



Open Enrollment 2017 Outreach Strategy

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Overview

Today we are coming to the Board to share the foundation of our outreach strategy for the 2016-2017 Open Enrollment period: our target populations.

- We are focusing specifically on three special populations that disproportionately comprise the uninsured – the foundation of our outreach strategy for the upcoming year
- Our goal in identifying these special populations is to complement our broader outreach efforts with targeted interventions specifically tailored to the unique needs or interests of our target populations that can be better tracked to measure and evaluate our efforts
- We are also providing updates today on a few of our key annual outreach efforts, including an update on this year's selected Navigator organizations
- We will return to the Board in October with findings from our Health Connector member surveys and focus groups, further informing our strategies for specific outreach activities this fall

Target Populations

Rationale for Targeted Population Focus



Massachusetts has one of the highest health insurance coverage rates in the nation, at 96.4%. However, certain groups are more likely to be uninsured or experience gaps in health coverage, so we are launching an effort to conduct specially targeted outreach to these communities to try and address these disparities.

- The uninsured may experience both short and long-term gaps in coverage, highlighting the need for continued and varied outreach to both the newly and chronically uninsured
- Driven by a close review of data and relevant research findings on those at higher risk of uninsurance, the Health Connector plans to execute targeted and data-driven outreach strategies to maximize coverage rates in the Commonwealth
- The Health Connector now looks to focus and deepen its outreach work on three key populations in Massachusetts to mount a long-term campaign aimed at making measurable inroads among these groups
- Broader outreach efforts will continue, varying geographically and by different demographic groups, but our goal is to tailor specific strategies to these target populations given their representation among the uninsured

Key Populations

The Health Connector, based on data on the uninsured and other environmental factors in Massachusetts, identified three groups at higher risk of being uninsured or experiencing gaps in coverage: Latinos, individuals at risk of losing Employer-Sponsored Insurance (ESI) and new Massachusetts residents.

Latino Population

- Significantly higher levels of uninsurance (both short term and long term) compared to rest of MA population

Workers Losing or at Risk of Losing ESI

- Loss of ESI is a leading factor for health coverage gaps
- Trends in ESI coverage and labor market changes may make this type of coverage gap more common

New Massachusetts Residents

- Massachusetts is experiencing faster population growth than peer Northeastern states
- Transitions in employment, school or location present a need to educate this population about how to access coverage in Massachusetts

Latino Population and Uninsurance

Latino individuals are more likely than other ethnic groups to be uninsured both in short term and long-term durations, and the Latino population in Massachusetts is growing.

- Latino residents in Massachusetts are more likely than other ethnic groups and the general population to be uninsured across every category of uninsurance (e.g., at time of survey, in last 12 months, etc.)
 - One quarter of the state's uninsured residents are Latino
 - 7.8% of MA Latinos were uninsured in 2015, compared to 3.6% of the general MA population
 - Latinos were significantly more likely than non-Latino whites to report an unmet need for doctor care over the past 12 months (11.9% versus 6.5%)
- The Latino share of Massachusetts' population grew from 4.8% in 1990 to 11.2% in 2015
 - Latinos now comprise approximately 15% the Western Massachusetts population; Springfield, Holyoke and Chicopee have seen a significant rise in their Latino populations since 2000
- Growing body of research on barriers to coverage in Latino communities in the United States

