocates who assist them, may need information and support around the provisions of the ACA that affect them as well as the Exchange. We are assuming that many consumers with special needs will be covered by Medicaid and thus will get eligibility determinations for services through DCAS and the Exchange. The District's Departments of Health, Disability Services, and Mental Health work closely with and provide many services to these constituencies. It will be important to coordinate with and work through these agencies and existing communications channels to get targeted communications to these communities. Consumers who are not beneficiaries of Medicaid should be targeted through providers and at other sites where they access services.

#### **Health Insurance Agents and Brokers:**

This is a stakeholder group that will be important in reaching the small employer market. The focus groups and research for the Navigator Program confirmed the trusted relationships and influence insurance brokers can have with the employer and individual clients they serve. Insurance brokers and agents are licensed by DISB and can be reached through targeted mailings and through the professional organizations to which many belong. It will be important to reach out to the leaders of this important stakeholder group to listen to their concerns, invite their partnership and to solicit their assistance in educating and soliciting support from their members and peers.

#### **Employers as Sponsors of Health Care Coverage:**

- Small Employers – under 50 employees
- Mid-size Employers – 50-100 employees
- Larger Employers – 100+ employees

As noted above, most DC residents are covered by employer-sponsored insurance. The DC market is distinctive in that a large number of individuals that work in the District do not reside in the District, and District residents may be covered by group policies issued and regulated both inside and outside of the District. Almost three-fourths of all employers in the District offer coverage to their employees. Several factors make this one of the most important stakeholder groups for outreach. The Navigator Program focus groups suggested that there is damaging misinformation and confusion in the small employer community about the Exchange.

Information about the benefits of/opportunity to participate in the SHOP, credits and penalties, and demystifying the mechanics of how the Exchange will actually operate for employers and employees will be some of the key communications messages to target to small businesses. Through payroll envelope stuffers, websites, newsletters and other internal company communications, employers can also help disseminate information to their employees and their families.

Small and mid-size employers are best reached through general media, trade associations and chambers of commerce, insurance agents and brokers, and targeted mailings based on lists from DSLBD, the Department of Consumer and Regulatory Affairs (the agency that licenses and regulates business entities in the District) or the Department of Tax and Revenue. Large

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employers with 100 or more employees are least likely to be impacted and are most easily reached directly and through organizations, such as chambers of commerce or the Greater Washington Board of Trade.

### Health Carriers/Insurers:

- Commercial Insurance Companies (current or prospective)
- Medicaid Managed Care Companies (MCOs) (current or prospective)
- Health insurance agencies/agents/brokers, etc.

Insurers providing health coverage in the group market and Medicaid MCOs are key stakeholders in the delivery of health care in the District of Columbia. The District currently historically had two Medicaid MCOs and recently selected a third plan. A number of MCOs are interested in the opportunity to compete for a 5-year contract with the District of Columbia. The District's commercial market is very concentrated with only a few players dominating the small group commercial insurance market. Whether new entrants will result from the establishment of the Exchange is unknown. The Department of Insurance, Securities and Banking oversees and regulates the commercial insurance market and communicates regularly with them. The Medicaid MCOs are contracted to the Department of Health Care Finance to serve the Medicaid and Alliance populations in the District. Communications about the Exchange can be sent to these organizations using the vehicles that now effectively reach them.

### Providers of Health Care Services:

- Health Systems
- Hospitals/Other Facilities
- Primary Care Physicians
- Specialty Providers
- Community Health Centers
- Specialty Clinics/Mini-clinics/Urgent-care centers
- Nursing Homes
- Mental Health Providers
- Long Term Care Facilities
- Substance Abuse Facilities
- Pharmacies

Providers often serve as trusted sources of information and influencers for their patients and thus should be knowledgeable about the Exchange. There are existing communications channels with providers that should be utilized to notify them. As mentioned above, many specialty provider offices would be ideal sites for distributing targeted information for people with special needs. Retail pharmacies, multi-service providers, community health centers, mini-clinics, urgent-care centers, and hospitals can serve as point-of-service sites for distributing targeted and general information about the Exchange. Facilities such as mini-clinics, urgent-care centers, and hospital emergency rooms are good sites to reach people who may be outside of the "system," not connected to regular sources of care, many of whom may be uninsured.

