

2012

Report to the Health Insurance Exchange Advisory Task Force



Photo courtesy Minnesota Historical Society

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Work Group
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BACKGROUND OVERVIEW

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA). Among the various provisions in the PPACA was a requirement that either states or the federal government create “Health Insurance Exchanges” in each state. Those exchanges are intended to be a marketplace where individuals can compare policies and premiums and buy insurance.

A Health Insurance Exchange is a marketplace for individuals and business to compare, choose, and purchase health insurance at a fair price. An Exchange can make health care easier to navigate for consumers and small businesses. It can allow Minnesotans to easily compare health insurance options based on cost, quality, and consumer satisfaction. It can also foster fair and equitable competition to encourage insurers and health care providers to place a great focus on value, quality, and affordability.

An Exchange can help small businesses provide affordable coverage choices to their workers and allow employees to choose the plan that is best for them and their families. Subsidies and tax credits will be available to eligible individuals and small businesses to make coverage more affordable. Minnesotans can purchase private health insurance or enroll in public programs like Medical Assistance through the Exchange.

The information presented in this report is the result of numerous, in-depth discussions that incorporated the extensive field knowledge, experience and expertise of work group members. The Work Group took particular care to seek out comparison information on exchange work being performed by states across the country, and to stay abreast of breaking developments as more states began reaching outreach and communications milestones. To establish a baseline understanding of communication and outreach challenge for the exchange, the Work Group sought demographic data from a variety of sources, some generated within the state and some from national sources. Although this report concentrates primarily on a suggested approach and direction, as well as recommended options, for the public education and outreach of the exchange by the Outreach, Communications and Marketing Work Group, much of their work is supported by the HIX public education and outreach contractors; by data gleaned from the market research performed by Salter Mitchell, and by the strategic communications plan developed by Himle Rapp.

Federal Requirements/Guidance

Section 1311 (d) (6) of the ACA requires that all health insurance exchanges consult with certain groups of stakeholders as they establish their programs and throughout ongoing operations. The key stakeholders outlined are:

- a. Educated health care consumers who are enrollees in QHPs, including individuals with disabilities;
- b. Individuals and entities with experience in facilitating enrollment in health coverage;
- c. Advocates for enrolling hard-to reach populations including individuals with a mental health or substance abuse disorder; individuals with disabilities; and those who need culturally and linguistically appropriate services;
- d. Small businesses and self-employed individuals;

The Department of Health and Human Services (HHS) further outlined additional groups for inclusion under proposed rule (155.130):

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- e. State Medicaid and CHIP agencies and consumers who are Medicaid or CHIP beneficiaries;
- f. Federally-recognized tribe(s) located within the Exchange's geographic area;
- g. Public health experts;
- h. Health care providers;
- i. Large employers;
- j. Health insurance issuers; and
- k. Agents and brokers

HHS, through its Office of Consumer Information and Insurance Oversight (CCIIO), provided further guidance on expected milestones for the core area of outreach and education in the publication released January 1, 2011, *Cooperative Agreement to Support Establishment of State-Operated Health Insurance Exchanges*. The document stated that Exchanges should:

1. Perform market analysis/environmental scan to assess outreach/education needs to determine geographic and demographic-based target areas and vulnerable populations for outreach efforts.
2. Develop outreach and education plan to include key milestones and contracting strategy.
3. Distribute outreach and education plan to stakeholders and HHS for input and refinement.
4. Develop a "toolkit" for outreach to include educational materials and information.
5. Develop performance metrics and evaluation plan.
6. Design a media strategy and other information dissemination tools.
7. Submit a final outreach and education plan to HHS.
8. Focus test materials with key stakeholders and consumers, and make refinements based on input.
9. Launch outreach and education strategy and continue to refine messaging based on response and feedback from consumers.

Minnesota Guidance

In October of 2011, Governor Mark Dayton issued Executive Order 11-30 which, among other initiatives, directed the Minnesota Department of Commerce to design and develop a Minnesota Health insurance exchange. In order to inform this work, Commissioner Mike Rothman appointed an Health Insurance Exchange Advisory Task Force to provide him with input on a number of issues related to that design and development. To assist the work of the Advisory Task Force, a number of technical work groups were formulated including the Outreach, Communications and Marketing Work Group.

OUTREACH, COMMUNICATIONS AND MARKETING WORK GROUP

In March 2012, the Exchange convened the Outreach, Communications and Marketing Work Group as one of ten work groups that provides information to the Advisory Task Force. This workgroup is composed of 27 members including consumer, employer, health insurer, and provider representatives, as well as market experts, and state agency staff. The purpose of the workgroup is to provide technical assistance and information on the options related to outreach, marketing, and communication for a Minnesota Health Insurance a Minnesota Health Insurance Exchange. The Advisory Task Force will use this information to inform their recommendations to the Governor.

Work Group members were selected via an open application process and will serve through the end of 2013. Members of the Outreach, Communications and Marketing Work Group are:

- Sue Abderholden, National Alliance on Mental Illness of Minnesota (co-lead)
- Mary Sienko, Minnesota Health Insurance Exchange (co-lead)
- Carley Barber, Minnesota Health Insurance Exchange
- Andy Cook, Regions Hospital Foundation
- Angela Dahl, National Marrow Donor Program
- Pamela Daniels, Department of Human Services
- Kathleen Davis, Legal Aid Society of Minnesota
- Mitchell Davis, Jr., Minneapolis Urban League
- Lauren Gilchrist, Health Reform Minnesota
- Kerri Gordon, Allina Hospitals & Clinics
- Sammy Gueringer, Ear, Nose and Throat Clinic and Hearing Center
- Annie Halland, Minnesota Public Health Association
- Jessica Hayssen, Minnesota AFL-CIO
- Ben Hill, Department of Commerce
- Carol Hernandez, Mille Lacs Band of Ojibwe
- Al Kruse
- Liz Kuoppala, Minnesota Coalition for the Homeless
- Shawn Leighton, Best Buy
- Matt Malloy, Blue Cross Blue Shield
- Patrick O'Leary, Citizen's League
- Joe Pederson, Lakes and Prairies Community Action Partnership
- Greg Sailer, Sailer Benefit Services
- Benjamin Schierer, Communicating for America
- Akhmiri Sekhr-Ra, Cultural Wellness Center
- Scott Smith, Minnesota Department of Health
- Peter Sorensen, Sorenson Flexible Benefits
- Donna Zimmerman, HealthPartners

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The Work Group has been tasked with providing the Advisory Task Force with information about the following issues:

- What are the audiences for the Exchange?
- What are the barriers to reaching the target audience? How can we overcome them?
- What are the best channels/methods to reach the audience segments?
- What groups or partners should we seek out to help spread the word on the Exchange?
- What messages and visuals will have the most impact on the audience to entice them to purchase health insurance from the Exchange?
- How do we best present information to drive traffic to the Exchange?
- How do we measure the effectiveness of our outreach efforts?