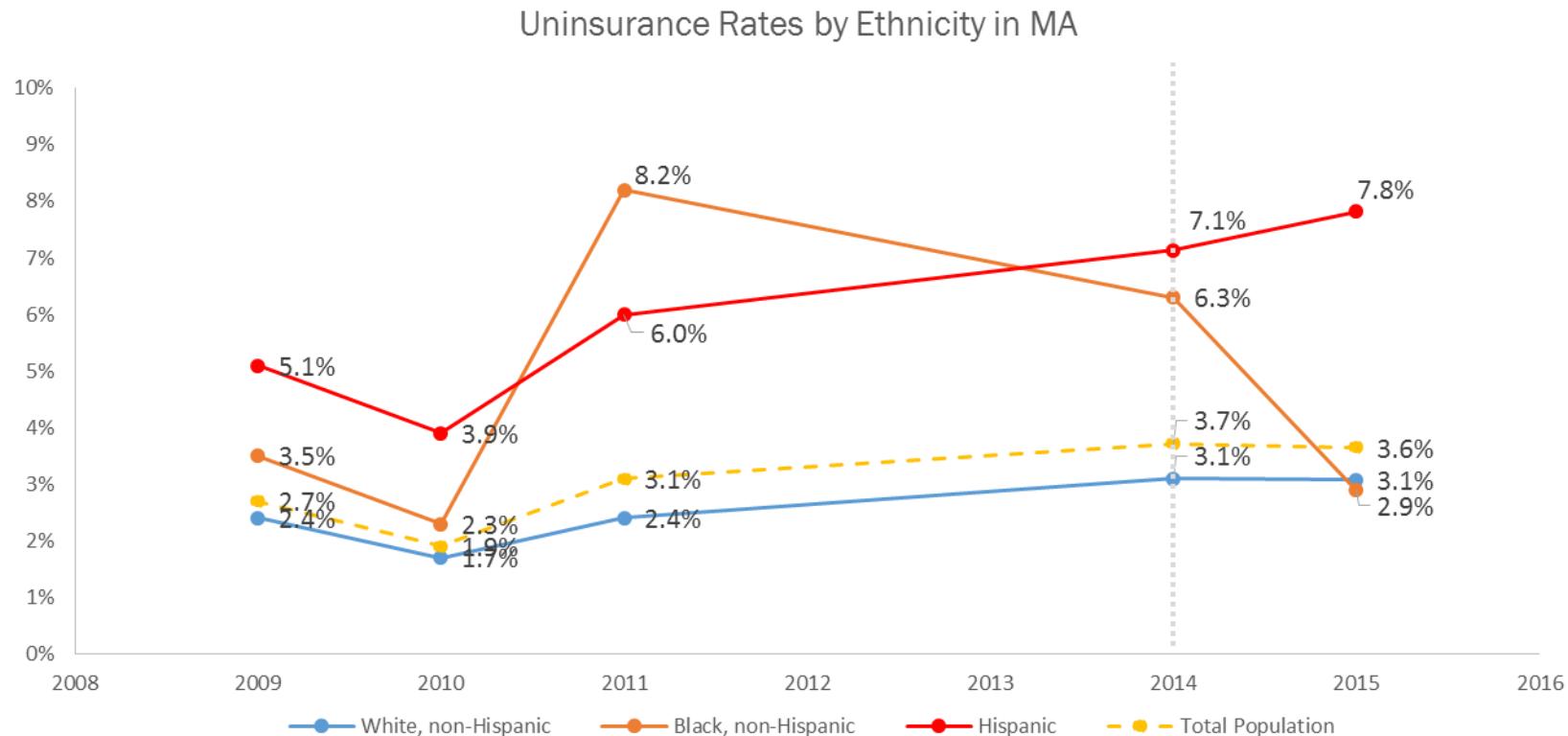
Source: Center for Health Information and Analysis, Massachusetts Household Insurance Survey, 2015. Materials available at:
<http://www.chiamass.gov/massachusetts-health-insurance-survey/>

Source: US Census (<https://www.census.gov/quickfacts/table/PST045215/25#headnote-js-b>); and <http://www.immigrationpolicy.org/just-facts/new-americans-Massachusetts>; and <http://www.pewhispanic.org/states/state/ma/> and http://www.renewoureconomy.org/wp-content/uploads/2014/12/PNAE_hispanic_contributions.pdf

Disparities in Insurance Coverage in Massachusetts



For the last few years of survey data collection in Massachusetts, Latino/Hispanic residents have experienced higher rates of uninsurance than other ethnic groups, and the gap between their coverage rates and the rest of the population may be growing.



Source: DHC/P/CHIA Massachusetts Household Insurance Surveys, 2009-2015. Available at: <http://www.chiamass.gov/massachusetts-health-insurance-survey/>. Dotted vertical line connotes that sampling methodology changed in 2014 (when survey began to included a cell phone RDD sample and a pre-paid cell phone sample to better capture the young/mobile/transient population. As such, pre-2014 trend data may not be compatible to post-2014).

Outreach to Latino Residents

Policy research, state and federal data, and input from Massachusetts Latino community leaders will inform outreach campaign methods.

