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STRATEGIC COMMUNICATIONS PLAN TO PROMOTE  
HEALTH CARE REFORM  
IN THE DISTRICT OF COLUMBIA

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Strategic Communications Plan to  
Promote Health Care Reform Initiatives  
in the District of Columbia

## 1. EXECUTIVE SUMMARY

This document is a strategic communications plan for informing, educating and engaging District of Columbia stakeholders about health care reform initiatives 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 the nature of the reforms and are adequately knowledgeable about the changes that directly impact them. The plan also aims to position the District of Columbia government as the reliable source of information about reform activities in the District.

Many changes have already been implemented; others are in process to be phased in in 2012 and 2013. The most significant changes, however, are those that are expected to be in place on January 1, 2014 when every state must have a health insurance exchange established as a marketplace for individuals and small employers to obtain approved, affordable health care coverage. The District has been progressive in implementing some reforms (e.g., providing expanded health care coverage to its low-income residents and implementing insurance reforms), adopting some provisions ahead of the law's requirements.

The Mayor's Health Reform Implementation Committee (HRIC) was established to advise and coordinate health care reform in the District. The HRIC is now chaired by the Director of the Department of Health Care Finance (DHCF) and its members are the heads of the district agencies responsible for providing, protecting, or overseeing the delivery of health care in the District. This communications plan has been developed for the Health Care Reform and Innovation Administration, the office within DHCF created in 2011 to help oversee and coordinate health reform efforts in the District. The District realizes that effective communications with District residents and affected stakeholders is essential to ensuring the successful implementation of health reform.

Because of the comprehensive nature of the ACA, this plan assumes that almost all District residents are stakeholders who should be informed about the impacts of the health reform law. Some stakeholders (e.g., the uninsured and small employers) may be more directly affected by reforms, such as the health insurance exchange. Some stakeholders are important because of the key roles they play in helping to educate, influence, and advocate for health care consumers.

The plan identifies and discusses the following key stakeholder groups:

- Consumers by Insurance Coverage
- Consumers with Special Needs
- Employers as Sponsors of Health Care Coverage

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- Health Carriers/Insurers
  - Providers of Health Care Services
  - Health Care and Social Services Advocates/Organizations
  - Community Organizations
  - Employer/Business Advocates/Associations
  - Government Stakeholders

The communications plan covers the period from 2012 to mid-2014. Phase One is defined as calendar year 2012; Phase Two is calendar year 2013 through midyear 2014. Communications about changes that have gone into effect in 2010 and 2011 and those to be effective in 2012 will be the focus of communications efforts in Phase One. The future of health care reform is clouded by a pending Supreme Court review of the constitutionality of the law and the outcome of the presidential and congressional elections of 2012. In the District, many decisions about the District's exchange and other 2013/2014 initiatives (e.g., the call center) have not been determined. Further, the communications plan has been developed without guidance on available funding to implement it. Thus, the communications plan is high level and will need to be refined as more decisions and specific details are available.

The overall goal of the communications plan is to ensure that District residents, small employers, and other stakeholders are knowledgeable about the Health Insurance Exchange and other key provisions of ACA that impact them.

The objectives for the first phase of the plan (calendar year 2012) are to:

- Introduce District stakeholders to the concept of the Health Insurance Exchange
- Inform and engage District residents/stakeholders in the ongoing development of the Exchange and other health reform initiatives
- Establish the District Government as the first and most trusted source of information about health care reform in the District of Columbia

The objectives for the second phase (January 2013 - June 2014) are:

- Educate and engage targeted stakeholders about the implementation of the health insurance exchange and their prospective participation
- Provide more detailed information on processes for accessing the Exchange and promote enrollment in plans offered in the Exchange marketplace
- Continue to inform District stakeholders about new and ongoing health care reform initiatives in the District of Columbia
- Continue to position the District Government as the first and most trusted source of information about health care reform in the District of Columbia
- Reinforce the benefits of enrolling in the exchange

The communications plan proposes utilization of the following strategies to achieve its objectives:

- Public awareness media campaign
- Targeted informational materials for key stakeholder audiences

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- Robust, interactive DC health reform website
  - Health care reform “ambassadors” as informed spokespersons
  - City-wide and neighborhood-level events
  - Partnerships to access existing, communications vehicles and outlets
  - Paid media for targeted placements

An underlying assumption of the communications plan is that there will be a single, distinctive “Brand” - a consistent look and messaging that serves to unify and bring under one umbrella all of the elements, programs, and initiatives associated with health care reform in the District. The Brand should be used in all communications efforts through 2014. Research is needed to determine whether the existing tagline “One City Insured” is a sufficiently strong brand platform on which to build future communications efforts. Additional concerns have been raised about whether the existing tagline too narrowly focuses on insurance coverage and does not communicate the health and human services integration and other reform changes that will occur.