Below is a summary of completed and upcoming Work Group meetings and agenda topics. Meeting materials and references can be found [online](#).

Date	Agenda Topics
March 7, 2012	<ul style="list-style-type: none"> ▪ Introduction of members and audience ▪ Overview of the Exchange ▪ Overview of the Outreach, Communications and Marketing Work Group ▪ Initial discussion of target audience for the Exchange ▪ Public Comment
April 10, 2012	<ul style="list-style-type: none"> ▪ Discuss and refine market research questions ▪ Continue discussion to define audience segments ▪ Review input from Advisory Task Force ▪ Public Comment
May 4, 2012	<ul style="list-style-type: none"> ▪ Presentation from Peter Mitchell of Salter Mitchell on scope of market research project ▪ Further discussion on audience segments ▪ Public Comment
June 5, 2012	<ul style="list-style-type: none"> ▪ Overview of MA Health Connector campaign ▪ Presentation by David Godfrey, MDH on Medical Assistance landscape ▪ Initial discussion of outreach efforts ▪ Work plan check-in ▪ Public Comment
July 10, 2012	<ul style="list-style-type: none"> ▪ Presentation of preliminary Market Research results by Salter Mitchell ▪ Presentation of Enroll UX 2014 project by Pete Frank ▪ Discussion of guiding principles ▪ Distribution of demographic research for audience segments ▪ Public Comment
August, 2012	Audience Segment Team Meetings <ul style="list-style-type: none"> ▪ Drill down to barriers and benefits
September 11, 2012	<ul style="list-style-type: none"> ▪ Discussion and approval of guiding principles ▪ Audience Segment Team reports ▪ State Fair report ▪ Update on outreach, education, branding efforts by other states

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Date	Agenda Topics
	<ul style="list-style-type: none"> ▪ HIX update – IT build, work groups, blueprint certification application ▪ Public Comment
October 16, 2012	<ul style="list-style-type: none"> ▪ HIX updates - \$42.5 million grant, move to MMB, work groups, blueprint certification ▪ Review public education/outreach websites from other states – OR, MD, CO ▪ Discuss content for a Minnesota public education website ▪ Discuss outreach channels ▪ Work plan review ▪ Public Comment
November 30, 2012	<ul style="list-style-type: none"> ▪ Review of preliminary draft of Himle strategic communications and social media plan ▪ Branding development exercise ▪ HIX update
2013	<ul style="list-style-type: none"> ▪ Discussion of marketing dollars allocation ▪ Discuss performance measures and evaluation ▪ Review and discuss branding assessment ▪ Discuss corporate partnership opportunities and member connections ▪ Review outreach community events. Prioritize and approve calendar. ▪ Review and discuss marketing campaign plan ▪ Review marketing materials ▪ Review advertising plan ▪ Work plan check-in ▪ Public Comment

The Outreach, Communications and Marketing Work Group will continue monthly, public meetings to review and discuss ongoing issues related to outreach and education for the Exchange through 2013.

TARGET AUDIENCE PROFILES

The Outreach, Communications and Marketing Work Group devoted a number of meetings, and many hours of discussion, to developing target audience profiles. The information presented reflects their extensive work, along with supporting data from state and national resources and the market research performed by Salter Mitchell.

The Work Group has identified the target audience into three main segments: Medicaid/Medical Assistance Enrollee, Small Employers and Individuals. The Individual audience segment contains multiple subsets.

AUDIENCE TARGET – MEDICAID/MEDICAL ASSISTANCE ENROLLEE

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into three main groupings:

1. Those already on Medicaid, Minnesota Care, or other public assistance program
2. Those newly eligible for Medicaid
3. Those eligible but not on Medicaid (crossover with Individual, Uninsured segment)

For those already receiving care through public assistance programs, the main goal will be to ensure every person clearly understands what and how this new system, the Exchange, will provide for them. It will be logical to work closely with agencies and organizations that currently facilitate for this population to deliver a smooth, seamless transition.

The newly eligible for Medicaid consumer will need a slightly different approach. Although they, too, will need a thorough explanation of the Exchange, they may not be familiar with public assistance programs and may need additional information or more assistance navigating the eligibility and enrollment process.

The toughest challenge will be changing the perspective of those who are eligible for Medicaid but choose not to enroll. Due to lack of coverage, these individuals likely either go without health care or utilize hospital emergency rooms, community health centers, migrant health care clinics and similar non-primary care, non-coordinated services. This unifying characteristic may provide the means to identifying the proper channel(s) for outreach, communications and enrollment. This group intersects with the Uninsured group of the Individual Audience Segment.

The Work Group believes that the key to ensuring an effective education/outreach approach to the Medicaid/Medical Assistance target audience is for the Exchange to leverage existing relationships the Department of Human Services has already developed in delivering this program to Minnesotans. Exchange staff has already begun collaboration efforts with DHS communicators and program managers to reach this audience group (*see Appendix A*).