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| Targets | <ul style="list-style-type: none"> • Partner with the Latino Chamber of Commerce and other community-based Latino-focused civic groups in priority cities and towns • Leaders and businesses in industries with larger Latino worker representation (e.g., construction, agriculture, and hospitality) and the ~19K Latino-owned businesses in Massachusetts • Representation at Latino-specific cultural events • City and town governments, legislators in disproportionately Latino-populated regions • Catholic religious entities and other faith-based organizations • School districts with large share of Latino students |
| Messages | <ul style="list-style-type: none"> • Research shows Latino individuals tend to respond to messages like “stay healthy for your family” and “it’s the law,” but different subpopulations (e.g., country of origin, native-born vs. foreign born) may respond more to one than the other • Young Latinos may respond better to “it’s the law” because they feel they don’t need insurance because they don’t get sick; older/married/parent Latinos may respond better to “stay healthy for your family” • Create clearer messaging and awareness of help available in Spanish and Portuguese and in the community from familiar voices • Evaluate the development of a focused, grassroots team of interns or volunteers that could be trained and deployed to make inroads in Latino community via events and community-based presence, organizing, etc. |

Employer-Sponsored Insurance Changes



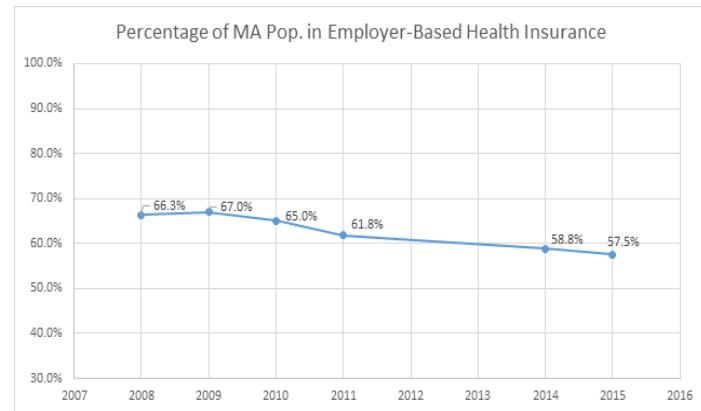
Individuals who lose or change jobs are at risk for gaps in coverage, and shifts in the group coverage market suggest a need for greater focus on supporting workers who may lose ESI eligibility.

- Job Changes

- 31.5% of the uninsured in a 2015 CHIA/Urban Institute household survey cite the reason for being uninsured as ‘lost job or changed employers,’ highlighting the need to provide a quick and effective option for people losing ESI
- Member surveys and feedback from brokers and employers suggest that people facing the decision to take up COBRA benefit from knowing about other coverage sources

- Changing Labor Market & Coverage Landscape

- People employed in part-time or contract-based work are vulnerable to gaps in coverage if they lose ESI or another coverage source, and may not be eligible for benefits in certain non-traditional work arrangements (e.g., growing scale of “gig economy”)
- MA employers have been offering group coverage at a steady rate for the last several years (~76% between 2009 and 2014), but a diminishing share of the overall population is enrolled in ESI



Source: DCFP/ CHIA Massachusetts Household Insurance Survey, 2008 - 2015

Outreach to Address Employment-Related Gaps



Individuals are at risk of experiencing gaps in coverage due to employment changes, so our outreach strategy will focus on transition points and highlighting predictable costs.

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| Targets | <ul style="list-style-type: none">Employers/employer associations in a position to provide educational materialsIndustries experiencing higher levels of labor market volatilityDivision of Unemployment Assistance resources focusing on job loss or coverage ineligibility and a 'COBRA alternative' campaignContractors and industries with larger shares of contract-based work |
| Messages | <ul style="list-style-type: none">Cost is a barrier or perceived barrier for many uninsured, especially those with uncertain employment patterns; these residents may also be experiencing high general levels of stress due to economic uncertainty, so our outreach strategy should account for that recognitionDevelop educational materials for reporting variable or self-employed income to make the application process easierOngoing messaging throughout the year as employment-related coverage gaps occur |

New Residents of the Commonwealth

Massachusetts is experiencing a steady growth in population size. New residents are more likely to be experiencing a life transition requiring them to secure new health insurance, potentially with unique linguistic and cultural needs.