The proposed tactics are designed to achieve the plan’s overall goal and objectives. Many tactics will be utilized in both the first and second phases of the plan. The suggested tactics and timeframes for Phase Two are geared primarily toward supporting the launch and marketing of the Exchange, about which there are still many unknowns. Thus, the plan will require ongoing updating and refining as implementation details, specific stakeholder impacts and available resources are better defined.

## 2. BACKGROUND

In March 2010, President Barack Obama signed into law the landmark Patient Protection and Affordable Care Act, later amended by the Health Care and Education Reconciliation Act of 2010, and 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. Some health care reform initiatives were effective immediately in 2010; others are to be phased in. State Health Insurance Exchanges, considered by many to be the Act’s most significant reform, are mandated to be in place on January 1, 2014.

Some of the new ACA initiatives, and their implementation timing, include:

- Coverage of dependent children up to age 26 (2010)
- Pre-Existing Condition Insurance Plan[PCIP] (2010)
- Elimination of pre-existing condition restrictions (2014)
- Reduction of the donut hole in Medicare prescription coverage (2012-2020)
- Additional funding for community health centers (2010)
- Expansion of Medicaid to millions more people (2014)
- Money to expand number and types of health care workers (2010)

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- Subsidies and tax breaks to encourage employer coverage (2014)
  - Establishing the Health Insurance Exchange (2014)
  - Fraud and abuse and transparency initiatives (2010-2014)

The District has fully embraced health care reform and has aggressively moved forward to achieve full implementation of the new health care reform 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 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 2010, a mayoral Health Reform Implementation Committee (HRIC), co-chaired by the Director of the Department of Health Care Finance (DHCF) and the Commissioner of the Department of Insurance, Securities and Banking (DISB), was established to advise and coordinate health care reform in the District. (The directors of the departments of Health and Human Services were the other two members of the committee.) The HRIC and its subcommittees began meeting and planning for implementing health reform in the District. Three public meetings were held in August, September and October of 2010. The DC Health Reform website ([www.healthreform.dc.gov](http://www.healthreform.dc.gov)) was launched in November 2010.

In 2011, the newly-elected mayor reconstituted the Health Reform Implementation Committee, 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 Committee was expanded to include the directors of Mental Health (DMH), Disability Services (DDS) and Human Services (DHS) as members, such that all agencies mandated to provide, protect, or oversee the delivery of quality health care services to District residents serve on the committee. Subcommittees of the 2011 HRIC include Insurance, Health Service Delivery, Eligibility & Enrollment, and Communications. Within DHCF, the Health Care Reform and Innovation Administration 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 health care reform law, to introduce the concept of the health insurance exchange and to obtain feedback about how the District Exchange might optimally operate.

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Additionally, DISB also fielded an online survey (with a paper version also available) to obtain resident input on the District's health insurance exchange.

To date, the District has been awarded several grants from ACA funding. DHCF has been awarded over \$9 million to support the planning and establishment of a Health Insurance Exchange. DHCF and DISB received almost \$150,000 for the Consumer Ombudsman program. DHS was awarded a grant for school-based support for pregnant and parenting teens and the DOH was awarded six grants for projects dealing with HIV prevention, testing and surveillance; tobacco quit lines, and epidemiology & laboratory capacity, and public health infrastructure and performance. In addition, the Department of Employment Services (DOES) and DOH were awarded a primary care workforce grant.

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>1</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>2</sup> Once nearly 70% African-American, the District has seen a steady decline in the black population 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.