AUDIENCE CHARACTERISTICS

Current Medicaid/Medical Assistance Enrollee

- Feel disrespected; seeking common courtesies and respect
- Dislike in-person application process

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- Prefer help from trusted people

New to Medicaid

- Demonstrate resistance to enrollment; they don't want to be there
- Open to and prefer an online enrollment
- May need a lot of assistance/information

Eligible But Not on Medicaid *(from Salter Mitchell research)*

- Think health insurance is important but believe majority of peers go without
- Half lost coverage less than a year ago, however one third have been without for more than 2 years
- Three out of four are dissatisfied with the current lack of insurance
- Half cite affordability as main barrier to coverage
- Three quarters have seen health care advertising but few attempted to seek information or acquire insurance

BARRIERS TO ENROLLMENT

For the Enrollee

- Language – either not understanding English or insurance/program terminology
- Wanting to work yet also be able to keep benefits
- Not working but need cash
- Complicated, time-consuming renewal process
- Political opposition
- Lack of trust/welcome at point of entry
- May not want to participate
- Capturing their attention – other needs take precedence
- In rural areas, the lack of privacy during enrollment
- Time consuming and expensive to gather documentation
- Perception of low quality care providers to Medicaid
- Transience of population makes accessibility difficult
- Cultural value for health insurance is low or non-existent

Within Distribution Channels

- Lack of staff and/or resources to assist enrollee
- Lack of knowledge/training to identify a qualifying individual
- Communication not always coordinated between areas of agency/organization
- Proper documentation not completed or filed
- Program administrators must have direct communication with enrollees (per federal regulations)
- Competing priorities in complex organizations
- Volume of information received; finding the best pathway to front line staff
- Identifying the appropriate messenger/champion

CURRENT DEMOGRAPHICS

The Work Group looked at data from three sources: the Minnesota Department of Health, the State Health Access Data Assistance Center (SHADAC) and the Kaiser Family Foundation. The total number of enrollees in Minnesota Medicaid/Medical Assistance programs is 700,000.

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Program Breakout <i>(as a % of total MN population of 5.3 million)</i>			
Medical Assistance	9.7%	GAMC	0.7%
Minnesota Care	2.6%	TriCare	1.1%

Enrollees					
Children	350,100	50%	Individual – married	138,000	6.0%
Adults	350,300	50%	Individual – not married	400,000	15.7%
At Least 1 Full Time Worker	375,000	54%	Family – married	376,000	10.4%
Part Time Workers	155,600	22%	Family – not married	347,000	22.1%
Non Workers	169,800	24%	Health Status – good/ very good/excellent	601,000	12.7%
Female	365,600	52%			
Male	334,700	48%	Health Status – fair/ poor	122,000	27.6%
White	460,700	66%			
Black	108,500	15%			
Hispanic	54,600	8%			
Other	76,500	11%			

Coverage Rates					
At Least 1 Full Time Worker	375,000	10%	Female	400,000	15.2%
Part Time Workers	155,600	32%	Male	323,000	12.7%
Non Workers	169,800	50%	White	437,000	9.9%
Under 100% FPL	308,600	48%	Black	124,000	55.9%
Under 139% FPL	408,100	46%	Hispanic	61,000	26.3%
139-250% FPL	177,500	22%	Asian	64,000	31.4%
251-399% FPL	68,100	7%	Other	38,000	35.8%
400%+ FPL	46,600	3%			

AUDIENCE TARGET – SMALL BUSINESS EMPLOYER

(defined as establishments with less than 50 employees)

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Establishments who currently offer health insurance to employees
2. New purchasers

For employers who currently offer health insurance to their employees, the role of the agent/broker within the Exchange will be crucial. The market research by Salter Mitchell clearly showed that:

- the majority of employers offering health insurance rely on an agent/broker for assistance

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- small employers value and trust their relationship with their agent/broker
- the majority have held relationships with their agent/broker for 5 years or more

Amongst new purchasers, cost is overwhelmingly the reason the small employer doesn't currently offer insurance to their employees. In addition, the majority of small business owners hold the belief that other businesses are like them in not offering employee insurance. With this group, the agent/broker connection may not be nearly as strong, or may even be non-existent.

AUDIENCE CHARACTERISTICS

Establishments Currently Offering Insurance

- Dissatisfied with their current insurance status – know that larger companies get better rates
- Say that getting insurance isn't easy
- Have a strong trust in, and loyalty to, their broker/agent
- Believe others like them are the same and do offer employee insurance (norm affect)
- Are frustrated with frequent premium increases
- Say that plan choices are becoming more limited
- Say that plans are too complex – find it difficult to understand what is covered by the plans
- Find it difficult to compare benefits/prices across plans
- Typically pay 18% more in health insurance costs than large companies
- Are open to the exchange concept

New Purchasers

- Are open to the exchange concept
- Will need to be shown that they can afford it
- Believe others like them are the same and don't offer employee insurance (norm affect)
- Will need a lot of assistance/information

BARRIERS TO ENROLLMENT

For the Small Employer

- Cost – may not qualify for tax credit
- Cost perception – think it's more expensive than it is
- Language – either not understanding English or insurance/program terminology
- Political opposition
- Lack of trust in government programs or initiatives
- Technology challenge – lack of knowledge of computers
- Lack of reliable Internet access
- May have access to national group insurance (especially non-profit associations)
- Currently have a strong relationship with agent/broker and wouldn't consider the exchange unless their agent/broker was attached
- Capturing their attention – other business needs may take precedence
- Cultural value for health insurance is low or non-existent

Within Distribution Channels

- Some channels/touchpoints may have limited reach

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- Some channels/touchpoints may not be receptive to the exchange for political or ideological reasons
- May not see it as a business opportunity because of compensation
- May have an exclusive tie with a specific plan provider that is not participating in the exchange

CURRENT LANDSCAPE

The Work Group looked at data from multiple sources: the Minnesota Department of Health, the Kaiser Family Foundation, the Salter Mitchell research, and the Small Group Health Insurance Market Working Group report to the Minnesota Health Care Access Commission. The Small Employee data was compiled by the Minnesota Department of Health specifically at the request of the work group. Additional demographic data was supplied by work group member, Greg Sailer.

Small Business Owner Profile			
Number of full-time employees		Industry	
	2-10	74%	Retail Trade
	11-20	17%	Manufacturing
	21-30	6%	Construction
	31-50	3%	Professional, Scientific, Technical
Years in Existence			Finance and Insurance
	1-5 years	4%	Health Care
	6-10 years	9%	Transportation and Warehousing
	11-19 years	19%	Wholesale Trade
	20-49 years	54%	Other
	50 years or more	13%	Offer Health Insurance
Average Annual Employee Salary			Yes
	Less than \$20,000	7%	No
	\$20,000-\$39,999	42%	
	\$40,000-\$59,999	32%	
	\$60,000-\$79,000	9%	
	\$80,000 +	1%	
<i>(Data from the Salter Mitchell market research)</i>			

Firm/Establishment	
80%	Establishments with 2-50 employees
4%	Establishments with 51-100 employees
Employee	
58.5%	Percent of employees in firms with 1-49 employees offering health insurance
73.4%	Percent of employees in firms with 1-49 employees eligible for health insurance
77.2%	Take-up rate by employees in firms with 1-49 employees
Coverage	
359,775	Individuals enrolled in small group health insurance
5.5%	Premium increase per member in 2010