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## Health Care and Social Services Advocates/Organizations:

- Disease-focused (e.g., Cancer Society, Diabetes, AIDS)
- Population-focused (AARP, niche-market groups)
- Provider-focused (e.g., DCPCA, NMA, Medical Society)
- Policy/Lawyers/Lobbyists/Advocates

This group includes the many professional “stakeholders” who are employed or personally committed to be active in following and shaping health care policy and practices nationally and in the District. They will help to inform and influence decision-making regarding the District’s Exchange and can be relied upon to participate in any stakeholder engagement opportunities provided by the District. Many can be partners to help communicate information to their members and/or constituents. Some of the organizations have their own established communications vehicles (e.g., printed or electronic newsletters, email list-servs, informational websites, annual meetings, informational and advocacy events, etc.) that can be helpful in communicating with and targeting relevant constituents.

## Community Organizations, Associations and Union Groups:

- ANCs and Neighborhood Associations
- Churches/Religious Organizations
- Community and Civic Organizations
- Colleges, Universities, and Trade Schools
- Trade and Service Unions

These stakeholders are important and trusted community and grassroots influencers who can help with increasing awareness and engagement about the Exchange. Many of these organizations do not have internal health care expertise. They can assist by disseminating information to their membership, posting flyers/materials at their facilities, or hosting health fairs and information sessions where guest speakers would be welcome. Colleges, universities, technical training programs and trade schools serve populations that are prospective Exchange participants. These institutions often have newspapers and/or extensive electronic and social media communication vehicles which can help us reach their constituents. We recognize that some of these entities may also be employers or may provide health insurance in some instances.

## Business Advocates/Associations:

- DC Chamber of Commerce, Board of Trade
- Neighborhood Chambers of Commerce/Business Development Corporations
- Ethnic or niche-market Chambers of Commerce (Hispanic/Asia/Ethiopian, etc.)
- Trade-Specific Organizations (Accountants, Realtors, Beauty Shop owners, etc.)

These organizations will be important to help increase awareness and engagement, particularly among small employers who will need to know about the SHOP, tax credits, penalties, qualified health plans, etc. These organizations usually have existing communications channels and scheduled meetings, which can be utilized to disseminate information and to encourage dialogue with and solicit feedback from their members. Their meetings also provide forums for

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informed speakers. As noted above, small businesses are believed to be the key to the sustainability of the Exchange.

## **Government Stakeholders:**

### **The District Council**

The Council of the District is an important stakeholder for both its legislative power and the strong constituency relationships Councilmembers enjoy. As some Exchange decisions will require enabling legislation, favorable Council relationships and support will be essential toward implementing the Exchange. Additionally, Councilmembers' endorsements of the Exchange will carry influence in their wards among their business and individual constituents. In addition, Councilmembers and their staffs can be a big help hosting informational forums in their wards and disseminating information through ANCs, community organizations, and newsletters and online communications.

### **The Executive Branch**

The key influencer will be the Mayor and Executive Branch of the District government. Their endorsement and cooperation will be helpful. Agencies, such as those responsible for parks & recreation, public libraries, public schools, public housing, and public safety (police, fire and EMS), can be useful partners for disseminating information about the Exchange to the large numbers of constituents with whom they interact.

In addition, Mayoral offices, such as the Office of Latino Affairs, Office of Asian and Pacific Islander Affairs, Office of Religious Affairs, Office on Aging, Office of Community Affairs, Office of Lesbian, Gay, Bisexual and Transgender Affairs, Mayor's Office of Neighborhood Engagement, can help get favorable information about the Exchange out to their special constituencies.

Working with the public information officers from each department/agency with special emphasis on public safety departments and EMS can help to share communications tools, such as talking points, FAQs, fact sheets, and website content to ensure that District government stakeholders, especially those who interact directly with residents, have correct information and speak with accurate and consistent messages about the DC HBX.

## **4. COMMUNICATION GOALS AND OBJECTIVES**

The goal of the Strategic Communications Plan is to ensure that District residents, small employers, and other stakeholders are knowledgeable about the DC HBX.

