

Phase I and II

Statewide Marketing, Outreach & Education Program

Final Design Options, Recommendations and Work Plan for the

California Health Benefits Marketplace

sponsored by

California Health Benefit Exchange,

Department of Health Care Services and the

Managed Risk Medical Insurance Board



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**California Health Benefit Marketplace
Statewide Marketing, Outreach & Education Program Work Plan**

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**A Joint Project
of
The California Health Benefit Exchange, the Department of Health Care Services (DHCS) and
the Managed Risk Medical Insurance Board (MRMIB)**

EXECUTIVE SUMMARY

This plan outlines the Marketing, Outreach & Education Program for the California health benefits marketplace (the marketplace) sponsored by California Health Benefit Exchange (the Exchange), Department of Health Care Services (DHCS) and Managed Risk Medical Insurance Board (MRMIB). It should be considered in tandem with the accompanying [Statewide Assisters Program Design Options, Recommendations and Final Work Plan](#). The plan was developed in collaboration with the Project Sponsors, listed above, and reflects a plan for phases that begin in 2013 that will entail further discussion and amendment. The Project Sponsors received extensive input in the development and review of this Final Work Plan. We firmly believe that a program of this magnitude and scope will only succeed as we learn *together* (and from other exchange experiences across the nation) to course correct, adjust messaging and remain flexible.

GUIDING PRINCIPLES

The plan reflects the following principles articulated by the Project Sponsors. These principles served as the guide for the consultants and staff in the development of the plan's components and will guide its implementation as the Project Sponsors move forward.

Guiding Principles:

1. Promote maximum enrollment of individuals in coverage – including subsidized coverage in the Individual Exchange and Small Business Health Option Program (SHOP), Medi-Cal and Healthy Families programs, as well as for individuals who can purchase coverage without subsidies.
2. Build on and leverage existing resources, networks and channels to maximize enrollment into health care coverage, including close collaboration with state and local agencies, community organizations, businesses, and other stakeholders with common missions and visions.
3. Consider where eligible populations live, work and play. Select tactics and channels that are based on research and evidence of how different populations can best be reached and encouraged to enroll and, once enrolled, retain coverage.
4. Marketing and outreach strategies will reflect and target the mix and diversity of those eligible for coverage.

5. Establish a trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships among Assisters serving state affordable health insurance programs.
6. Ensure Assisters are knowledgeable of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are equipped with the information and expertise needed to successfully educate and enroll individuals in coverage, regardless of the type of program for which they are eligible.
7. Promote retention of existing insurance coverage in public programs and the individual market, as well as in employer-based coverage.
8. Continue to learn and adjust strategies and tactics based on input from our national partners, California stakeholders, on-going research, evaluation and measurement of programs' impact on awareness and enrollment.

As we move forward and continue our own critical outreach, we will learn from and coordinate with others' good work in all areas. Other states and national partners are engaged in their own research, messaging and creative development around launching these new marketplaces. We will continue to coordinate and share with them so that our plans – *both theirs and ours*– can be informed by best practices and key learnings from around the country. We will also continue to coordinate with partners and stakeholders in California who share our vision and are already engaged in programs promoting health insurance coverage (e.g., foundations, hospitals, community clinics, health plans, etc.). This in-state coordination and national sharing commitment will be a critical component of our work in the coming years as California and the nation embark on the biggest change in promoting affordable health coverage since Medicare.

SITUATION ANALYSIS AND PLAN OVERVIEW

Creating a new health care system (an “exchange” or “marketplace”) designed to operate for a state as large and diverse as California, which must successfully reach an uninsured target of more than five million multi-ethnic, multi-language Californians, is a Herculean task requiring a significant investment. Those without legal status are not included in our targets, but many of them will live with those who are. This is just one of many challenges facing this new marketplace. Add the need to serve small business, and it is clear that what California needs is an aggressive outreach, public awareness and Assisters Program based on the utilization of a wide variety of tools: careful research; targeted mass, social and paid media; public relations; partnerships with a wide array of community, faith, labor, industry, health care, business and other organizations; and a simple, web-based enrollment portal.

This plan incorporates all of these tools. In addition, as required, the plan's elements for outreach include consideration of core principles and opportunities for seamless coordination with public coverage programs and the Project Sponsors: The California Health Benefit Exchange, the California Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB) as well as the programs they administer: Medi-Cal, Healthy Families, Access for Infants and Mothers program, Pre-Existing Condition Insurance Plan, Major

Risk Medical Insurance Program and other state health insurance programs. The California Office of Patient Advocate will also be providing outreach, education and consumer assistance.

In the development of this plan, we paid careful attention to California's complex linguistic and cultural diversity, especially among potential marketplace enrollees, partners and stakeholders. Further, the sheer size of California, its expensive and broad media markets (we have 11 distinct media markets as well as 13 threshold languages¹) and California's complex urban and rural communities, necessitate collaboration with a wide range of stakeholders, foundations and influencers.

Our initial input came from a wide array of sources, including from a series of meetings the Projects Sponsors held across the state, from stakeholders' written communications with the Project Sponsors, and a review of a wide array of background material (see www.hbex.ca.gov for background material and the report on stakeholder recommendation on outreach and assistance [here](#)). This plan has been presented to the Exchange Board and the public twice allowing for both written and oral feedback from stakeholders about strategies and best practices for marketing, eligibility, Assisters/Navigators, enrollment and retention programs for individual targets with distinct cultural differences, as well as tactics to reach individuals with special literacy, health care literacy and/or language needs. Many groups participated in information sharing including the Project Sponsors. We heard from small community-based organizations as well as those serving state-wide constituencies. The Final Work Plan presented here and adopted by the Project Sponsors reflects this extensive feedback from stakeholders, Project Sponsors and Board Members. In addition to this input of stakeholders, we also reviewed primary and secondary data to further identify the targets, their media habits and preferences for receiving information. We reviewed materials from and had discussions with other exchanges, including those in Massachusetts, Maryland, Colorado, Washington, Washington, D.C., and New York. And, we conducted four initial focus groups (two in English and two in Spanish; results are available on the Exchange website).

Using this information, we developed a plan that combines a mix of marketing campaign elements, including paid advertising, media relations, community education, grassroots outreach, partnerships, small business outreach, social media, and direct marketing. Capitalizing on partnerships to extend our reach and impact, the plan relies on a focused and clear voice. The goal is to build a distinct and resonating brand that includes our Project Sponsors and their programs, at the same time embracing the many cultural and linguistic differences in California that will ultimately lead to the enrollment of the millions of eligible Californians who lack health insurance. Finally, the plan provides a comprehensive Assisters Program to make sure those individuals who need or prefer one-on-one assistance get the information they need to facilitate enrollment in the plan best for them.

This marketing program is proposed to be organized in seven discrete phases; each one corresponds to the work needed for the pre-enrollment, open enrollment and retention and

¹ The 13 Medi-Cal threshold languages are: English, Spanish, Vietnamese, Chinese, Korean, Tagalog, Russian, Armenian, Khmer, Arabic, Farsi, Hmong and Laos.

reinforcement- work necessary for the delivery of the program to the millions of Californians currently without insurance beginning in September 2012 and ending in December 2015.

We have outlined each phase as they relate both to timing and project components. This phased approach will allow us to: (1) take into account research and key learnings and adjust our tactics; (2) be responsive to public demand and to be able to course correct as this new, dynamic program unfolds and; (3) submit the budget to the federal government in phases.