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\$1,500	2009 median per person annual deductible
25.1%	\$1000-\$1999
36%	\$2000 or more
\$3,000	2009 median family annual deductible
25.1%	\$2000-\$3999
37%	\$4000 or more
Health Plan Market Share (Volume: \$1.49 billion)	
43.02%	Blue Cross Blue Shield
23.52%	Medica
24.53%	HealthPartners
5.15%	PreferredOne
3.35%	Federated Mutual
.19%	Principal Life
.13%	Time Insurance (formerly Fortis)
.11%	Others

Demographic Characteristics of Individuals Employed by Small Firms				
Sex			Income	
	Male	59%	0-100%	9%
	Female	41%	100-200%	22.1%
Education			200-300%	18.2%
	Less than high school	7.5%	300-400%	14.6%
	High School	26.5%	400% +	36.2%
	Some College	37.4%	Marital Status	
	College	20.3%	Married	61.7%
	Postgraduate	8.4%	Not Married	38.3%
Age			Region	
	18-25	11.7%	Twin Cities	46.4%
	26-34	20%	Greater Minnesota	53.6%
	35-54	50.3%	Health Status	
	55-64	13.4%	Excellent	41.5%
	65 +	4.7%	Very Good	30.6%
Race			Good	19.9%
	White	86.7%	Fair	7.1%
	Black	1.6%	Poor	1%
	Asian or Pacific Islander	2.6%		
	American Indian	0.7%		
	Hispanic/Latino	5.8%		
	Other	2.5%		
<i>(Data from the 2011 Minnesota Health Access Survey)</i>				

AUDIENCE TARGET – INDIVIDUAL CONSUMER

The Outreach, Communications and Marketing Work Group viewed this audience segment as falling into two main groupings:

1. Current non-group/individual market insurance buyers
 2. New purchasers
- Subgroups identified:
- Uninsured
 - Self-employed
 - Part-time worker
 - Unemployed
 - Early retirees
 - Young adults
 - Underserved/Minorities
 - Aging out of foster care
 - Straight to work
 - Military families

According to market research by Salter Mitchell:

- consumers from both main groupings feel the process of looking for and choosing health insurance is difficult
- costs and difficulties assessing coverage and benefit details were the primary hurdles
- the main triggers that prompt a person to look into health insurance are changes health or employment status

When it comes to the uninsured, the Salter Mitchell research found that:

- 76% of the uninsured are dissatisfied with their current situation
- the uninsured are more likely to say that people like them do not have insurance
- 56% have considered buying insurance

This gives us a framework to build outreach efforts around. If we segment the audience by openness to using the Exchange, we will have an actionable way to prioritize communications and outreach for “core” and “swing” users, those most likely to become customers of the Exchange.

AUDIENCE CHARACTERISTICS

Overall

- Are value shoppers
- Have a perception that insurance is too costly
- Will need a high level of guidance (particularly those who are new to the market)

Current Market Purchasers

- Are comfortable with online application
- Are split between doing it on their own and getting help from a broker/agent or plan representative
- Highly value insurance coverage
- Want apples-to-apples comparisons
- Suspect others get a better deal
- Hate sales calls and spam
- Some may be paying more if they don't qualify for subsidy
- Seek out information from various places so will need to reach them through multiple channels

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Uninsured

- Feel cheated and defeated: premiums are out of reach
- Many cite pre-existing conditions
- Face financial and emotional stress
- Dislike “handouts”
- Think that being uninsured is the norm
- Don't like to be told they need insurance; must first see the value and benefits

Underserved/Minorities

- Oftentimes have a lower income – many will qualify for subsidies
- Will need a high level of guidance
- Believe that being uninsured is the norm
- May be concerned about legal status
- Health insurance is not culturally understood or is an unknown concept

Young Adults

- Feel “Invincible” – don't see the need for health insurance since they are young and healthy
- Don't factor in the possibility of accidents
- Have been covered on a parent's plan so have no real understanding of how expensive health care is
- May have heavy education debt load and face a struggle for job prospects

Early Retirees

- Are self navigators motivated to take the initiative to seek out insurance options
- Typically seek lower monthly premiums with fewer benefits and a higher deductible

BARRIERS TO ENROLLMENT

For Individual

- Lack of trust in government programs or initiatives
- Cost – may not qualify for subsidies
- Cost perception – think it's more expensive than it is
- Language – either not understanding English or insurance/program terminology
- Lack of culturally appropriate messages
- Cultural value for health insurance is low or non-existent
- Transitory group inclusion (e.g., unemployed)
- Mobility of some populations makes accessibility difficult
- May not be a priority; more critical needs like food and housing take precedence
- Technology challenge – lack of knowledge of computers
- Lack of transportation
- Lack of reliable Internet access
- Political opposition
- No interest in insurance of any type

Within Distribution Channel

- Some channels/touchpoints have limited reach
- Channels are weak or non-existent (part-time worker)

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- Resource limitations, e.g., length of time on library computers or full bulletin boards for flyer posting
- Lack of staff and/or resources to assist enrollee
- Competing priorities in complex organizations
- Volume of information received; finding the best pathway to front line staff
- Identifying the appropriate messenger/champion
- Consumer can't use organizations they've come to trust

CURRENT DEMOGRAPHICS / LANDSCAPE

The Work Group looked at data from multiple sources at the Minnesota Department of Health. The Non-Group/Individual Market data was compiled by the Minnesota Department of Health specifically at the request of the work group.