Because of the comprehensive nature of the ACA, this plan assumes that practically all District residents are stakeholders who should be informed about the impacts of the health reform law. Some stakeholders (e.g., the uninsured and small employers) may be more directly affected by reforms, such as the health insurance exchange. Some stakeholders are important because of the key roles they play in helping to educate, influence, and advocate for health care consumers. The District realizes that effective communications with District residents and affected stakeholders is essential to ensuring the successful implementation of health reform in the District.

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<sup>1</sup> Washington Post, December 21, 2011, "District's Population and Image Soar."

<sup>2</sup> Ibid

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This strategic communications plan serves as a framework to inform and engage District of Columbia stakeholders about all ACA initiatives which impact them, especially the health insurance exchange. The plan covers the period from the beginning of 2012 to mid-2014. Phase One is defined as the calendar year 2012. Communications about changes that have gone into effect in 2010 and 2011 and those to be effective in 2012 will be the focus of communications efforts in Phase One. Phase Two is defined as the year 2013 through midyear 2014. It focuses on the implementation of 2013 and 2014 initiatives, such as the health insurance exchange.

However, as described below, there are still pending decisions and unforeseeable internal and external factors that may impact Phase Two. Thus, this plan is necessarily high level and will require updating as District decisions, implementation plans, and affected audiences are solidified. In addition, this plan recognizes that a targeted campaign will be created and launched in late 2013 to inform District residents about the new eligibility and enrollment system and encourage residents and small businesses to use the Exchange marketplace to purchase commercial insurance.

This plan currently assumes that the District will proceed to roll out its communication effort in the first quarter of 2012.

### 3. SITUATION ANALYSIS

#### The Landscape

It is instructive to provide a brief summary of the current environment in which health care reform is being implemented.

An excerpt from a November 14, 2011 *AARP Bulletin* succinctly captures the current health care reform landscape since the law's controversial passage when it states, "*The embattled act has been in the courts since six minutes after Obama used 22 pens to sign the bill into law at 11:56 a.m. on March 23, 2010.*" A number of states have since filed lawsuits protesting aspects of the new law. Heated debate continues and opinions remain strong. Congressional threats to repeal the law, the Supreme Court's recent decision to hear arguments over the law's authority mandating the purchase of health insurance, and a hotly-contested 2012 presidential election set an uncertain tone for the future of health care reform.

The Supreme Court will render its decision in June 2012 on the legality of the individual mandate of the law and may also address whether the mandate can be separated from the rest of the provisions of the ACA as well as comment on the legality of the Medicaid expansions. The decision by the Supreme Court also will determine whether funds will be available from the Federal Government to allow implementation of the health insurance exchange and Medicaid expansions. Questions already exist about funding for the consumer ombudsmen program. Several states have had to dismantle their ombudsmen programs just months after setting them up.

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Another factor is the presidential election in November 2012. The most likely Republican candidates are campaigning on the promise of dismantling the ACA (disparagingly referred to as “Obamacare”). Whether the Republicans prevail in electing a President or whether the composition of the House or Senate is changed such that repealing legislation is possible remain unknowns at this time. Although public sentiment seems to show that public support for the ACA is back to its high (half of the population supports it), its future is by no means assured.

Even within the District, there are different thoughts about the extent to which the District should roll out a health care reform communications campaign prior to the Supreme Court ruling.

Although there is strong support for a District run Exchange, there are still unknowns about whether the District can afford to set up and sustain its own health insurance exchange or whether it will need to join with another state for a regional exchange, partner with the Federal Government or allow the Federal Government to run the exchange for the District.

In spite of the contentious landscape and unknowns, the District’s Mayor and Council are moving forward in planning for the smooth implementation of health care reform including the establishment of a Health Insurance Exchange for the District.

### 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. The Plan recognizes that fair, balanced and positive opportunities exist to get the story out about the District Government’s approach to moving health care reform forward 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 *Korean Times DC*, *Asian Fortune* and *Zethiopia*, are key to 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 *Hoyer*. Progressive blogs and online e-bulletins of organizations (such as AARP targeting the 50+ audience) also support the passage of health care reform, focusing primarily on how ACA affects 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 new Health Insurance Exchange.