- US Census data indicates that Massachusetts has gained nearly 230,000 new residents since 2010
- Massachusetts growing at 0.6% annual increase puts growth at almost three times that of the Northeast average and ranks it as the fastest growing state in the Northeast region for the fifth consecutive year since the April 2010 Census
- Our growth is predominantly driven by international in-migration; steady migration from other countries underscores the need for culturally-competent outreach in a variety of languages
- The largest proportion of immigrants in Massachusetts originate from Latin America (34.8%) followed by Asia (27.6%) and Europe (26.1%)
- We lose more people to domestic out-migration than in-migration, but still need to focus on those coming here from other states who may experience coverage gaps and may not be familiar with our health coverage options and the Health Connector

Sources:

US Census Bureau (2015 datasets).

Massachusetts Immigrants by the Numbers, Second Edition: Demographic Characteristics and Economic Footprint Alan Clayton-Matthews (Northeastern University) and Paul Watanabe (University of Massachusetts Boston), available at:
<http://www.immigrationresearch-info.org/report/immigrant-learning-center-inc/massachusetts-immigrants-numbers-second-edition>

UMass Donahue Institute data: <http://pep.donahue-institute.org/>

Outreach to Support New Residents into Coverage



Multiple converging ‘life events’ experienced by new residents could alter health care coverage needs and suggest additional need for support and messaging about how to get coverage.

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| Targets | Catch attention of new domestic residents (from other states) and new internationally-originating residents |
| | Collaborate with entities that new residents interact with (e.g., RMV, post office, voter registration, citizenship/naturalization facilitators, Office of New Bostonians, city gov'ts in Gateway Cities, ESL classes) |
| Messages | Clear information about eligibility for coverage for people with varying immigration statuses |
| | Educate new residents from other states about our Exchange, our health care market – may need to counter perceptions forged in other states |
| | Highlight that coverage in MA may be more affordable than new residents realize |
| | Educate new residents that relocation makes new residents eligible for Special Enrollment Periods (SEP) for time-bound period |
| | Discourage new residents from procrastinating getting covered even though they are busy settling into your new life |
| | Important to highlight that Exchange coverage can be an appropriate ‘way station’ for coverage while looking for a job, being in a waiting period, or generally during transition period |

Update on Outreach Efforts

Outreach Updates

While we work to develop new interventions tailored to these populations, today we are also providing updates on several of our established outreach strategies, which we aim to modify to support our target population goals.

- This year's Department of Revenue partnership
- This year's legislative and earned media road show: the "Hidden Gems" tour
- Announcing this year's selected Navigator entities

Partnership with the Department of Revenue



The Health Connector will again be targeting potential members through a direct mailing to Massachusetts tax filers conducted by the Department of Revenue (DOR).

- The Health Connector will again partner with the DOR to send a letter to residents who reported on their tax filings that they did not have health insurance during the tax year
 - Sending in English and Spanish with customized babel sheet
- This year, we have been working to test the letter with our target populations and find ways to measure effectiveness
 - Leveraged focus groups managed by Archipelago, where we tested the letter with Spanish-speaking uninsured individuals and made adjustments to layout and examples included to more effectively reach our target populations

Need health insurance coverage?

Keep yourself and your family safe and healthy by getting covered through the Massachusetts Health Connector. Having high-quality health insurance helps to protect you financially from costly medical bills if you get sick or have an accident. It also keeps you from having to pay a penalty to the state or federal government for not having health insurance. Apply for coverage now through MAhealthconnector.org.

When you apply, you will find out if you or anyone in your family qualifies for health or dental coverage through the Health Connector or MassHealth. Most people who apply are able to get help paying for coverage.

You can apply now or during Open Enrollment, **November 1 through January 31**.

Low cost health plans

Through the Health Connector, you may be able to get a ConnectorCare plan with:

- Low or \$0 monthly cost
- No deductible
- Low co-pays for services like doctor visits and prescription medications.