Uninsured			
		Uninsured	Total Population
Gender			
	Male	53.8 %	50.7 %
	Female	46.2 %	49.3%
Age			
	0 to 5	4.6 %	8.2%
	6 to 17	9.9%	16.5%
	18 to 24	15.7%	8.5%
	25 to 34	27%	13.5%
	35 to 54	10.1%	28.6%
	55 to 64	10.1%	12.2%
	65+	1%	12.5%
Race/Ethnicity			
	White	72.1%	86.5%
	Black	11.5%	5.9%
	American Indian	3.3%	2.1%
	Asian	5.8%	4.5%
	Hispanic/Latino	13.4%	4.7%
Country of Origin			
	US Born	75.8%	91.9%
	Not US Born	24.2%	8.1%
Family Income, as % of Poverty			
	0 to 100%	24.1%	13.4%
	101 to 200%	30.1%	17.4%
	201 to 300%	25.1%	17.6%
	301 to 400%	10%	14.2%
	401% +	10.8%	37.4%
Greater MN/Twin Cities			
	Greater MN	43.2%	45.8%
	Twin Cities	56.8%	54.1%
Marital Status			
	Married	33.2%	59.3%

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	Not Married	66.8%	40.7%
Education			
	Less than high school	19.5%	8.1%
	High school graduate	31.8%	24.8%
	Some college/tech	33%	33%
	College graduate	13%	22.2%
	Postgraduate	2.7%	11.9%
Employment Status			
	Employed	67.8%	72.1%
	Not Employed	32.2%	27.9%
Employment Type (for those employed)			
	Self Employed	18.9%	11.7%
	Employed by someone else	81.1%	88.3%
Number of Jobs (for those employed)			
	One Job	79.9%	88.3%
	Multiple Jobs	20.1%	11.7%
Size of Employer (for those employed)			
	Self Employed, no employees	11%	5.3%
	2 to 10 employees	22.8%	11.9%
	11 to 50 employees	24.3%	12.6%
	51 to 100 employees	10.2%	10.5%
	101 to 500 employees	11.5%	17%
	500 + employees	20.1%	42.8%
Type of Job (for those employed)			
	Temporary/Seasonal	21.7%	8.8%
	Permanent	78.3%	91.2%
<i>(Data from the 2011 Minnesota Health Access Survey)</i>			

Demographic Characteristics of Minnesotans with Individual Coverage			
Sex		Income	
	Male	50.3%	0-100%
	Female	49.8%	100-200%
Education		Marital Status	
	Less than high school	5.9%	200-300%
	High School	22.4%	300-400%
	Some College	38.1%	400% +
	College	21.3%	Married
	Postgraduate	12.2%	Not Married
Age		Region	
	0-5	6.3%	Twin Cities
	6-17	19.7%	Greater Minnesota
	18-25	13.5%	Health Status
	26-34	8%	Excellent
	35-54	30.8%	Very Good
	55-64	17.9%	Good
	65 +	3.8%	Fair

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Race		Poor	1%
White	89.9%		
Black	1.8%		
Asian or Pacific Islander	4.2%		
American Indian	0.25%		
Hispanic/Latino	3.1%		
Other	1.3%		

(Data from the 2011 Minnesota Health Access Survey)

Non-Group/Individual Insurance Buyers			
Total non-group/individual buyers			250,000
Percentage in relationship to entire MN population	4.7%	Percentage of private health insurance market	7.7%
Coverage			
5.2%	Percent change in premium per member		
\$3,000	2009 median per person annual deductible		
28%	\$4000-\$5999		
20%	\$2000-\$2999		
20%	\$1000-\$1999		
16%	\$3000-\$3999		
\$5100	2009 median family annual deductible		
31%	\$4000-\$5999		
29%	\$6000-\$9999		
16%	\$2000-\$3999		
15%	\$10,000-\$14,000		
Cost Sharing Requirements <i>(by share of total enrollment)</i>			
36.6%	20% coinsurance for office visits		
35.1%	20% coinsurance for hospitalizations		
42%	100% coverage after policy deductible for prescription drug benefits		
Health Plan Market Share <i>(Volume: \$648 million)</i>			
68.4%	Blue Cross Blue Shield		
9.5%	HealthPartners		
9.4%	Medica		
8.3%	Assurant Health		
1.7%	America Family Mutual Insurance Company		
1.1%	World Insurance Company		

1%	PreferredOne
.8%	Others

AUDIENCE TARGET – NATIVE AMERICAN

While the Outreach, Communications and Marketing Work Group included this group into the discussions of the Individual Audience segment, the Work Group does acknowledge that Native Americans have special considerations for the exchange as outlined by the ACA. In addition, exchange regulations specifically call for education and outreach to Native Americans. For those reasons, the Work Group has attempted a greater understanding of this group’s unique situation for purposes of strategic planning.

The Outreach, Communications and Marketing Work Group acknowledged that this audience segment had special considerations outlined by the ACA, and may need a public education and outreach approach that differs slightly from other audience groups.

ENROLLMENT ISSUES

- Provide outreach and education that is culturally appropriate and Indian specific.
- Identify individuals who are eligible for special protections and provisions as AI/AN.
- Enrollment processes must accommodate special provisions for AI/AN whether they enter the exchange as an employee, a medical assistance enrollee or an individual purchaser.

INFORMATION SYSTEMS ISSUES

- Identification of databases that will be used to expedite eligibility determinations.
- Clarification on how additional documentation will be requested and reviewed for eligibility determinations when individuals are not included in approved data systems.
- How AI/AN inquiries will be handled by the exchange customer response center.
- Ensure that the design of the website includes information specific to AI/AN, is easy to access by consumers as well as those assisting.

CURRENT DEMOGRAPHICS / LANDSCAPE

Demographic data on the Native American population was supplied by work group member, Carol Hernandez, and Advisory Task Force member, Phil Norrgard. *(see Appendix B for distribution data by county)*

Minnesota AI/AN Health Insurance Coverage		
93,380	Civilian non-institutionalized population	
45.6%	With private health insurance	
42.1%	With public coverage	
19.3%	No health insurance coverage	
Income Distribution by FPL		
17%	17,015	Over 400
38%	37,533	138-400

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45%	44,102	Under 138
Uninsured by FPL		
13%	2,721	Over 400
37%	8,039	138-400
50%	10,900	Under 138
On Medicaid by FPL		
2%	715	Over 400
25%	8,937	138-400
73%	26,650	Under 138
With Private Insurance by FPL		
32%	13,463	Over 400
49%	21,001	138-400
19%	7,977	Under 138

ADDITIONAL AUDIENCE SEGMENTS

A complete outreach and education approach must also take into account regular and timely communications with key stakeholder groups. The Exchange is not being created in a vacuum, rather, the construction of this new marketplace faces constant and close scrutiny. Our desire is to foster open and transparent communication with all stakeholders, to welcome constructive input on the design and development, and to leverage all groups to support the outreach and communications work; in essence, to become ambassadors for the Exchange.

The following list outlines additional outreach partner groups or critical communication channels not mentioned in the above audience profiles.