Local news programming like that airing on WHUR-FM, WTOP-FM, WAMU-FM's, "The Kojo Nnamdi Show," News Channel 8's 24-hour news format, NBC, CBS, ABC and Fox5 television network affiliates, 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 health reform and 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 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 ACA</li> <li>• On-going and continuous activity coordination among District government agencies</li> <li>• Perceived support of ACA by District residents</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Stakeholders are not fully informed about ACA or the Exchange</li> <li>• Stakeholders unclear about eligibility</li> <li>• ACA staggered implementation timeline</li> <li>• Mid-point introduction of a recognizable brand stamp identifying all the elements associated with the District's ACA initiatives</li> <li>• Lack of consumer attitudes research on ACA and related health care concerns</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Serve as a highly visible model for ACA and health insurance exchange implementation due to location in Nation's capital</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Uncertainty of the result of the Supreme Court ruling expected in June 2012</li> <li>• Uncertainty about the Nov. 2012 presidential and congressional race</li> </ul>

	<p>results.</p> <ul style="list-style-type: none"> <li>• Uncertainty about District funding to implement a stand-alone exchange and other health reforms without federal support</li> </ul>
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#### 4. STAKEHOLDER ANALYSIS

Because of the comprehensive nature of the ACA, this plan assumes that almost all District residents are stakeholders who should be informed about the impacts of the health reform law. Some stakeholders (e.g., the uninsured and small employers) may be more directly affected by reform initiatives, such as the health insurance exchange. Some stakeholders are important because of the key roles they play in helping to educate, influence, and advocate for health care consumers. Because of the various roles played by 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 residents who are not as directly affected by reform initiatives.

The following section discusses the various groups of stakeholders that are relevant to communications efforts supporting health reform implementation in the District. The source for the statistics referenced below is the July 2011 Mercer background report, “Current Status of Insurance Coverage in the District of Columbia.”

##### Consumers by Insurance Coverage:

- 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)
- Employer-Sponsored Insured
- Self-Employed/Other Privately Insured
- Uninsured (healthy, young, pre-existing, poor, illegal residents)
- Underinsured (low employer coverage, unaffordability)
- Pre-Existing Condition Insurance Plan (PCIP) Members

About half of all District residents are covered by Employer-Sponsored Insurance in the small group, large group or self-insured market. About 30% of District residents are covered by Medicaid and/or Medicare. Roughly half of the District’s Medicaid enrollees are in managed care. All the Alliance enrollees receive care through managed care organizations. 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” who chose not to purchase

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insurance, the working poor whose employers do not provide insurance or who can't 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 health insurance exchange in 2013 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, starting in 2014, self-employed individuals must be included in the small group market and will be targets for participation in the Exchange. In addition, other health reform changes, such as improvements in Medicare preventive care and prescription benefits already begun and future Medicaid eligibility and enrollment changes, will be important news to communicate to those targeted populations.

#### Consumers with Special Needs (and caregivers of these consumers):

Examples of special needs populations:

- 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

Consumers with special needs, and the caregivers and advocates who assist them, are important constituencies that will need information and support around the provisions of the ACA that affect them. 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 and work through these agencies to identify the issues of greatest concern to their constituents as well as the opportunities to use their networks and existing communications channels to get targeted communications to these communities. We will also need to recruit staff from the departments of Disability Services and Mental Health for the Ambassador program so they can be emissaries knowledgeable about all aspects of health care reform with in-depth understanding of the particular concerns and needs of special populations. In addition, a number of specialty providers serve these populations. These specialty providers will not only need to be informed about how they are impacted, but their offices and treatment sites also can serve as outlets for disseminating targeted information to their patients with special needs.

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

- Small Employers - under 50 employees
- Middle 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. There is still a need

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for stakeholder engagement activities in 2012 focused on small employers, to get input on decisions on the role of insurance brokers/agents relative to the SHOP (Small Business Health Options Program). Information about currently available tax credits and the increased tax credits in 2014, as well as the benefits of/opportunity to participate in the SHOP will be the key messages in communications targeted to small businesses now through 2014. Although the ACA does not mandate that employers offer health insurance, large employers (those with more than 50 employees) must provide minimum essential coverage or be subject to penalties, beginning in 2014, if one or more of their employees obtains a premium credit through an exchange. There are automatic enrollment and notice requirements affecting large employers in 2013 that should be highlighted in employer communications in 2012/2013. Through payroll envelop stuffers, websites, newsletters and other internal company communications, employers can also help disseminate information to their employees and their families.