By January 1, 2013, the District must demonstrate its readiness to operate the DC HBX and to begin enrollment in October 2013. The Exchange Authority intends to engage a marketing firm to build the market to generate enrollments for the Exchange and to sell the Exchange to prospective enrollees. This Communications Plan covers roughly the next fifteen months to January 2014.

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The specific objectives of the communications plan are to:

- Introduce and educate District stakeholders about the concept of the Exchange
- Inform, engage and generate support among stakeholders for the ongoing implementation decisions of the Exchange
- Position the Exchange Authority as the most trusted source of information about the DC HBX

## 5. STRATEGIES

The communications strategies are designed to be pro-active, multi-level and flexible, allowing us to address the overall communications goal and specific objectives. The key strategies include:

- Public awareness media campaign
- Targeted informational materials for key stakeholder audiences
- Robust, interactive Exchange website
- City-wide and targeted interest group events
- Partnerships to access existing communications vehicles and outlets
- Social Media to heighten awareness and buzz about the Exchange and the actions taken by the Exchange Authority.

## 6. COMMUNICATION TACTICS

The communications tactics offered below are the on-the-ground activities that can be used to achieve the Communication Plan's overall goal and objectives. A suggested timeline for tactics discussed in this Plan is shown in Attachment A.

These communications tactics assume that the messaging developed about the HBX will be appropriate and effective for the intended target audiences and, whenever necessary, will be accessible in multiple languages in order to be understood by the diverse targeted populations.

### Strategy: Public Awareness Media Campaign

#### Tactic: Media Kit

- Craft and assemble the background elements to build a multi-function, multi-purpose media kit.
- Suggested contents: Overview and background of the District HBX; Fact Sheet and/or FAQs on the Exchange, other items to be determined and updated as needed. The

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Media Kit will be used for general media outreach and updated and customized as additional decisions are made and implementation activities progress.

- **Timeframe:** October 2012 - Contents to be updated as needed throughout campaign

**Tactic: Media News Strategy**

- In concert with Exchange and other agency PIOs, develop an editorial calendar ensuring regular coverage of news stories focused on the many aspects of the Exchange Authority.
- Build a working press list for the Exchange, identifying the favorable and the “unfriendlies.”
  - Include main stream media as well as niche media publications, radio, free papers, weekly shoppers and advertisers.
- Identify interviewing opportunities for the Chairperson and members of the HBX Executive Board, Executive Director and other knowledgeable staff.
- **Timeframe:** Periodically when milestones and significant achievements are met (e.g., grant awards or hiring of Exchange Director, etc.); goal of monthly placements.

**Tactic: HBX Monthly Column**

- Explore placement of monthly column (with byline of HBX Chairperson or other Board members) focusing on aspects of the HBX, insurance, etc. for community, niche-focused weeklies, stakeholder newsletters, and monthly publications.
- **Timeframe:** Monthly, beginning November 2012

**Tactic: Op-Eds in Media**

- Secure placement of op-eds in the Washington Post and Washington Business Journal touting the HBX or responding to potentially negative or less favorable news coverage on Exchange implementation decisions.
- Secure placement of op-eds in relevant niche market publications touting the Exchange’s value to specific audiences or responding to issues that might arise which impact certain stakeholders and audience segments more than others.
- **Timeframe:** Quarterly in 2013, or more frequently if warranted

**Tactic: Social/Digital Media**

- Establish an Exchange Facebook page to post short, substantive and frequent information to stakeholders primarily between the ages of 18 and 49.
- Establish and actively maintain a Twitter account to “tweet” timely messages utilizing the hash tag (example: #DCHBXA).
- Establish and actively maintain a LinkedIn account with a description of the HBX and ways in which the public can get involved.
- Establish a YouTube account to share public service announcements and instructional videos.
- Establish an online blog to share information regarding progress made and issues discussed at meetings.