Phase I is called “Build Out.” During this phase (September – December 2012) we will be putting in place all the strategies and tactics designed to generate maximum awareness of the marketplace, finalizing the plan for potential paid media, working with stakeholders and others to begin a potential grant program for public outreach, planning for the launch of the first pre-enrollment period (October 2013) and completing the all-important research that will guide the creative development, messaging and materials necessary for the entire program. Beginning in 2013 (Phase II), we will start the public outreach and grant program developed in 2012.

We have included only the Phase I and Phase II related budget options. The paid media plan and budget will be refined to make the advertising buys that are a critical component in Phase II. All other budget decisions, as we have noted in the discussion of options and actions, are based on what project partners and the Exchange Board ultimately decide.

Throughout this process, the Project Sponsors have closely collaborated in an interactive process that has allowed for the sharing of information, comment and edits as the draft was being developed. This collaborative model resulted in this Final Work Plan. We are continuing to work with Project Sponsors to develop staffing requirements, and specific budget requirement as they related to the various plan elements.

The goal is to significantly reduce the estimated 4.6 million uninsured Californians who will be eligible for coverage in 2014.² It is based around a “no wrong door” enrollment approach where public and private programs are easy for consumers to understand and navigate, with enrollment the end goal.

But, it will not be enough to simply increase awareness and educate the public about the new marketplace. Many barriers exist for enrollment of our targeted populations. While there is a dedicated effort in this plan for an Assistors Program to help our targets enroll, we will be embracing the messages that emphasize “help is here.” Those messages are key to getting audiences beyond their anxieties and the complexities involved in considering, choosing and then enrolling in a health care plan.

² Health Insurance Coverage in California under the Affordable Care Act, California Simulation of Insurance Models (CalSIM) Version 1.7, June 2012. Exhibit 3b: Coverage by Source for Californians under 65 years old 2014-2019 (in millions), Enhanced Scenario.

The following chart (Table 1) provides a quick reference for the major outreach methods recommended in this plan as well as examples of the targets they are designed to reach.

Table 1: Summary Outreach Methods and Target Populations

		VEHICLES FOR OUTREACH & EDUCATION														
		Paid Media							Outreach & Education							
		Paid TV	Paid Radio	Paid Digital/Online	Paid Outdoor	Paid Ethnic/Cultural Media	Paid Grassroots Media & Other	Direct Mail	CBO/FBO/NGO Partnerships	Paid Partnerships	Earned Media	Events	Social Media	Elected & Influencers	Business & Trade Associations	Provider Channels (TBD)
TARGET DEMOGRAPHICS	Audiences															
	Young Females	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
	Young Males	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Females with Children	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
	Older Males & Females	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Latino Spanish Language Dominant	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓		
	Latino English Language Dominant	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
	African American	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Asian	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Native American	✓	✓						✓		✓	✓	✓			
	Russian	✓	✓			✓			✓		✓	✓		✓		
	LGBT	✓	✓	✓		✓			✓		✓	✓	✓	✓		
	Other Languages	✓	✓			✓			✓		✓	✓		✓		
	Additional Large Population Targets															
	The "Hard to Move"	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		
	Restaurant Workers	✓	✓	✓	✓	✓				✓	✓	✓	✓			
	Students	✓	✓	✓	✓	✓				✓	✓	✓	✓			
	Building & Construction Trades	✓	✓	✓	✓	✓				✓	✓	✓	✓			
	Union Members and Their Families	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Small Business	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	✓	
Brokers/Agents	✓	✓	✓	✓			✓			✓		✓	✓	✓		

COMPETITIVE/OTHER STATE EXCHANGE ACTIVITY

In developing strategies and tactics for this plan, we reviewed the many health insurance shopping options that exist online, including online-only “stores” such as eHealthInsurance.com and the large brand name insurers, such as Kaiser Permanente, Anthem and Blue Shield of California. We also reviewed materials and met with other state marketplaces and Centers for Medicare and Medicaid Services. Appendix I provides an overview of some relevant positioning and messages that we have uncovered to date. As we move forward to refine the program, we will continue to adjust California specific messaging and continue to monitor activities of other

state exchanges, as well as other private insurance offerings. This continual input will inform an evolving plan as well as allow us to course-correct and adjust budgets as necessary.

It's clear from an examination of messages, including the Massachusetts experience, the early messages surrounding exchanges in other states, and what others promoting coverage options are already doing, that a few central attributes – both functional and emotional – are almost universal: 1) ease in using any of the systems; 2) accessibility and affordability; 3) developing a new brand of *trust*; 4) becoming a valuable resource and 5) making sure all options are available to those who need them. As we move toward developing the final articulation of the marketplace brand, we believe many of these functional and emotional attributes will be included.

OVERALL GOAL AND BUSINESS AMBITION

The overall goal and business ambition that serves as the foundation for this marketing plan and Assistants Program is as follows:

Maximize the enrollment of uninsured Californians by providing a one-stop marketplace for affordable, quality health care options and health insurance information; educate Californians to understand the benefits of coverage; encourage insured Californians to retain their coverage; and continue to ensure the availability of affordable health insurance coverage for all eligible Californians.

MARKETING OBJECTIVES

Marketing objectives can be defined as the means to achieving sales objectives, or in this case enrollment. These objectives are measurable, quantifiable (meaning there is a specific number assigned to each one), and time specific. To support the goal and business ambition, the Project Sponsors have identified the following marketing objectives for the marketplace and provided the following enrollment targets:

- Become the trusted health insurance comparison resource for Californians seeking health insurance.
- Increase the number of insured Californians as much as possible. The common aspiration of the Exchange, the Department of Health Care Services and the Managed Risk Medical Insurance Board is to have *every Californian eligible for coverage having health insurance*.

In building to reach that goal, specific enrollment targets for the first years of this effort are listed below. They reflect the enrollment of at least the “enhanced” enrollment estimates from the UC-CalSIM modeling³:

³Health Insurance Coverage in California under the Affordable Care Act, California Simulation of Insurance Models (CalSIM) Version 1.7, June 2012. Exhibit 3b: Coverage by Source for Californians under 65 years old 2014-2019 (in millions), Enhanced Scenario.

By the end of 2014:

Enrollment of 2.8 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.

By the end of 2015:

Enrollment of 3.6 million Californians newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.

By the end of 2016:

Enrollment of 4.4 million Californian newly eligible for Medi-Cal, Healthy Families, subsidized coverage in the marketplace or enrolling in the marketplace without subsidies.

In projecting enrollment goals for 2014 (2.8 million), 2015 (3.6 million) and 2016 (4.4 million), these numbers represent year-end enrollment totals, that take into account that some enrollees will move in and out of their respective sources of coverage. Sponsors will also identify enrollment targets at earlier points, such as at the close of open enrollment in April 2014 and measures related to insurance coverage in the individual market and employer-sponsored markets and provide ongoing reporting on these measures.