#### 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 has only two Medicaid MCOs. 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. The Medicaid MCOs are contracted to the Department of Health Care Finance to serve the Medicaid and Alliance populations in the District. The ACA provides for a number of health insurance reforms that have already or will affect insurance companies and MCOs. A number of decisions regarding participating in the Exchange and essential health benefits will be made in 2012 and 2013 and implemented in the Exchange in 2014. Stakeholder engagement with these players, led by the Insurance Subcommittee of the HRIC, is expected to continue. In addition, the communications plan recognizes that insurance companies and MCOs can assist in communications efforts using their existing relationships and communications channels with providers and enrollees. The Plan recognizes that the role of insurance agents and brokers relative to the Exchange and the navigator function has yet to be defined. The communications planning for 2013 and beyond must be updated to reflect these decisions, their impacts and the best way to target the audiences who need to be informed.

#### Providers of Health Care Services:

- Health Systems
- Hospitals
- Primary Care Physicians
- Specialty Providers
- Community Health Centers

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- Specialty Clinics/Facilities
  - Nursing Homes
  - Mental Health Providers
  - Long Term Care Facilities
  - Substance Abuse Facilities
  - Pharmacies

Providers serve as primary communication targets who must be informed about the ACA changes that impact them. For instance, the ACA includes new disclosure and screening requirements for Medicare, Medicaid and CHIP providers designed to provide greater transparency and integrity. ACA also includes reimbursement changes, such as the increase in Medicaid payments for primary care beginning in 2013. There are existing communications channels with providers that should be utilized to notify providers of changes that directly impact them. Additionally, providers will be trusted information sources and influencers of their patients. 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, and hospitals can serve as point-of-service sites for distributing targeted and general information about health care reform. Some providers should also be informed about their eligibility to compete for ACA grant funds, such as for new health delivery models, facilities or staffing initiatives.

#### 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. Some organizations should also be informed about their eligibility to compete for ACA grant funds, such as for care management, training or outreach innovations.

#### Community Organizations:

- ANCs and Neighborhood Associations
- Churches/Clergy
- Community and Civic Organizations
- Colleges, Universities, and Trade Schools

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These stakeholders are important and trusted community and grassroots influencers who can help with increasing awareness and engagement in health care reform initiatives. 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/information sessions where guest speakers would be welcome. Colleges, universities, technical training programs and trade schools serve populations that are beneficiaries of the coverage expansions and insurance reforms and who also are likely targets for participating in the Exchange. These institutions can help us reach this important constituency. In addition, some types of community organizations should also be communicated to about their eligibility to compete for ACA grant funds, such as for training or outreach innovations.

Employer/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, Beauty Shop Owners, Taxi-Drivers etc.)

These organizations will be important to help increase awareness and engagement, particularly on issues affecting small employers. These include decisions around the SHOP as well as disseminating information about the changes in tax credits, penalties for larger employers, notification changes, etc. These organizations also have existing communications channels and scheduled meetings, which can be utilized to disseminate information and to encourage dialog with and solicit feedback from their members. Their meetings also provide forums for speakers on health care reform impacts.

Government Stakeholders:

There are stakeholders in the government, such as the Council members and staff and the leadership and staff at non-HRIC member agencies, to whom communications will need to be directed. There may be existing communications channels that can be used to reach these audiences. Some governmental entities, such as the Parks & Recreation Department, public libraries, and public schools, should be useful partners for disseminating information about health reform to their constituents. In addition, communications activities should be coordinated with the District government offices which do outreach to special populations, such as the Office of Latino Affairs, Office of Asian and Pacific Islander Affairs, Office on Aging, Office of Community Affairs, Office of Lesbian, Gay, Bisexual and Transgender Affairs, Mayor's Office of Neighborhood Engagement, and Department of Small & Local Business Development. Working with the PIOs from the non-HRIC government agencies; sharing communications tools, such as talking points, FAQs, and fact sheets; and "training the trainers" are all vehicles which can be used to ensure that District government stakeholders, especially those who interact directly with residents, have correct

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information and speak with accurate and consistent messages about health care reform in the District.