- Health Insurance Companies
- Tribal Leaders
- Legislators
- Legislative Action Council
- Insurance Industry Experts
- National State Network
- Federal Partners
- Area Foundations
- News Media
- Inter-Agency
 - Governor’s Office
 - Department of Commerce – insurance regulatory agency
 - MN.IT – office of technology
 - Health Reform Minnesota
- Internal and Project
 - Advisory Task Force
 - Technical Work Groups
 - HIX Staff
 - HIX Project Managers
 - Project Business Contractors

PRIORITY AUDIENCE GROUPS

During the course of analyzing and discussing the different audience segments, the Outreach Work Group talked at length about the reality that there exists a small percentage of Minnesotans who are staunchly resistant to health

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insurance for whatever reason, and who are unlikely to change their views in the short term. To shift perceptions or attitudes amongst this audience segment would take a dedicated education and outreach effort of some duration. Therefore, it would be prudent to first expend efforts amongst populations that were more likely to be open to the idea of an exchange. This conclusion mirrors the recommendation from the Salter Mitchell research.

In the Salter Mitchell research report, three audience categories were identified for the uninsured and non-group consumers: Base, Swing and Anti. The report advises the exchange to concentrate efforts on reaching out to the Base and Swing groups; to reinforce the loyal Base group first and then persuade folks in the Swing group.

Priority Audience Demographics			
	Base	Swing	Anti
Age 25-34	17%	19%	11%
Age 35-44	12%	15%	11%
Age 45-54	35%	32%	32%
Age 55-64	36%	34%	45%
Married	63%	66%	58%
Never married/single	20%	24%	23%
Employed full-time	39%	40%	33%
Employed part-time	19%	28%	18%
Unemployed	17%	11%	19%
High school graduate	18%	23%	28%
Some college	27%	30%	36%
College graduate	38%	32%	21%
Uninsured less than 6 months	25%	20%	11%
Uninsured 6 months to 2 years	28%	28%	16%
Uninsured 2 + years	45%	45%	57%
Never had insurance	3%	6%	17%
Use internet daily/almost daily	84%	71%	43%
Have kids under 18	38%	37%	23%

Additionally, the Salter Mitchell research outlined priority groupings of the uninsured population: Young, Healthy and Confident; Healthy, But Concerned; Sick and Seeking Help; and Not Interested, Not Online. The Outreach Work Group sees the logic in focusing education and outreach efforts on the groups that fall into the Base or Swing categories; Young, Healthy and Confident; Healthy, But Concerned; and Sick and Seeking Help.

AUDIENCE CHARACTERISTICS

Young, Healthy and Confident (20%)

- 46% are under age 35; 86% are under age 55
- 100% think insurance is important, but not a necessity
- 57% reside in Greater Minnesota
- 53% are female
- 39% are college graduates
- 41% are employed full-time
- 100% access the Internet daily or almost daily

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Healthy, But Concerned (27%)

- 66% considered buying insurance
- 0% have cronic conditions
- 62% are under age 54
- 64% are female
- 34% are college graduates
- 39% are employed full-time
- 50% have dependent children
- 86% access the Internet daily or almost daily
- 65% feel health insurance is a necessity, something they would never give up

Sick and Seeking Help (19%)

- 98% have a cronic condition
- 71% are very dissatisfied with their health insurance situation
- 76% are 45 or older
- 54% reside in Greater Minnesota
- 58% are female
- 73% access the Internet daily or almost daily
- 69% feel health insurance is a necessity, something they would never give up

OUTREACH, COMMUNICATIONS AND MARKETING APPROACH

Projections indicate that the Minnesota Health Insurance Exchange (MNHIX) will service approximately 1.2 million consumers. A robust outreach, education and communications plan will be critical to reaching all audience segments. While the ultimate goal of a comprehensive campaign plan is to drive every potential user towards enrollment in the Exchange, the immediate objective is to introduce MNHIX to the Minnesota population, and to begin a dialog on how it can benefit their lives.

Guiding Principles

The Outreach, Communications and Marketing Work Group discussed and adopted the following principles to help guide the work of the group and the Exchange in the areas of outreach and education.

- ❖ **Bring Everyone Along:** although not everyone in the State is immediately affected by the launch of the exchange, every opinion matters. The campaign’s core efforts will focus on enrollment of the key target audiences while opinion leaders, elected officials, media and the general public must also be educated. All information should be fact based and objective.
- ❖ **Pinpoint the Minnesota Audience and Find the Pulse:** only by delving deep to discern the personality – values, attitudes, interests – of the target audience, will it be possible to create effective messaging that engages and motivates. Clearly define audience segments; identify both the barriers to reaching them and the barriers that preclude their participation; and craft messaging that offers solutions in synch with the audience personality.
- ❖ **Include Targeted Outreach to Hard-to-Insure Populations:** a central goal of health reform and the Exchange is to maximize access to health care and reducing the uninsured rate in Minnesota. The Outreach approach should include strategies to reach the “newly covered” and “covered-but-not-enrolled” populations, engage organizations with culturally-specific expertise, and build partnerships with community organizations that have strong existing relationships with target groups.
- ❖ **Segment Audiences and Customize Communications:** develop actionable marketing, communications and outreach tactics based on research and evidence of how different populations can best be reached and encouraged to enroll and retain coverage; ensure materials are cultural and linguistically appropriate, understandable, and in plain language.
- ❖ **Leverage the Power of Partnerships:** maximize education and enrollment by leveraging existing resources, networks and trusted channels, and identify new opportunities for collaboration and partnerships with common visions and missions to best reach the target audience.
- ❖ **Evaluate and Adjust Campaign Strategies:** monitor and modify, at least biannually, based on feedback from stakeholders, partners, on-going research, program metrics and national indicators.
- ❖ **Collaborate to Ensure Delivery of Consumer Experience:** interface with other Exchange Technical Work Groups to develop and provide a seamless consumer experience.

Public Education and Outreach Plan

The plan must lay the groundwork for effective outreach and communications by assembling the communication and marketing pieces that will be the foundation, and base the platform on solid market research and data collection to capture audience mindsets and influence how messages are received. Overall, the aim is to develop a proactive consumer outreach initiative that communicates the value of the Exchange and provides the necessary information to assist the consumer with making informed decisions about health insurance and the Exchange.