COMMUNICATION OBJECTIVES

Communication objectives directly support the overarching goal and marketing objectives, and are the metrics against which we evaluate the success of the communications program. We have identified the following communications objectives:

- Increase awareness of the opportunity for new affordable health insurance coverage among all Californians, no matter their geographic, linguistic or health literacy competencies.
- Establish the new marketplace brand identity and communicate that it is a new source where uninsured Californians can access and evaluate affordable health insurance coverage.
- Motivate target consumers to consider buying health insurance coverage, explore options for coverage and ultimately, enroll in a plan.
 - Help target consumers understand the benefits of health insurance coverage and understand insurance language (e.g., co-pays, out-of-pocket, etc.) making sure that all materials are in-language and culturally sensitive.
- Tie the public (Medi-Cal and Healthy Families) and private insurance offerings together under the umbrella of the marketplace.
- Be recognized as a catalyst for change in California’s health care system, committed to making the lives of Californians better.

TARGET AUDIENCES

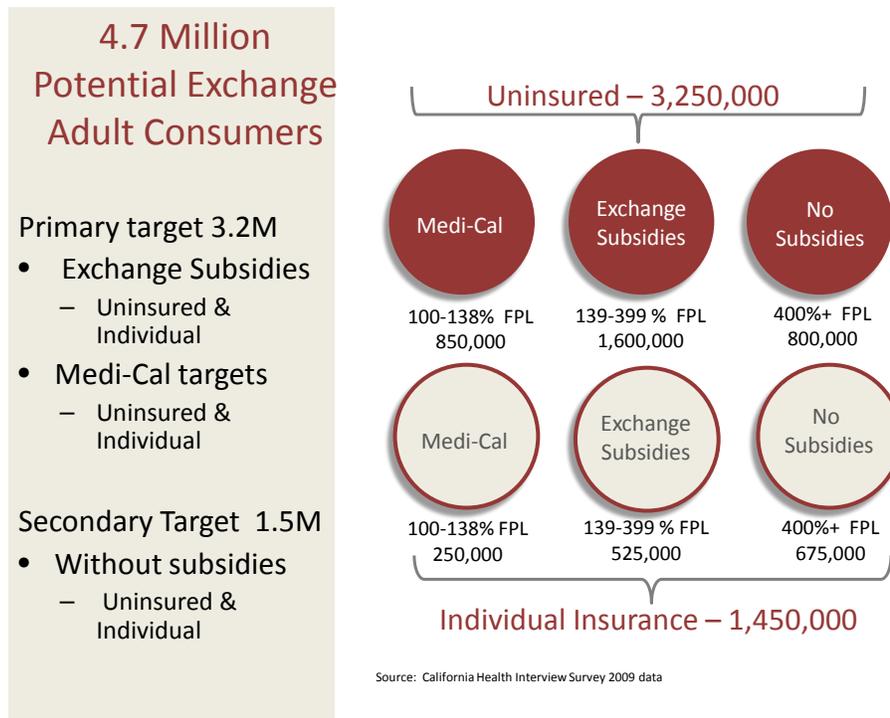
Together with the Project Sponsors' expanded offerings of Medi-Cal and other public health programs, the marketplace will serve all eligible populations, but outreach and marketing efforts

will focus on individuals and families with incomes up to 400+% Federal Poverty Level (FPL). While a not a core market, the marketplace will also be promoted to uninsured individuals who have incomes above 400% FPL and can benefit from the choice and value offered by the marketplace. In addition, we will be marketing to people who currently have insurance because many will be eligible for subsidies.

The marketplace will offer new products for individuals with incomes from 138 to 400% FPL with tax credits and subsidies to assist with health insurance premiums. Some of the uninsured will be pre-enrolled and/or auto-enrolled. Other uninsured people will need to be reached through the communication and outreach program (these are our sales targets).

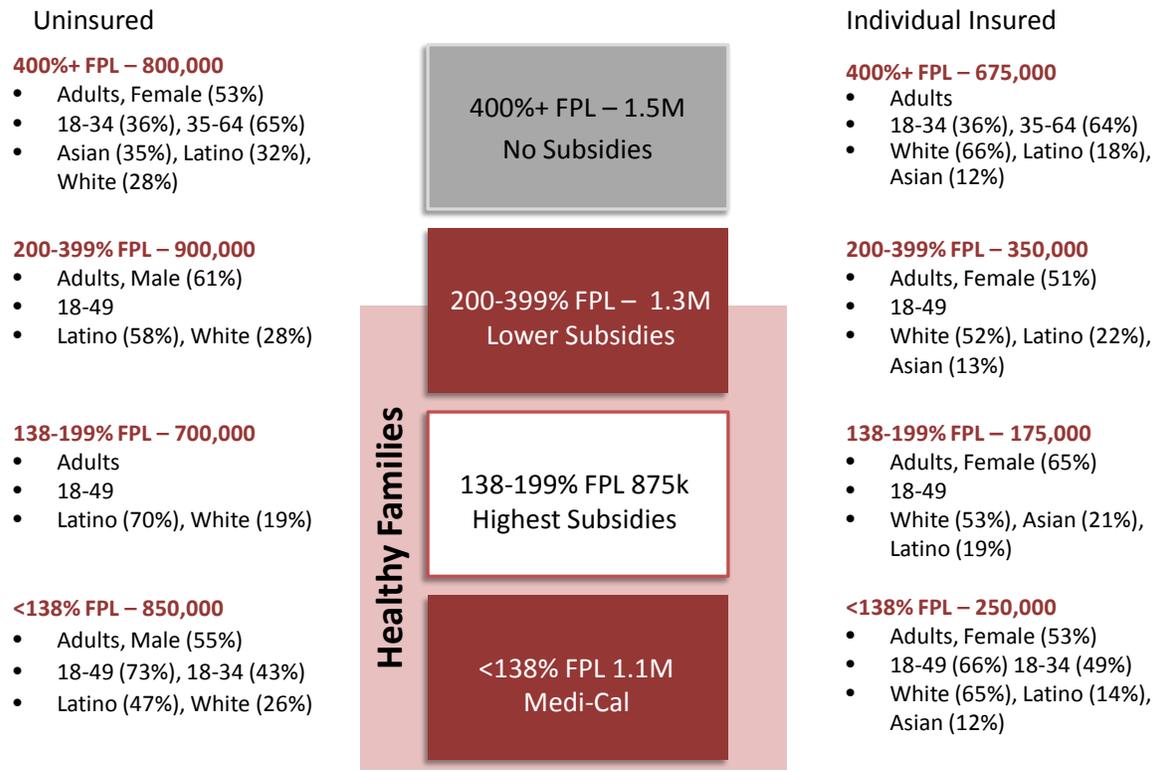
Our targets include eligible adults who can apply for coverage for themselves or their families in: 1) any subsidized program (marketplace subsidy, Medi-Cal and Healthy Families) and; 2) the non-subsidized individual marketplace.⁴

Chart 1: Potential California Target Marketplace Consumers



⁴ Target audience estimates shown in this section include eligible adults. Estimates do not include children though later sections of this report focus on outreach and partnerships with schools to encourage enrollment of eligible children and families.

Chart 2: The Diversity of California’s Uninsured and Individually Insured Population – Sample Target Demographics by Federal Poverty Level



Given the priority targets noted above, we are broadly looking at the following target groups to ensure reach of Medi-Cal, Healthy Families and marketplace subsidy and non-subsidy populations. These groups may indeed have different needs and motivations and, therefore, will need different messages and delivery systems to prompt them to seek health insurance coverage.

Women:

Based on current data, women will be a critical target for this effort. The target group is age 18-49 but many are younger with a large segment age 18-34. Single mothers and working women representing multiple ethnic groups provide additional micro-targeting in the female group, but Latinos make up a large portion of this target. The prevalence of women is highest in the lower income plans.