High quality coverage

The Health Connector has plans from the leading insurers in the state. All Health Connector health plans cover important health benefits, including:

- | | |
|----------------------------|----------------------------------------------------------------|
| ▪ Doctor visits | ▪ Physical therapy |
| ▪ Prescription medications | ▪ Lab tests |
| ▪ Emergency care | ▪ Free preventive care, such as flu shots and yearly physicals |

Dental coverage

You can also buy dental plans through the Health Connector for:

- Just one adult (individual coverage)
- Families
- Just children under 18 (pediatric coverage)

The ‘Hidden Gems’ Tour

- In an effort to give a boost to the Health Connector’s traditional pre-Open Enrollment media effort, our trip around the state will be a one-day tour, with three teams fanning out across the Commonwealth
- Each team will visit hidden gems in six to eight communities that include our key uninsured populations, highlighting an interesting feature of a city, while talking about the Health Connector’s upcoming open enrollment and special offerings, including standardized plans, APTCs, and our low-cost/no-deductible ConnectorCare program
- Attendees at each event will include Health Connector representatives, Navigators, community leaders, elected officials and external partners. The event will provide an opportunity for the Health Connector to expand relationships with elected and local officials, who are on the front lines of their communities and have unique relationships with their constituents and groups in their districts
- The day ends with all three teams meeting in Boston, with a program that will create a public, positive atmosphere to kick off Open Enrollment



The 2016 – 2018 Navigator Program

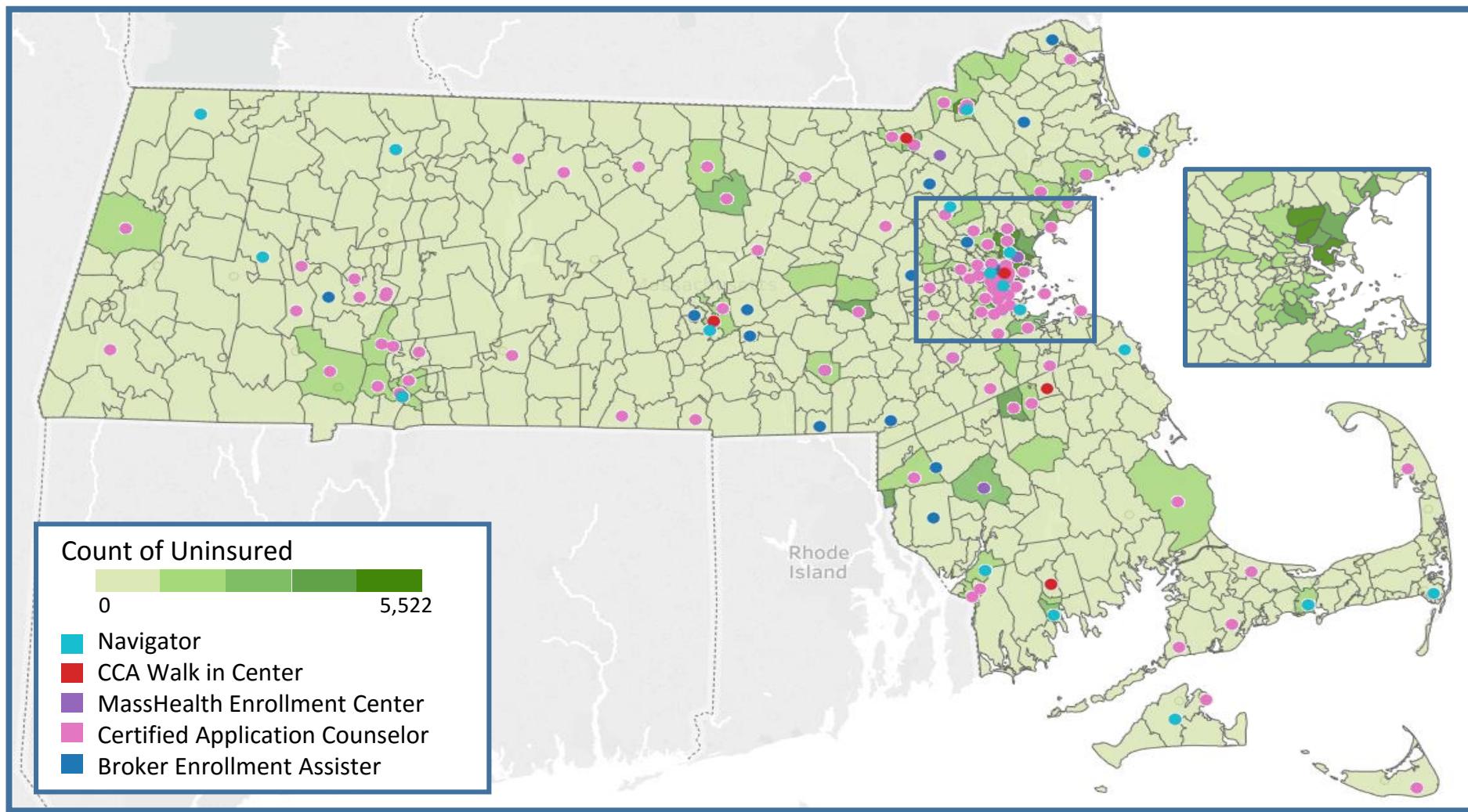
The Health Connector has modified its approach to the Navigator program, to streamline the selection process and maximize efficiency – chiefly by transforming the program into a two-year cycle.