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- Establish “administrative” contact and rules to control out-going posts as well as responses to incoming responses.
  - Investigate other digital media avenues to reach stakeholder and influencer groups.
  - Promote blogs by the Chair of the HBX Authority on HBX issues and accomplishments.
  - **Timeframe:** Ongoing, beginning November 2012

**Tactic: Earned Media Opportunities**

- Earned media (or free media) refers to favorable publicity gained through promotional efforts. All outreach to media will be designed to get favorable exposure and publicity for the HBX. Social media, described above, is designed to generate attention to the HBX through grassroots action, particularly on the Internet. This Communications Plan was developed with the assumption that paid media/advertising would be the responsibility of a HBX Marketing/Communications Vendor, to be contracted.

**Strategy: Targeted Informational Materials for Key Stakeholders**

**Tactic: Exchange All-Household Mailings**

- Send comprehensive status reports mailed to every household, similar to “leaf collection” and other informational mailings sent to city residents. Brochure would highlight major provisions, status of the Exchange, where to get more information.
- Propose three mailings beginning with a high level overview and becoming increasing specific as plans are finalized.
- **Timeframe:** January, June and September 2013

**Tactic: Newsletter/E-Newsletter**

- “For Your Benefit” was launched in May 2012 as a monthly health reform newsletter. We recommend that this E-newsletter continue and the Exchange Authority should not introduce a competing newsletter just for the Exchange.
- The primary focus of the “For Your Benefit” newsletter should be shifted to the DC HBX Authority and Exchange implementation.
- **Timing:** Ongoing

**Tactic: Business oriented E-Newsletter**

- Develop a Business “Brief,” Newsletter targeted specifically to the business employer community to focus on the SHOP and its value to small employers and their employees. The newsletter can be distributed electronically and sign-ups would be generated through outreach to small business associations, chambers of commerce, professional organizations, trade organizations, etc.
- **Timing:** Quarterly or every other month, beginning January 2013

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**Tactic: Collateral Materials**

- Information kiosks located in highly trafficked District government buildings and select community locations. Sites could include, but are not limited to: Department of Consumer and Regulatory Affairs (DCRA), DHS offices, Dept. of Tax and Revenue (OTR), DOES, Department of Motor Vehicles (DMV), police and fire stations, hospital waiting rooms, large physician office practices, community health centers, MLK central library and community libraries, and METRO stations. These efforts should be coordinated with offices, such as DHCF's Ombudsman's Office, who are already doing educational outreach.
- Utilize existing mailings/communication channels to special needs populations, Medicaid and Alliance populations, providers, etc. to disseminate targeted materials about information for specific audiences.
- Tabletop displays to be used at community events.
- Large, exterior banners for use during community and stakeholder events; Banners can also be displayed on District government buildings.
- Flyers, door hangers, and other collateral materials designed to drive stakeholders to website.
- Bill stuffers inserted in utility and DC tax bills with targeted messages, driving traffic to website or announcing Exchange enrollment.
- "Bag-stuffers" for use by retail pharmacies; convenience stores; lottery sales agents and others to drive stakeholders to the website or to call the toll-free "800" number for more information.
- Posters to be placed throughout communities in the District
- Palm cards to be distributed throughout communities in the District
- All collateral materials should be available in multiple languages and distributed to the appropriate neighborhoods
- **Timing:** January 2013

**Strategy: Robust, interactive DC Exchange website****Tactic: Develop creative, informative website for Exchange Authority**

- Improve calendar function to promote reform related events, milestones, community meetings, information sessions, etc.
- Post digital, downloadable copies of program brochures explaining all of the health care benefits available to District residents, fact & FAQ sheets for stakeholders and influencers on health care reform and the Exchange as information becomes more available.
- Add "countdown clock" to the Exchange launch.
- Provide hyperlink to website to other appropriate websites.
- **Timeframe:** launched November 2012 updated frequently thereafter

**Tactic: Alternative vehicles for increasing website traffic**

- Use Social Media multi-platform (described above) to drive interest and traffic to website

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- Scrolls and short video clips on digital out-of-home networks (i.e. screens located at gas stations, restaurants, etc.).
  - **Timeframe:** 2013

## Strategy: Citywide and Community-level Events

### Tactic: HBX Speakers Bureau

- Establish a Speakers Bureau that offers the Executive Board members and other knowledgeable HBX and DC government personnel, to deliver approved messaging about the HBX to District audiences.
- Publicize availability of Speakers Bureau through website, newsletters, and all communications to residents, business, construction trades, community organizations, and religious denomination groups.
- Conduct public speaking and media training, including talking script, for participating speakers to equip them to present the HBX messages effectively to important District audiences.
- **Timeframe:** Ongoing, with training by December 2012