Young Adults:

Our current data shows that the young adult target is disproportionately male. While many of our programs will be designed to reach young men and young women, young men (age 18-34) will be a core target group. Again, this subgroup is multi-ethnic. This group may be under the age of 26 and just off parental health coverage. Many working people may be hourly, part-time or temporary employees without benefits.

Older Adults:

Another broad target group is adults ages 35-64. While this group includes a balance of men and women, the data shows that older adults are disproportionately single. Again, this target group is made up of multiple ethnic groups. This group may include working poor or perhaps some people who have experienced layoffs/loss of insurance in the past several years.

The Importance of Latinos:

Studies show that the majority of California's uninsured are Latino. Approximately 57% of coverage eligible uninsured are Latino. Reaching Latinos will be critical to our success and is more thoroughly discussed in a separate section later in this plan.

New Medi-Cal Eligibles:

New Medi-Cal eligibles also present substantial challenges and opportunities. Analysis of population survey data shows that in the main, poor uninsured adults are no less healthy than the non-disabled population currently enrolled in Medi-Cal. In fact many are "healthier."⁵ This target group is relatively young, with the majority under the age of 40 and a significant portion skewed Latino and female.

Influencers:

The marketing plan will also target influencers of uninsured Californians. These audiences will become important messengers. The plan includes partners, such as health care providers, faith-based organizations, state agencies, community leaders and more. Details are provided in the outreach section of the plan. Additional research will help us learn which messengers are both relevant and respected.

Hard to Move:

Another critical audience target are those individuals who, for whatever reason, are not inclined to purchase insurance, even if they can afford it, or in the case of those eligible for Medi-Cal or Healthy Families, not inclined to enroll even though cost is not a barrier. Some have referred to the first group as the "invincibles" – those people, primarily young men who don't think they need insurance; don't think they will ever get sick or hurt; or are resistant. The Medi-Cal and Healthy Families eligible non-enrollees are another challenge. The research will help us determine what messages may move these "hard to move" individuals to consider learning about the options and then enrolling in plans provided by the new marketplace.

California Small Businesses (2 – 50 Employees) and other Employers:

Small business owners and entrepreneurs are another important target as a majority of the uninsured are employed by small businesses. Currently, just 46 percent of firms with fewer than 50 employees offer health insurance.⁶ In California, 2 million or more of those lacking insurance live in a household headed by someone who works in a small business with fewer than 50

⁵Expanding Medi-Cal, Profiles of New Users, Public Policy Institute August 2011.

⁶ Kaiser Family Foundation, State Health Facts. 2010

employees⁷. Educating small business owners about the Small Employer Health Options Program (SHOP) marketplace is crucial, and their enrollment and use of the marketplace is critical for success, but just as important will be reaching out to small businesses as a way to find the uninsured.

A second important strategy is to consider industries with significant numbers of uninsured workers. Current marketplace data (2010 ACS) shows that there are other large “buckets” or categories where we might find significant numbers of the uninsured (e.g. construction, restaurant/food service, crop production, college students, just to name a few).

These two strategies may converge as we learn more about small business. While we do not yet have the data to support a conclusion, we hypothesize that a significant number of small businesses fit into the categories above. Therefore, the plan includes both broad outreach to the general public and small business, as well as targeted industry, trade, union and other employee communications to reach these large uninsured “buckets.”

Additionally, in our business outreach we will seek to involve the influencers for businesses, including accountants, brokers and industry organizations that can help carry messages to these important target groups. It’s important to note that when reaching audiences like those described above, it won’t be enough to target them based solely on where they work – or what language they speak. Our plan targets individuals, and involves surrounding target populations through multiple channels and various outreach tactics so that they hear about the opportunity for enrollment in a variety of ways – and multiple times.

The uninsured target will be better defined upon completion of a California-specific segmentation study, which will further serve to define the target audience attitudes and help us develop deeper understandings of uninsured prospects who are both receptive and unreceptive to the idea of insurance coverage (see research section for more details on additional research).

Maintaining Coverage:

While the main focus on the outreach and marketing efforts is to encourage uninsured to get newly available coverage, there are a number of elements that that must focus on and encourage those who have insurance to maintain their coverage. Among the insured that communications efforts must specifically address are:

- **Individuals newly insured through the Exchange, Medi-Cal and Healthy Families.**
Retention of individuals once they get coverage is of vital importance. Each of the Project Sponsors are developing program specific strategies and tactics to maximize ongoing enrollment of eligible individuals. For all programs, key partners in assuring ongoing coverage will be the health plans that individuals are enrolled in them. Ways to promote enrollment include having mechanisms to be sure that enrolled consumers get access to preventive and other care, as well as effective communications from their plan

⁷Pacific Community Ventures, October 2011.

on wellness and lifestyle issues. In addition to developing health plan-based strategies, the outreach and communications plan will include messaging and targeted outreach to encourage continued enrollment.

- **Individuals currently insured with individual coverage.** The outreach and communications effort will seek to reinforce the benefits of continued coverage for those who have insurance in the individual market. Estimates are that forty percent of those in the individual market will be eligible for subsidies in the Exchange. The Exchange will work with health plans to reach out to these individuals to inform them of this new opportunity. However, even for the slightly larger group who are not subsidy eligible, marketing will reinforce the benefit of maintaining coverage – irrespective of whether they get coverage inside or outside of the Exchange.
- **Individuals with employer-sponsored insurance.** Marketing will promote the opportunity for small businesses to purchase coverage in the Small Business Health Options Program (SHOP) offered by the Exchange. This opportunity is particularly important for those small businesses who are eligible for the tax credit that is only available through the Exchange. As or more important, however, the marketing will reinforce the importance of all employers to maintain or offer insurance – regardless of employer size or where they purchase insurance.

OTHER CHALLENGES AND CONSIDERATIONS

As part of the marketing program for SHOP we will do research with small business owners to better understand how to position messages. We know that cost of health care is often identified as a key barrier to providing coverage for these small business owners and their employees. And, the complexity for group health insurance programs and the burden of administration for small businesses has added to the lack of uptake. Additional research will help with message development and targeting for both small businesses and their employees.

But research alone or any one or two strategies for outreach will not be enough to enroll the nearly 3 million Californians in our goal for 2014 alone, *because California is a state like no other*. There can be no doubt that creating an effective, efficient and successful new marketplace will face challenges in this state that are not evident anywhere else. Specifically we identified the following key challenges and opportunities which ultimately impacted the plan we developed and directed the decisions and budget levels described in the final budget recommendations at the end of this document:

- **The goal is significant – to enroll nearly 3 million Californians by the end of 2014.** The enrollment goal for many other states is just a fraction of California’s goal.
- **The size and scope of California’s media markets are greater than any other state, making it significantly more costly to reach the uninsured population.**
 - California has two of the top 10 Nielsen-ranked Designated Market Areas (DMAs); Los Angeles (#2 in the nation behind New York City) and San Francisco – Oakland/San