- In addition to extending the cycle, we also required all applicants to either be returning Navigators or previously authorized Certified Application Counselors (CACs)
 - By requiring prior experience, we are reducing the amount of time spent training Navigators on how to complete applications, and will be able to focus more on their outreach efforts and shopping for plans
 - Extending the program to a two-year cycle, in line with other similar such programs, will provide stability for grantees and allow us to focus more on strategic opportunities with the Navigators
- We are partnering with 15 organizations for the 2016-2018 program year, of which 12 are returning Navigators, and 3 are new for this year
 - All new organizations (Joint Committee for Children's Health Care in Everett, Community Health Center of Franklin County, and Stanley Street Treatment and Resources) have experience supporting target populations
 - Only one Navigator from the just-ended grant cycle did not reapply for the 2016-2018 grant cycle
 - Total program budget for 2016-2017 is \$1,628,798; despite being a two-year cycle, funds for the 2017-2018 cycle will be determined next year, based on performance and our needs

2016 – 2018 Navigator Program: Selected Organizations

| Navigator Organization | Location | Languages |
|-------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------|
| Boston Public Health Commission | East Boston, Dorchester | Cape Verdean Creole, English, French, Haitian Creole, Portuguese, Spanish |
| Cambridge Economic Opportunity Council | Cambridge, Somerville | Amharic, English, Farsi, Haitian Creole, Spanish |
| Community Action Committee of Cape Cod & Islands | Hyannis, Nantucket | English, Portuguese, Spanish |
| Caring Health Center | Springfield | Arabic, English, Spanish |
| Community Health Center of Franklin County | Greenfield | English, Spanish |
| Ecu-Health Care | Northampton | English |
| Family Health Center of Worcester | Worcester | Albanian, Arabic, Berber, English, French, German, Greek, Portuguese, Spanish |
| Fishing Partnership Support Services | Chatham, Gloucester, New Bedford, Plymouth | English, Italian, Portuguese, Spanish |
| Greater Lawrence Community Action Council | Lawrence | English, Spanish |
| Hilltown Community Health Center | Huntington | English |
| Joint Committee for Children's Health Care in Everett | Everett, Chelsea | English, Spanish |
| Manet | Quincy, Fall River | Arabic, Cambodian, Cantonese, English, Mandarin, Portuguese, Spanish, Thai, Vietnamese |
| PACE | New Bedford | English, Portuguese, Spanish |
| Stanley Street Treatment and Resources | Fall River | English, Portuguese, Spanish |
| Vineyard Health Care Access | Dukes County | English, Portuguese, Spanish |

In-person Enrollment Assistance



Source: The Geography of Uninsurance in Massachusetts, 2009-2013, Blue Cross Blue Shield Foundation of Massachusetts

Evaluation of Outreach Activities

Potential Evaluation Metrics

Our interest in developing a deeper focus on certain key populations offers new opportunities to measure and evaluate our work. As the Health Connector seeks to launch its target population outreach efforts, it is also taking stock of methods for how to track its impact.

- Potential metrics for tracking coverage in-roads and impact of outreach efforts:
 - CHIA Household Insurance Survey (conducted bi-annually – next one will be fielded in 2017)
 - Blue Cross Blue Shield Foundation surveys and analyses
 - Department of Revenue/Health Connector Individual Mandate data (annual)
 - Regular Navigator reporting (monthly)
 - Weber and Archipelago marketing statistics
 - New member survey results (ongoing)
 - Customer experience annual survey
 - Messaging focus groups (annual)
- Seeking other suggestions from Board and stakeholders