## 5. COMMUNICATION GOALS AND OBJECTIVES

The District recognizes that effective stakeholder communications is essential to ensure the successful implementation of health reform in the District. Affected District residents must be informed and equipped to comply with or benefit from the changes of this historic law.

The goal of the Strategic Communications Plan is to:

- Ensure District residents, small employers, and other stakeholders are knowledgeable about the Health Insurance Exchange and other key provisions of ACA that impact them.

By January 1, 2013, the District must demonstrate its readiness to operate its own Health Insurance Exchange and to begin enrollment in October 2013. The Exchange goes live on January 1, 2014. Thus, the Communications Plan is divided into two phases. Phase One covers the period roughly from January through December 2012. Phase Two covers January 2013 through mid-2014 (through the first six months of Exchange operations). Our objectives for each phase are similar, yet reflect the needs of each phase:

Phase One Objectives: (January - December 2012)

- Introduce District stakeholders to the concept of the Health Insurance Exchange
- Inform and engage District residents/stakeholders in the ongoing development of the Exchange and other health reform initiatives
- Establish the District Government as the first and most trusted source of information about health care reform in the District of Columbia

Phase Two Objectives: (January 2013 - June 2014)

- Educate and engage targeted stakeholders about the implementation of the health insurance exchange and their prospective participation
- Provide more detailed information on processes for accessing the Exchange and promote enrollment in plans offered in the Exchange marketplace
- Continue to inform District stakeholders about new and ongoing health care reform initiatives in the District of Columbia

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- Continue to position the District Government as the first and most trusted source of information about health care reform in the District of Columbia
  - Reinforce the benefits of enrolling in the exchange

## 6. 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 of each phase. The key strategies will be:

- Public awareness media campaign
- Targeted informational materials for key stakeholder audiences
- Robust, interactive DC health reform website
- Health care reform “ambassadors” as informed spokespersons
- City-wide and neighborhood-level events
- Partnerships to access existing, communications vehicles and outlets
- Paid media for targeted placements

## 7. COMMUNICATION TACTICS

An underlying assumption of this communications plan is that there will be a single, distinctive “Brand” – a consistent look and messaging that serves to unify and bring under one thematic umbrella all of the elements, programs, and initiatives associated with health care reform in the District. This Brand should be used in all future communications efforts through 2014.

To date many of the District’s health reform outreach and communications have used the phrase “One City Insured.” The District should evaluate whether the “One City Insured” tagline is a sufficiently strong and descriptive brand platform before adopting it to support all future health reform communications initiatives through 2014.

The District should review existing research, talk with HRIC Public Information Officers (PIOs), and conduct focus groups to research the branding concepts (messages/look) and to obtain data about health reform related topics, such as views on health care, behaviors, insurance coverage, ways of receiving news and information, trusted health information sources, social media habits, and lifestyle. The results will ground and shape effective communications and messaging to various stakeholder groups.

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. Many tactics will be utilized in both the first and second phases of the plan. The suggested tactics and timeframes for Phase Two are geared primarily toward supporting the launch of the Exchange and would be coordinated with a strong marketing and

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advertising program promoting enrollment in the Exchange. A suggested timeline for tactics discussed in this Plan is shown in Attachment A. Also a crosswalk which correlates the strategies/tactics to our objectives in each phase is Attachment B.

*Strategy: Public Awareness Media Campaign*

Tactic: Media Launch of Health Reform Brand (tagline, logo, campaign)

- Press corps alerted to unveiling event at Mayor's weekly news conference. Announces the placement and usage of the brand stamp throughout government.
- Show final version applied to signage, promo items, for unveiling. Each HRIC member agency electronic vehicles (i.e. Email signature, website, digital display screens, etc.).
- Opportunity for Mayor, Deputy Mayor, HRIC to provide update on health care reform in DC.
- Timeframe: March 2012

Tactic: Media Kit

- Craft and assemble the background elements to build a multi-function, multi-purpose media kit.
- Suggested contents: Overview of DC healthcare reform implementation and initiatives; Fact Sheet and/or FAQs on Exchange and key health reform elements, DC health care statistics; other items to be determined and updated as needed. The Media Kit will be used for general media outreach and customized as needed.
- Timeframe: March 2012 - Contents to be updated as needed throughout campaign