- Jose (#6). The only other State that has two markets in the top 10 is Texas with Dallas-Ft. Worth (#5) and Houston (#10).
- California is the only state that has three (3) markets in the top 20 DMAs. This includes Sacramento-Stockton-Modesto (#20).
 - California has more DMAs than any other state.
 - **California’s uninsured population is more diverse than any other state.** This requires tremendous media resources as well as on-the-ground resources to achieve outreach and enrollment objectives in all the targeted populations, in-language and culturally sensitive.
 - California has 13 threshold languages that, at a minimum, must be part of the advertising and outreach efforts.
 - Approximately 57% of the state’s uninsured coverage-eligible population is Latino. This requires a significant investment in Spanish-language media and community outreach efforts to ensure reach and communication of messages to the mono-lingual as well as bilingual Latino population.
 - **There are significant materials costs and labor requirements to support outreach efforts across a state the size of California with its rural and urban, demographic and psychographic differences.** For instance, in California there are:
 - Thousands of community-based organizations, non-profit organizations and faith-based organizations many of whom, along with their clients, have a stake in the success of the marketplace.
 - Fifty-eight (58) different county welfare and health care offices – each with its own staff of eligibility workers, etc.
 - More than 20 state agencies and/or federal agencies that could/should be incorporated into outreach and marketing activities.
 - **California’s experience, tools and testing can benefit other states.** Because California’s population is so large and diverse, targeted testing done here can and should provide resources for other states. For instance:
 - The creative development of electronic and print material will be made available to other exchanges across the country.
 - Investments in focus groups, translation of materials and the development of paid media material addressing the 13 Medi-Cal threshold languages will provide other states with lessons and materials they can adapt to their own communities.
 - Efforts to work with national retailers or the entertainment industry will help shape the efforts of these partners in other states.
 - **Creative for advertising (TV, radio, outdoor, print and other) must be developed during these two phases so that they are ready for use late in Phase II and into Phase III.**

The challenges are extensive, but the plan presented here provides solutions to the problems and challenges we’ve identified and provides a path forward for this new and exciting phase in health care coverage for Californians.

Using all the current information described above, taking direction from Project Sponsors about targets and enrollment goals and working with experts and stakeholders, we have developed a plan which combines the right mix of marketing campaign elements including: paid advertising, media relations, community education, grassroots outreach, partnerships, small business outreach, social media, and direct marketing. Capitalizing on partnerships to extend our reach and impact, the plan relies on a focused and clear voice. The goal is to build a distinct and resonating brand that includes our Project Sponsors and their programs, at the same time embracing the many cultural and linguistic differences in California that will ultimately lead to the enrollment of the millions of eligible Californians who lack insurance. And the plan is complemented by a comprehensive Assistants Program to make sure those individuals who need or prefer one-on-one assistance get the information they need to facilitate enrollment in the plan best for them.

Because the plan for the launch and selling of the new marketplace spans multiple enrollment periods and multiple years, we developed a seven-phase approach to describe the programs in the total plan.

OVERARCHING STRATEGIES

“We made a conscious decision to develop not just a marketing plan, but a marketing campaign with the goal of providing access to health insurance to everyone in Massachusetts who lacked coverage. We had so little time and so many people we had to reach; a comprehensive campaign with a lot of partners was our best chance for success.”

Joan Fallon, Former Chief Communications Officer
Commonwealth Health Insurance Connector Authority (Mass)

Any marketing campaign with the broad goal of increasing enrollment in health insurance programs for the millions of Californians who will be eligible for coverage starting 2014, must include a multifaceted and multichannel approach in order to reach *all* target audiences. Successful strategies that have worked for other programs, both in California and in other states, include public education, research, partnerships, media relations, paid advertising, social media and public outreach – in the broadest sense of the term. The strategies support the “no wrong door” enrollment vision of the marketplace and its program partners. Further, with the extended lead time available to California (summer 2012 through the beginning of the open enrollment period, October 2013), the public will have the opportunity to achieve a deeper understanding of the affordable options offered by the new marketplace and will be secure in the knowledge that help will be provided to them as they embark on this new journey toward coverage.

MARKETING STRATEGIES

The marketing strategy section outlines the game plan to achieve the marketing objectives by utilizing the four Ps of standard marketing strategies – product, price, promotion and place. For the marketplace, that means the strategies must include information about: 1) the product(s), and subsidies to make coverage more affordable, 2) the pricing strategy for the products and/or

services 3) high-level promotion strategies that identify the communications mix used to create broad awareness in the marketplace (paid advertising, public relations, partnerships, etc.) and 4) the place (or distribution) that will bring the products or services together with the targeted customers (online portal, sales team, Assistors, retail venue, etc.).

We recommend employing the following strategies to achieve the overall goal and objectives outlined above:

- Launch an aggressive public education and marketing campaign to inform Californians of the new health insurance options available to eligible Californians.
- Drive enrollment for health insurance options (products).
- Define and position the marketplace as a one-stop marketplace offering a wide choice of affordable coverage options accessible to Californians.
 - Help to build the marketplace as a trusted provider of insurance products and a place to comparison shop for quality insurance options and information.
 - Leverage and/or stimulate the need and desire to have good health care through good health insurance coverage.
- Define and position the marketplace's product offerings as health insurance that offers affordable, quality coverage.⁸
 - Make sure both public and private insurance offerings support the marketplace's positioning.
 - Assure appropriate positioning of all subsidized health products in the marketplace, potentially including redefining and rebranding the Medi-Cal and Healthy Families programs.
 - Develop simple product pricing levels that can be easily understood by potential enrollees, many of whom will have health literacy issues.
- Prioritize target audiences to meet enrollment objectives:
 - Specifically target multi-cultural audiences, Limited English Proficiency (LEP) and rural Californians.
 - Pay specific attention to messages for families with mixed immigration status, the LGBT community.
 - Include healthy individuals who may not have a propensity to buy (e.g., the invincibles).
 - Ensure marketing efforts reach people of differing health status.
- Develop marketing strategies for retention of new and current health insurance enrollees.
- Develop a comprehensive research plan to address:
 - Positioning and message development for the marketplace and products.
 - Developing messages for individual audiences, including ethnic and multi-cultural audiences.
 - Tracking of communication programs, including awareness and attitudes.

⁸ See Appendix for product strategy.

- Develop a comprehensive Assisters Program in the event individuals need one-on-one assistance.
- Provide the Project Sponsors options for the outreach and Assisters programs at varying budget levels and with varying estimates of likelihood of success.
- Apply a phased marketing communications approach managing broad reach channels, focused direct channels and grassroots outreach in the marketing mix, including paid advertising, public relations and community outreach.

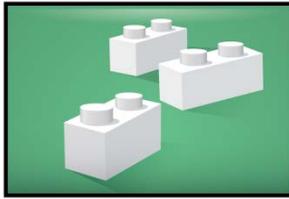
COMMUNICATIONS STRATEGIES

Communications strategies are the communications approaches that will be used to help reach our target audiences – first educating them about what is going to be available to them (i.e., awareness), and then helping them enroll (e.g., through education). Strategies are not specific tactics. They answer the broader “who,” “why” and “what,” but not the specific “how.” The strategies below will help facilitate maximum enrollment of eligible individuals, families and small business employer groups into programs offered through the marketplace.

We will use the strategies below to help meet our communications objectives and to support the larger marketing objectives:

- Develop specific messages for each marketing phase to align with launch, enrollment and retention periods.
- Develop an overarching brand position and theme. Also, determine and develop messages that resonate with specific target audiences based on demographics, ethnicity, language and other defining characteristics.
- Explore testimonials/real stories to illustrate the benefits of coverage and buying coverage through the marketplace.
- Use multiple trusted channels to reach audiences (paid, earned, social, community partners, etc.).
- Effectively use communications channels to reach key target segments (e.g., general market media, ethnic media, business/trade publications, etc.).
- Communicate pricing levels in a simple, easy to understand manner. Develop messages that communicate how subsidies work (e.g. “here is the cost, but you may get money to pay it”).