### Tactic: HBX Health Care Forums

- In concert with the District government, convene a District-wide Forum on improving the delivery of health care in the District, with equal focus on the Exchange. One purpose is to bring attention to the Exchange, but also to engage and share best practices of current providers, nonprofits and other organizations.
- The cooperative forum positions the Authority as a separate and distinct, but equal partner with District health care agencies.
- The large public gathering seeks to inform and engage residents in interactive discussions.
- Include room for displays/booths for dissemination of information by government health care programs, providers, insurers in the Exchange (in 2013), and nonprofit organizations.
- **Timeline:** Forum in Spring 2013

### Tactic: Community/Neighborhood Events/Religious organizations

- Use community/neighborhood level events, if and where appropriate, for stakeholder engagement and communications objectives.
- Send HBX experts as speakers to existing smaller neighborhood and community-level events to provide updates on the Exchange.
- Schedule special “HBX Sundays” and provide speakers and presentations after worship services at churches/places of worship. Distribute appropriate collateral (church fans, book marks, or similar item) with HBX information to church attendees.
- **Timing:** 2013

### Tactic: “Shop Talks” - Business Community outreach events

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- Begin convening listening/focus sessions with small business groups to generate interest about SHOP, address concerns and misinformation, solicit ideas, and create HBX small business ambassadors to other small businesses
  - Establish direct relationships with this group, rather than be dependent on intermediaries (agents/brokers) to talk about Exchange.
  - Work through Council members, chambers of commerce, trade associations to identify and reach out to participants
  - **Timing:** Ongoing monthly in November beginning in 2012

### Strategy: Partnerships to Access Communications Vehicles and Outlets

The Exchange should enlist the participation and support of the business community, nonprofit and governmental organizations to assist in its effort to increase awareness of the Exchange in the District. Examples of partners include major retail pharmacies, the Department of Motor Vehicles, utility companies, cable providers and local TV stations, independent District-focused websites and portals; radio stations; grocery chains, health care providers, nonprofit associations, professional sports teams, and independent agencies such as WASA and WMATA, among others.

#### Tactic: Partnership opportunities

- Partners can provide small, appropriate promotional items with stipulated text imprinted on the item. Items can be used as incentives either for visiting the Exchange website and redeeming a downloadable coupon from the site or attending an informational event.
- Partners may provide sites for the distribution of materials or allow bill inserts.
- Seek media sponsor, such as NBC and co-sponsor NBC Health Fair in 2013 and 2014.
- **Timeframe:** 1<sup>st</sup> Quarter 2013 and beyond

## 7. EVALUATION

Metrics need to be employed to measure the communications plan's overall effectiveness. These measures include, but are not limited to:

- Number of earned media impressions
- Focus of print, broadcast, web-based news outlet coverage to determine what topic or event generated the most reporting interest
- Number of "hits" on, or visitors to the HBX website
- Were special events, stakeholder and influencer meetings or information sessions well attended?
- What aspects of the Exchange generated the most coverage in the blogosphere?
- How many Fans or Friends on Facebook?
- How many followers on Twitter?

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Understanding the effectiveness of message retention, consumer actions, and placement sources among various target audiences can optimally be obtained conducting consumer market research. When feasible, telephonic surveys conducted pre-launch, mid-point, and post-launch or convening target audience focus groups traditionally yield the evaluative information to judge the effectiveness of the communications efforts.

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<sup>i</sup> From the Preamble to DC Act 19-269, “Health Benefit Exchange Authority Establishment Act of 2011”

<sup>ii</sup> Washington Post, December 21, 2011, “District’s Population and Image Soar.”

<sup>iii</sup> *ibid*

<sup>iv</sup> Mercer, “Current Status of Insurance Coverage in the District of Columbia Final Report,” dated July 26, 2011

<sup>v</sup> 2009 Report, “Uninsurance in the District of Columbia,” prepared by The Urban Institute