Tactic: Media News Strategy

- In concert with DHCF PIO and other PIOs, develop an editorial calendar ensuring regular coverage of news stories focused on the many aspects of the Exchange and other health reform initiatives.
- Build a working press list identifying the favorable and the "unfriendlyes."
  - Include main stream media as well as niche media publications, radio, free papers, weekly shoppers and advertisers.
- Identify interviewing opportunities for the Mayor, Deputy Mayor and HRIC leadership.
- Timeframe: Periodically when milestones and significant achievements are met (e.g., grant awards or hiring of Exchange Director, etc.); goal of monthly placements.

Tactic: Health Reform Monthly Column

- Explore placement of monthly column (with byline of Mayor, DHCF Director Turnage, Deputy Mayor) focusing on aspects of health care reform for community, niche-focused weeklies and monthly publications.
- Timeframe: Quarterly beginning April 2012; monthly in 2013 and 2014

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Tactic: Op-Eds in media

- Secure placement of op-eds in the Washington Post and Washington Business Journal touting health care reform's value to stakeholders or responding to potentially negative or less favorable news coverage on health care reform or the District's efforts.
- Secure placement of op-eds in relevant niche market publications touting health care reform's value to specific audiences or responding to issues that might arise which impact certain stakeholders and audience segments more than others.
- Timeframe: At least twice a year

Tactic: Social/Digital Media

- Establish a District Health Care Reform 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: #dcHBE).
- 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.
- Disseminate blogs by the Mayor and other District leaders on health care reform issues and accomplishments.
- Timeframe: Ongoing, beginning in Second Quarter 2012

Tactic: Public Service Announcement (PSA) series

- Develop various length (:15, :30, :60 sec) announcements on topics ranging from preventive care; health reform, the Exchange enrollment, website FYIs, as examples. All ending with the identifier... and new branding message "Brought to you by....." Suggested Talent: Mayor Gray, HRIC leadership, Deputy Mayor-HHS, and others.
- Timeframe: Monthly beginning September 2013

*Strategy: Targeted Informational materials for key stakeholder audiences*

Tactic: Health Reform All Household Mailing

- Comprehensive health reform status report mailed to every household, similar to "leaf collection" and other informational mailings sent to city residents. Brochure would highlight major health care reform provisions, efforts of the District, status of the Exchange, other health news (flu shots; immunizations, etc.), where to get more information.
- Timeframe: Annual mailing, proposed for September

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Tactic: Newsletter/E-newsletter

- Produce a health reform periodic newsletter in digital and print format targeted to advocates, influencers, community leaders, informed consumers.
- Distribute through community, ANC and government-based list and those who sign up for updates on DC health reform website.
- Focus on updates on implementation in DC; more in-depth discussion of specific provisions; FAQs, updates on national.
- Timeframe: Quarterly, beginning April 2012

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), hospital waiting rooms, large physician office practices, community health centers, MLK central library and community libraries, and METRO stations.
- Utilize existing mailings/communication channels to special needs populations, Medicaid and Alliance populations, providers, etc. to disseminate targeted materials about health reform information to 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.
- Business "Brief" that describes the Exchange, SHOP, answers questions about the value to small employers and their employees; distributed through mail or small business associations, chambers of commerce, professional organizations, etc.
- Timeline: Various, beginning in 2013

*Strategy: Robust, interactive DC health reform website*

Tactics: Strengthen appearance, content and timeliness of website

- Work with Office of Chief Technology Officer (OCTO) to understand opportunities/limitations of HRIC website.
- Upgrade graphic elements consistent with branding.
- Increase font size to make the site more user-friendly to visitors over 50 years of age.