Because the plan for the launch and selling the new marketplace will span multiple enrollment periods and multiple years, we developed a seven-phase approach to describe the programs in the total plan. The first phase begins with the awarding of the Level I (1.2) grant and continues through the final open enrollment and retention periods through December 2015. Following is: (1) a brief description of each phase and; (2) the detailed explanation of the tactics contained within each phase and options for the Project Sponsors and Exchange Board.

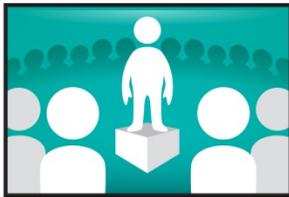


PHASE I Build Out

September - December 2012

(September – December 2012)

This phase includes additional research to inform branding, message and creative development. Begin partnership engagement and community outreach. Begin specific multicultural outreach, coordinate with state agencies and elected officials. Develop creative and outreach materials in threshold languages, explore event participation and begin small business planning. We will also engage in media outreach – both social and traditional—media planning and earned media outreach. This is a very ambitious phase, but it will set the stage for success as we move toward enrollment.



PHASE II Consumer Outreach & Education

The Benefits of Coverage & “It’s Coming”

January - June 2013

(January 2013 – June 2013)

Message: benefits of coverage, “it’s coming”

Begin outreach and education working with community-based organizations and partners to inform constituents of the new coverage options that will be available when the new marketplace opens. Secure media buys to begin late summer or spring to achieve significant campaign exposure that commands attention to messages that will increase awareness of the new marketplace that will open for enrollment in October 2013 and educate target audiences about the benefits of coverage.



PHASE III

Get Ready, Get Set...
Enroll!

July 2013 - March 2014

(Pre-Enrollment, Official Opening of the Marketplace and Open Enrollment) (July 2013 – March 2014⁹)

A: July – September 2013: Get ready, get set...

B: October 2013– March 2014: Enroll!

Officially launch the new marketplace three months *before* the October 2013 open enrollment period and potentially even earlier. Support the first open enrollment period with paid media and other message delivery designed to motivate Californians to enroll using the new portal, through a dedicated call center and/or through one-on-one encounters with Assisters or at appropriate state government locations.

- Mass media and targeted outreach to launch the marketplace and support pre-enrollment and open enrollment periods.
 - Plans will have to take into consideration the different eligibility and enrollment processes of different program (e.g., Medi-Cal, Healthy Families, etc.).
- Focus messaging on:
 - *Why?* Benefits of coverage
 - *How?* The marketplace (and there's help for individuals)
 - *What?* Product offering
- Support the official opening of the marketplace.



PHASE IV

Retention,
Reinforcement &
Special Enrollment

April - July 2014

(April– July 2014)

Message: Retention (“You’ve got it, now keep it”), reinforcement (“you can still enroll in Medi-Cal and Healthy Families”) and special enrollment (“if you’ve had a life change, we have a plan for you”) messages will help reduce churn. In addition, during this period, promotions will target those eligible for subsidized programs that do not have an open enrollment period (i.e., Medi-

⁹ There will be an extended open enrollment period for the first year only through March 2014.

Cal and Healthy Families). Communications will address the importance of keeping health insurance once enrolled and support messages to influence this new behavior.

- Retention message to address nearly 25-40% churn.
- Health care insurance benefits, reasons why health insurance is important to have, education following a social marketing model: educating to change attitudes to drive behavior.
- Communicate differences between year-round enrollment for Medi-Cal and Healthy Families programs vs. open enrollment periods for the marketplace.



PHASE V

Get Ready, Get Set...
Enroll!

August - December 2014

(August – December 2014)

A: August – September 2014: Get ready, get set...

B: October – December 2014: Enroll!

Support the second open enrollment period with paid media and other message delivery designed to motivate Californians to take action to enroll using the new portal, through a dedicated call center and/or through one-on-one encounters with Assisters or at other appropriate locations.

- Support second open enrollment period.
- *Why?* Benefits of coverage
- *How?* The marketplace
- *What?* Product offering
 - Plans will have to take into consideration different eligibility and enrollment processes of different program (e.g., Medi-Cal and Healthy Families).



PHASE VI
Retention,
Reinforcement &
Special Enrollment
January - July 2015

(January – July 2015)

Repeat retention, reinforcement and special enrollment messages to help address churn. In addition, during this period, promotions will target those eligible for subsidized programs that do not have an open enrollment period (i.e., Medi-Cal and Healthy Families). Communications will address the need for health insurance and support education to influence new attitudes and behavior.

- Retention message to address nearly 25-40% churn.
- Health care insurance benefits, reasons why health insurance is important to have, education following a social marketing model: educating to change attitudes to drive behavior.
- Communicate differences between year-round enrollment for Medi-Cal and Healthy Families programs vs. open enrollment periods for the marketplace.



PHASE VII
Get Ready, Get Set...
Enroll!
August - December 2015

(August – December 2015)

A: August – September 2015: Get ready, get set...

B: October – December 2015: Enroll!

Support the third open enrollment period with paid media and other message delivery designed to motivate Californians to take action to enroll using the new portal, through a dedicated call center and/or through one-on-one encounters with Assisters or at other appropriate locations.

- Support open enrollment period.
- *Why?* Benefits of coverage
- *How?* The marketplace
- *What?* Product offering
 - Plans will have to take into consideration different eligibility and enrollment processes of different program (e.g., Medi-Cal and Healthy Families).

PHASE I

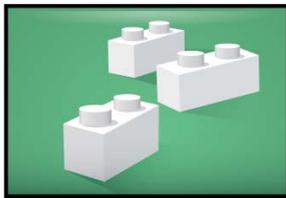
Build Out



The Final Work Plan activities are organized in seven campaign phases. This allows a comprehensive view of all program elements in each phase. We have also included a matrix to indicate what activities, outreach plans and media (both paid and earned) reach our targets. Phase I is anchored in research. The rest of the program will flow from what we discover and be constantly adapted based on ongoing measurement and evaluation. Research has already begun and new projects will build on it. The other building blocks in Phase I will require major staff time and resources, but they provide the necessary framework for this historic plan.

The plan explores a comprehensive array of strategies and tactics at three different investment levels: Level 1, Level 2 and Level 3. The various levels reflect a differing commitment of resources and activity: Level 3 being the highest level of activity and requiring the highest investment; Level 2, a lower level of activity and lower investment and; Level 1, the lowest level of activity and lowest investment. These options were provided for discussion so that the Project Sponsors and the Exchange Board could have an opportunity to evaluate various ideas and opportunities. The Project Sponsors and the Exchange Board at its meeting on June 19, 2012, have determined that the Level 3 activity level and description is what California needs to be

successful and will be reflected in the Exchange's establishment grant requests to the federal government.



PHASE I Build Out

September - December 2012

Phase I: Build-Out (September – December 2012)

RESEARCH

Preliminary Target Research Results

Qualitative research was conducted in Fresno and Los Angeles among uninsured California adults (men and women) with a variety of incomes from the 138-399% and 400+ % FPL ranges in English (mixed ethnicities) and Spanish. All respondents reported they were likely to use the marketplace and actually purchase a health insurance plan.