To achieve optimum results for the outreach and education plan, eight crucial steps will be followed: laying the foundation, determine resource needs, creative development, concept testing, campaign launch, performance measurement, results analytics and approach modification. Each step has a specific set of actions and deliverables. It is important to note that one area feeds into the next and, at times, will overlap; none are exclusive, rather they are collective, and the intent is to allow for efforts in each to evolve and adapt over time.

1. Lay the Foundation

The essential building blocks for a successful outreach and education plan include:

- Gathering background information from other state exchanges and establishing collaborative relationships
- Creating a marketing plan for 2013
- Developing a work plan
- Performing a risk assessment
- Conducting market research

2. Determine Resource Needs

Plot out and budget for the supporting infrastructure necessary to achieve outreach and education goals and objectives.

- Assemble the team. Determine the roles needed for outreach, communication and marketing functions.
- Factor in essential tools such as software programs and services (creative, email, online/digital, etc).
- Strategize for organizational memberships and professional training.

3. Develop Creative

Leverage the foundation to develop the core elements of the communication/marketing platform

- Public relations and social media strategic plan
- Branding
- Marketing materials
- Public education/outreach website

4. Concept Testing

- Present creative, messaging and delivery concepts to target audience samples to obtain feedback and verify direction.

5. Campaign Launch

- Develop integrated marketing campaign to launch the Exchange into the marketplace.

6. Measure Performance

- Establish measurement metrics to determine campaign's impact.

7. Analyze Results

- Closely monitor campaign performance across all channels (enrollment numbers, web visits/clicks, event attendance, PR exposure, social media interaction, etc.)

8. Adjust Approach

Public Education and Outreach Website

A public education and outreach website is being developed in tandem with branding development and key messaging from strategic communication and social media planning. The Outreach Work Group examined a sampling of newly-developed public engagement sites from other states. The group then reviewed the content architecture of the new Minnesota site to outline desired improvements. The redesign will:

- serve as an easily accessed source of information about Exchange-related planning and activity for stakeholders and the public.
- begin building long-term engagement with targeted audience segments to give them the information they are seeking now and establish a relationship so they are poised to sign on once enrollment opens.

Public Education and Outreach Channels

The Outreach, Communications and Marketing Work Group devoted much effort to tabulating a comprehensive list of outreach channels and touchpoints for each audience segment. While some entities were shared amongst more than one audience group, some organizations or agencies were exclusive to a specific segment. The work group has also begun discussions to prioritize channels based on their audience impact and reach. All members were in consensus that organizations that were more likely to perform navigator functions should be involved the earliest.

Outreach Channels <i>(see Appendix C for additional listings)</i>	Geographic Area	Audience <i>(SEA = Small Employer; MA = Medicaid; IA = Individual)</i>		
State Agencies		MA	SEA	IA
MN Dept of Commerce				X
MN Dept of Employment & Economic Development <ul style="list-style-type: none"> • Workforce Centers • Dislocated Worker Program • Office of Youth Development • Small Business Assistance Office • Business Development Specialists • JOBZ Program 	Statewide		X	X
MN Dept of Health <ul style="list-style-type: none"> • State Health Care Homes • Office of Rural Health & Primary Care • Community & Family Health • Health Promotion & Chronic Disease Division • Office of Minority & Multicultural Health • Office of Statewide Health Improvement Initiatives 	Statewide	X		X
MN Dept of Human Services <ul style="list-style-type: none"> • Medicaid • MinnesotaCare 	Statewide	X		X

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<ul style="list-style-type: none"> Minnesota Family Planning Program Home and community-based waiver programs Minnesota Community Application Agent Program 				
MN Dept of Labor & Industry Workforce Centers <ul style="list-style-type: none"> worker's compensation contractor registration 	Statewide		X	
MN Revenue – Business Taxes	Statewide		X	
Secretary of State – MN Business Portal (state licensing)	Statewide		X	
Community Organizations		MA	SEA	IA
African Development Center	Metro			X
American Hmong Partnership	Statewide			X
American Indian Economic Development Fund (AIEDF)	Statewide		X	
American Indian OIC	Statewide			X
American Indian Tribal Councils	Statewide			X
Association of Fundraising Professionals – MN Chapter (AFP)	Statewide		X	
Association of MN Counties (AMC)	statewide	X		
CAPI	statewide	X		
Capitol River Council	Metro		X	
Catholic Charities	Statewide	X		X
CLUES	Metro			X
Community Action Councils	Metro			X
Community Action Programs (CAPP)	Statewide			X
Community Health Charities – MN	Statewide		X	
Community Mental Health Center	Metro	X		
Community Shares	Statewide		X	
Dakota Futures, Inc.	Statewide		X	
Division of Indian Work	Statewide			X
Education MN	statewide	X		
Federal Bar Association – MN Chapter	statewide	X	X	
Health Care for Homeless	statewide	X		
Hispanic Chamber of Commerce of MN	Statewide		X	
Indian Child Welfare Act (ICWA)	statewide	X		
Indian Health Board of Minneapolis	Statewide			X
Itasca Project	Statewide		X	
Land Stewardship Project	Statewide		X	
League of MN	Statewide		X	
LGBT Groups	Statewide			X
Life Science Alley	Statewide		X	
LinkedMN and other LinkedIn groups	Statewide	X	X	X
Little Earth of United Tribes	Metro			X
Lutheran Social Services	Statewide	X		X
MAP for Non-Profits	Statewide		X	
McKnight Foundation	Statewide			X