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- 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 health reform website from other government agency websites.
  - Timeframe: March 2012, updated frequently thereafter

Tactic: Include website address in all communications and all materials about health care reform

- All HRIC Agencies include health reform web address in all materials - print or electronic.
- Provide a telephone number alternative (e.g., “311” or Ombudsman’s office) for residents who do not use or don’t have computer access to get health reform information
- Timeframe: Beginning March 2012

Tactic: Health Reform Blogs

- Post Mayor’s blog on the health reform website.
- Use blogs by Mayor and others to announce updates and direct traffic to the website.
- Provide for guest blogs/postings from advocates, consumers, other government leaders.
- Timeframe: Monthly, beginning March 2012

Tactics: Alternative vehicles for increasing website traffic

- Initiate “Robo calling” to stakeholder groups intended to prompt a visit to the Exchange web portal and shop for affordable insurance coverage. Use Mayor’s Voice.
- Text messaging to younger stakeholders prompting a visit to the Exchange web portal.
- Scrolls and short video clips on digital out-of-home networks (i.e. screens located at gas stations, restaurants, etc.).
- Timeframe: 2013

*Strategy: Health care reform “ambassadors” as informed spokespersons*

Tactic: Identify and train diverse group of trusted spokespersons to serve as health reform ambassadors to harder to reach populations

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- Connect with network of Community Health Workers and current CCDC CHW certification program to educate them about ACA and solicit their help in informing constituents about health reform.
  - Train Ombudsman office staff and Advisory Council members as health reform ambassadors.
  - Conduct ongoing training sessions for community-based health workers and advocates on ACA and how to communicate its impacts to affected populations.
  - Special efforts should be made to recruit community individuals experienced in working with consumers with special needs and their advocates.
  - When and if appropriate, include Health Care Navigators as Ambassadors. Coordinate with them to ensure that consistent messages and materials are used with District audiences.
  - Timeframe: 2012-2014

Tactic: Speakers Bureau

- Establish a Speakers Bureau program that offers a diverse cadre of individuals to deliver approved messaging about health care reform initiatives to District audiences.
- Publicize availability of Speakers Bureau through health reform website, newsletters, and all communications to residents and community organizations.
- Offer wide variety of speakers to meet the diverse needs of the District audiences (government representatives, community workers, advocates for specific niche populations, culturally competent, business-oriented, etc.). Special efforts should be made to recruit government representatives who are experienced working with consumers with special needs and their advocates.
- Timeframe: 2012 - 2014

*Strategy: Citywide and Community-level Events*

Tactic: Mayoral/HRIC Health Care Forums

- Convene annual District-wide Forum on improving the delivery of health care to residents in the District, with focus on health reform changes, the Exchange and successful programs that improve care in the City. 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 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: Forums in Fall 2012, 2013, and 2014

Tactic: Community/Neighborhood Events

- Use community/neighborhood level events, if and where appropriate, for stakeholder engagement and communications objectives.

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- Send Health Care Reform Ambassadors as speakers to existing smaller neighborhood and community-level events to provide updates on health reform and continue the focus on improving the health of District residents.
  - Timing: Ongoing

*Strategy: Partnerships to access communications vehicles and outlets*

The District government will enlist the participation and support of the business community, nonprofit and governmental organizations to assist in its effort to increase awareness of health care reform in the District. Examples of partners include major retail pharmacies, utility companies, cable providers and local TV stations, radio stations; grocery chains, health care providers, nonprofit associations, such as YMCA or YWCA, 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 HRIC website and redeeming a downloadable coupon from the site or attending a health reform 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

*Strategy: Paid Media for targeted placements*

*Tactic: Out of Home and Niche Advertising*

- Purchase Out-of-Home (e.g., bus and subway transit ads) especially to support the health exchange and Medicaid changes, along routes and neighborhoods appropriate for targeting young invincibles, Medicaid beneficiaries, or neighborhood commercial strips of small businesses.
- Purchase targeted niche market talk radio, cable-TV, and newspaper advertising with appropriate messages for consumers and small employers.
- Explore feasibility of accessing media streams available in bars, restaurants, gas stations, college locations, etc. often targeted to young invincibles.
- Timeframe: Beginning 3<sup>rd</sup> Quarter 2013 through 2<sup>nd</sup> Quarter 2014

## 8. EVALUATION

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

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- 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 health care reform website
  - Number of discreet visitors to the Exchange web portal
  - Number of individuals using the Exchange web portal who selected a plan and purchases health insurance
  - Were special events, stakeholder and influencer meetings or information sessions well attended?
  - What aspects of health care reform generated the most coverage in the blogosphere?
  - How many Fans or Friends on Facebook?
  - How many followers on Twitter?

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.