Experiences Being Uninsured

Most respondents reported they had health insurance at some point. They gave a variety of reasons for not having it now—unemployment, lack of employer-provided coverage, aging out of parental plans, even declining employer plans because of the cost and a feeling that they could get by with less expense if they self insured. Many complained about the quality of plans that were available, the high premiums and the out-of-pocket costs. Some of those who were younger and healthy seemed to have determined they would get by with less expense if they took their chances without insurance.

Most viewed their lack of insurance as a major problem, one that concerned them greatly. Many worried about incurring large bills if they or a family member were to need expensive care. Their own health was also very important to them, given that their income depended on their ability to work. Those with families were concerned about family dependence on their health in order to make ends meet.

Some had shopped for insurance in the past, either at a place of employment or on their own. Most preferred to shop on the web as opposed to through brokers (who they viewed as expensive middlemen) or social service providers.

Many have found ways to cope with their lack of insurance. They use home and/or traditional remedies and self treat, use free or low-cost clinics, go to emergency rooms or simply do without. For many low-income people, life involves little financial security or peace of mind so they may undervalue the security and peace of mind that others associate with insurance. This

has evolved into a complex but common “culture of coping” that the marketplace promises to fix, moving these Californians from a culture of coping, to a culture of coverage.

Attitudes toward New Health Insurance System

Most were aware of the changes coming in 2014 but knowledge levels were uneven. Some respondents were very knowledgeable about the new system and how it will work, while others were very uninformed. The Spanish-speaking respondents tended to be part of the latter group. In general, there was strong support for the changes but the support was tempered by considerable skepticism on the part of many that high-quality and affordable plans would actually be available.

There was strong support for the idea of a marketplace where health insurance shopping would be easy and convenient. There was also strong agreement that the inclusion of Medi-Cal would not stigmatize the marketplace. In fact, many of the respondents were familiar with Medi-Cal (some had used it) and viewed it positively. The same was true of the Healthy Families program.

Benefits/Barriers Related to Using the Marketplace

When asked in an open-ended fashion about benefits, here is what came up most often: getting more informed about health insurance basics; being able to compare plans and have a choice; the convenience of having the information in one place; and the competitiveness the marketplace would encourage.

Barriers: there was little concern expressed about using the web or the complexity associated with health plan shopping and selection. Despite this, most wanted access to personal assistance in the event they needed it. Some expressed concern about data confidentiality and fraud.

Benefits/Barriers Related to Buying Insurance

With regard to the benefits of buying insurance here is what seemed to come up most often: financial peace of mind; access to preventive services; and, access to care when you need it. The more ethereal “well-being” benefit was rarely mentioned.

Barriers: price will be extremely important. Most agreed that if they can afford insurance, they will buy it. If not, they will deploy tried and true coping strategies. When we explored what was affordable, we tended to hear \$25-50 per month for individuals and no more than \$100-120 for a family of four. Co-payment will be important for families to consider in addition to subsidies to offset premium costs. The data suggest that price and coverage will be the main criteria taken into account when individuals make their decision.

For research going forward, we have provided options to suit different resource levels and preferences with regard to the assessment of ethnic and other differences in the studies.

Additional Qualitative Research on Message/Strategy Development with Individual Consumers

As noted above, in April 2012, we completed four focus groups (in English and Spanish) with uninsured individual Californians highly receptive (in Los Angeles and Fresno) to using the marketplace and enrolling in a health insurance plan. In June 2012, we will conduct additional focus groups with those that are less receptive. Our goal is to begin to understand what distinguishes the two groups, especially how the receptive consumers view the most important benefits of having health insurance coverage. These data are invaluable for message development efforts. The other data we will collect will include general attitudes toward health insurance, marketplace positioning, promotional messages and outreach strategies will also be very valuable.

Additional qualitative work is recommended to explore differences based on additional cultural, language and plan eligibility status (i.e., as many of the 13 Medi-Cal threshold languages as possible, as well as those eligible for subsidized programs, marketplace plans with subsidies, and private non-subsidized plans). This is important since in the initial research we only looked at English versus Spanish language differences and there was no effort to carefully examine differences based on plan eligibility status or to include additional languages.

In addition, research will also explore the psychographics of the public, including those populations that currently do not have a propensity to buy, even when they already qualify for public programs. Understanding these “hard to move” audiences is as important as understanding those that are “hard to reach.”

Level 1: Explore differences between three broadly defined groups: Spanish-speakers, African Americans, and English-speakers, including Asian Pacific Islander, White, African American and Latino individuals in the general market.

In this option, we will complete 144 in-depth, one-on-one interviews, 48 within each of the three broad groups. Within each group, one half will be with receptive consumers and the other half will be with those who are less receptive. Within these receptivity-defined groups, we will interview equal numbers of males and females eligible for the three different types of plans.

We recommend one-on-one interviews, rather than focus groups, during this phase. From the groups conducted in April and the additional groups in June 2012, we will have gleaned initial learnings that can be further explored, and we will have identified new learnings in a one-on-one format. With focus groups, because of the social influence process, there is a need to complete two group interviews per audience segment in order to ensure data validity. Given the number of audience segments we need to explore, the number of group interviews and costs would become unmanageable. This problem is minimized with the use of the one-on-one design.

Level 2: Conduct all activities in Level 1, and add additional culturally-defined groups which could include speakers of Chinese, Vietnamese, Korean, Tagalog, Hmong and Cambodian.

In this option, we would add one-on-one interviews in Medi-Cal threshold languages not covered in Level 1. We suggest 32 interviews per segment, 16 with receptive consumers and 16 with less receptive consumers. Within these latter two groups, we will have a representative mix of men and women from two (not three) plan types—public and private (subsidized and non-subsidized plans). The reduction from three to two helps minimize costs. Across the six groups, 192 individual interviews will be conducted.

Level 3 [Adopted by Project Sponsors]: Conduct all activities in both Level 1 and Level 2 and add speakers of additional languages which could include of Armenian, Russian, Arabic and Farsi (the remaining Medi-Cal threshold languages). At this level, we will also include focus groups containing the large “buckets” of identified uninsured (e.g. students, restaurant and construction workers, etc.).

In this option, an additional 128 individual one-on-one interviews will be conducted, 32 within each audience segment, for a total of 320 individual interviews.

Qualitative Research on Message/Strategy Development with Small Employers

To address planning needs with regard to the important small business target, we recommend two focus group interviews with small employers from a variety of cultural groups, including White, Latino, Asian Pacific Islander and African American, who are receptive to use of the marketplace/health plan enrollment and two who are less receptive – for a total of four focus groups.

Advertising Execution Testing

Once specific advertising executions are ready for testing we recommend that they be tested with critical audiences prior to final production. The executions will be tested against a number of diagnostic dimensions including message comprehension, perceived relevance, believability and persuasiveness. We recommend a methodology that makes use of both group interviewing and the collection of data at the individual level throughout the group interview process.

Level 1: Focus group research with small business owners and individual consumers from general market English-speaking, Spanish-speaking and African American audiences for a total of eight groups. In this option, we propose to complete two group interviews within each of the four audiences identified above. Each group will be composed of a representative mix of small business owners or, in the case of the consumer interviews, consumers of different gender, plan eligibility types and other demographic characteristics.