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Mercado Central	Metro			X
Mid-Minnesota Legal Aid	Central, Metro	X		X
MIGIZI Communications	Metro			X
Minneapolis American Indian Center	Metro			X
Minneapolis Chamber of Commerce	Metro		X	
Minneapolis Downtown Council	Metro		X	
MN Administrators for Special Education	statewide	X		
MN American Indian Chamber of Commerce	Statewide		X	
MN Assn of Community Health Centers (MNACHC)	statewide	X		
MN Assn of County Social Service Admin (MACSSA)	statewide	X		X
MN Assn of Health Underwriters (MAHU)	Statewide		X	
MN Association of Social Workers	statewide	X		
MN Bankers Association	Statewide		X	
MN Chamber of Commerce	Statewide		X	
MN Chippewa Tribe	Northwest, Northeast	X	X	X
MN Chippewa Tribe Finance Corp (MCTFC)	Northwest, Northeast		X	X
MN Community Action Partnership (MNCAA)	statewide	X		
MN Community Health Workers Alliance	statewide	X		
MN Comprehensive Health Association (MCHA)	Statewide			X
MN Corrections Association (MCA)	statewide	X		
MN Council of Health Plans	Statewide		X	
MN Council of Nonprofits	statewide	X	X	
MN Council on Foundations (MCF)	Statewide		X	
MN Farm Bureau	Statewide		X	
MN Farmer's Union (MFU)	Statewide		X	
MN Federation of Chambers	Statewide		X	
MN High Tech Association (MHTA)	Statewide		X	
MN Homeschooler's Alliance (MHA)	statewide	X		
MN Hospital Association (MHA)	statewide	X		
MN Indian Business Alliance (MNIBA)	Statewide		X	
MN Indian Gaming Association	Statewide		X	
MN Indian Women's Resource Center	Statewide	X		X
MN Medical Assn (MMA)	statewide	X		
MN Medical Group Management Assn	statewide	X		
MN Nurses Assn (MNA)	statewide	X		
MN Social Service Assn (MSSA)	statewide	X		
MN Society of Enrolled Agents	Statewide		X	
MN State Bar Association	statewide	X	X	
MN State Colleges and Universities (MNSCU)	statewide	X		
NACDI – Community Development Institute	Statewide			X
National Alliance on Mental Illness of Minnesota (NAMI)	statewide	X		
National Assn of Life Insurance Advisors	Statewide		X	
National Assn of Women Business Owners – MN	Statewide		X	

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National Federation of Independent Business Owners (NFIB)	Statewide		X	
Native American Business Alliance (NABA)	Statewide		X	
Native American Community Development Institute (NACDI)	Statewide		X	
Natl Assn of Tax Preparers – MN Chapter	Statewide		X	
Neighborhood Hub	Metro	X		X
Non-Profit Management Program – UST, Hamline	Metro		X	
Northwest Area Foundation	Statewide		X	
Portico	Statewide	X		X
Saint Paul Chamber of Commerce	Metro		X	
SCORE Minnesota	Statewide		X	
Small Business Association – Regional office	Statewide		X	
St. Paul AF Services	Metro			X
St. Paul American Indians in Unity	Metro			X
The Initiative Foundation	Central		X	
Trusted Choice			X	
Twin West Area Chamber of Commerce	Metro		X	
U of M American Indian listserv	Statewide			X
U of M Extension	Metro, Northeast, Southeast, Southwest			X
U of M Medical School	statewide	X		
U of M School of Public Health	statewide	X		
U of M School of Social Work	statewide	X		
United Way – 211 program; Linkage lines	statewide	X	X	
Upper Midwest AIC	Statewide			X
Urban League	Metro			X
Westside Community Health Center	Metro			X
White Earth Investment Initiative (WEII)	Statewide		X	
William Mitchell correctional re-entry clinic	Metro	X		
Women of Nations	Statewide			X
Women’s Business Development Center – MN (WBDC-MN)	Statewide		X	

2013 Marketing Campaign

Minnesota will contract with a provider in 2013 to develop a comprehensive marketing and outreach campaign to launch the Exchange. The selected vendor will incorporate foundational information market research, branding and communications strategic planning to pinpoint the most effective means to reach the intended audience.

Some main components will be:

- Community Outreach: partnerships with grassroots organizations and professional organizations that can connect us directly to target audiences, both individual and business.
- Earned Media: a proactive strategy to encourage upbeat stories on the Exchange, from planning stage, to launch, and beyond.

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- Paid Media: Advertising (TV, print, online and non-traditional) that attracts, intrigues and compels Minnesotans to the Exchange.
- A robust social media campaign, integrated with other marketing tactics to maximize public engagement.
- A dedicated small business outreach strategy that understands and accounts for the unique needs of the business owner.
- A consistent, informative stakeholder initiative that taps into the outreach efforts that already exists in health care provider organizations or companies, and other government agencies.
- A strategy to engage Navigators and drive recruitment.
- A plan to maintain regular communications with policy makers, thought leaders and influencers.
- An approach to enhance the campaign through creative promotions with corporate partners.

2013 Marketing Campaign Overview		
Mass media (paid)		
<ul style="list-style-type: none"> • Radio • TV 	<ul style="list-style-type: none"> • Newspapers • Billboards / transit 	<ul style="list-style-type: none"> • Digital / online • Industry publications
Earned media (PR)		
<ul style="list-style-type: none"> • News releases • PSAs • Face-to-face briefings • Opinion pieces • Letters to editor 	<ul style="list-style-type: none"> • Story placements • Online newsroom • Video vignettes • Special sections/editorial calendars 	<ul style="list-style-type: none"> • Virtual press conference • TV/Radio appearances • Blog
Social/Personal media		
<ul style="list-style-type: none"> • Facebook • Twitter 	<ul style="list-style-type: none"> • YouTube • E-Mail messages 	<ul style="list-style-type: none"> • LinkedIn
Targeted media		
<ul style="list-style-type: none"> • Presentations • Speaking engagements 	<ul style="list-style-type: none"> • Town halls • Webinars 	<ul style="list-style-type: none"> • Direct mail • Outreach events
Corporate partnerships		
Grassroots / Community Outreach		
<ul style="list-style-type: none"> • Events / meetings 	<ul style="list-style-type: none"> • Newsletters/publications 	<ul style="list-style-type: none"> • Website
Stakeholder Communications		
<ul style="list-style-type: none"> • Navigators / Assistors • Inter-Agency 	<ul style="list-style-type: none"> • Tribal Leaders • Legislators 	<ul style="list-style-type: none"> • Health Insurance Co. • Area Foundations

The approach is to connect with the audience through trust sources by building tightly-knit partnerships with community groups, business organizations and key stakeholders. The consumer must be reached wherever they are and whenever they may seek the information; therefore we will incorporate the “no wrong door” approach.

The Outreach Work Group acknowledges the value of utilizing all marketing tactics to ensure an effective marketing campaign across the entire audience. The group strongly feels a larger effort should be expended on grassroots outreach through organizations that already serve their community rather than mass advertising.

The marketing and outreach campaign will ramp up in Spring 2013, continue through December 2014, and then will be aligned with operational needs.

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APPENDIX

- DHS: MA-HIX Communications Plan
- Native American Population Distribution by County
- Additional Outreach Channels
- Environmental Scan: State Outreach, Communication and Marketing Activity