Level 2 [Adopted by Project Sponsors]: Additional group interviews with the following audience segments that will also be targeted by advertising: speakers of Chinese, Vietnamese, Korean, Tagalog, Hmong and Cambodian. In this option, two additional group interviews would be conducted within each of the six cultural groups identified above. This option entails 12 additional interviews for a total of 20. Project Sponsors are considering adding significant

additional research to develop messages and better understand small business' needs and their propensity to participate in the marketplace.

Level 3: No change from Level 2.

Market Segmentation/Baseline Survey

In order to validate the conclusions drawn after the qualitative message/strategy research, we recommend a market segmentation study. The purpose will be to understand which market segments are most and least receptive to the two actions our campaign is promoting—use of the marketplace and enrollment in a health plan—along with their attitudinal, lifestyle and demographic characteristics. As noted above, one potentially important set of attitudes is consumer beliefs about the advantages and disadvantages of the behaviors, especially the advantages. A major goal is to identify what perceived advantages distinguish the most receptive from their less receptive counterparts. Having rigorous quantitative data on this issue is essential.

This study will also assess awareness of the marketplace and key aspects of health insurance reform before the campaign is launched; knowledge about how to use the marketplace and enroll in a health insurance plan; and enrollment assistance needs and preferences. This will serve as our baseline for future tracking. In addition, we will use it to resolve any final issues with regard to marketplace positioning.

Level 1: A statewide sample of uninsured and individually insured Californians.

Segmentation studies require fairly large sample sizes. In this first option, we would sample 2,000 uninsured/individually insured Californians. Interviews will be conducted by telephone with a population-based household sample of this population. The sample would include those who primarily use landline telephones, as well as those who primarily use cell phones. Not surprisingly, the latter group has grown significantly in recent years. Interviews will be conducted in English and Spanish with live real time translation services also available for those respondents who want to complete an interview in the other threshold languages. The study would be conducted in the first quarter of 2013.

An alternate, lower-cost option would be to conduct mall-intercept interviews. The population would remain uninsured/individually insured Californians but the respondents would be recruited in shopping malls. As such, the sample will not be a population-based sample of the target audience. Interviews would be conducted in English and Spanish. The real time translation into other languages would no longer be possible.

Level 2: A statewide sample large enough to assess health plan eligibility status and other differences. In order to have a larger sample to more effectively segment the market and to better understand differences based on plan eligibility status, we suggest consideration of this option that would entail a total sample size of 3,000. As with Level 1, the sample will be

population-based. Both landline and cell telephone users will be represented. Interviews will be conducted primarily in English and Spanish with additional real time translation in other languages also available.

As in Level 1, an alternate approach in Level 2 is to utilize a mall intercept approach. Interviewing would be done in English and Spanish only.

Level 3 [Adopted by Project Sponsors]: Add in oversamples of African Americans and Asian Pacific Islanders to the sample discussed in Level 2. This level would give us the ability to look carefully at differences based on language and culture. The two smallest groups, African Americans and Asian Pacific Islanders, would be over-sampled (n=700 each) for a total sample size of 4,400.

Given the large number of interviews required for the Level 3, mall-intercept interviews are not feasible so this option is not recommended. We present it not as a recommendation, but so that all options for research are thoroughly presented.

Just as we will coordinate and work with other states and our federal partners to understand their research and key learnings, the Project Sponsors will also coordinate with other California research projects that are exploring health care attitudes and health insurance issues to expand our own research work (e.g., UCLA CHIS, The California Endowment, PPIC, etc.). In particular, the Exchange is planning to support additional questions of the California Health Information Survey to provide additional data to inform its planning and evaluation.

MEASUREMENT AND EVALUATION

Throughout this process and as part of the ongoing research, we will utilize continual measurement and evaluation tools to assess the success of the program components and adjust messaging, tactics and paid media as necessary. Exchange staff and Project Sponsors have always stressed the need to focus on outcomes, not just outputs, and the plan includes metric tools to allow us the immediate and continual ability to measure success and course-correct as necessary. This will include a dashboard that will allow us to see, in real time, exactly how many enrollments are being successfully completed online; as well as, monthly reports from the Assistors program and our grant partners. And our social media efforts have built-in metrics to provide tracking for all their programs.

NUMBER ENROLLED

Ultimately, the success of the marketing, outreach and education program will be determined by the number of uninsured Californians who enroll in an insurance plan and the number of small businesses that offer insurance to their employees. We have worked to establish the overall goals for the first year enrollment – 2.8 million enrolled by the end of 2014; 3.6 million enrolled by the end of 2015; and 4.4 million enrolled by the end of 2016. Staff is also considering developing monthly enrollment goals as we near the launch of the marketplace. To evaluate

enrollment numbers, we expect to receive as a part of the IT system enrollment reporting (e.g., monthly, quarterly enrollment number), including demographics and geographic breakdowns.

WEBSITE HITS AND CALLS TO THE TOLL FREE NUMBER

We will also evaluate success based on hits to the marketplace website and calls to the toll free number. All paid media, media relations, information materials, etc. will have the direct call-to-action to visit the site or call the number so assessing the traffic to both will be a strong indicator of the effectiveness of the program. Collecting data from the call center will also help us evaluate the effectiveness or difficulty with the messages we are promoting through paid and earned media. Again, this information will allow us to course correct as necessary.

AUDIENCE TRACKING SURVEYS

The recommended audience tracking survey program will assess changes over time in awareness of the marketplace, perceptions, knowledge levels, and behavioral intentions. In addition, we will collect data on advertising message recall, exposure to other elements of the marketing/outreach campaign and the relationship between recall/exposure and outcomes we are trying to achieve. These data will be used as important measures of campaign effectiveness.

As noted above, for the tracking surveys we recommend a statewide sample of 2,000 uninsured and individually insured California adults. As with the other surveys, data will be collected by phone in multiple languages. The first tracking survey will take place in the second quarter of 2014 directly after the open enrollment period closes to allow us to course correct for the second open enrollment period. However, we may move up this original track to provide earlier data. We will also do a second track in early 2015 to indicate movement.

SOCIAL MEDIA TRACKING

Prior to the launch of the Social Ecosystem (a Social Ecosystem is the collection of social platforms that are both brand owned like the community driven site we are proposing along with social platforms such as Facebook, Twitter and Google+. We also consider earned properties such as influential blogs to be part of this eco-system), it will be critical to implement a robust social research campaign, as well as a unified measurement and analysis procedure. We will need to develop numerous social media personas and then validate those personas against the social conversations happening across the social web. We will also need to collaborate with the IT vendor responsible for the development of the enrollment website to better understand their proposed user experience pathways. All data derived from the systems described previously will be integrated to provide a comprehensive measurement point of view for analysis before and during the public launch of the program.

Once we begin the program, it will be critical to identify the measures of success across the ecosystem. Below are some sample constructs we can use to base our initial measurement program on:

Listening Based Measurement

- Reach Based: Volume of discussion around the marketplace
- Positioning: Discussions on a per-topic basis
 - Sample topics:
 - Cost – determine if prospects believe the health plans are affordable
 - Benefits – determine if prospects believe the health plans are comprehensive
 - Process – is it “easy to apply” during the enrollment process
 - Utilization – can we identify “success stories”
 - Eligibility – determine what percentage of discussions exist regarding confusion of eligibility and then seek ways to minimize those moving forward
- Preference: Sentiment towards the plan
- Action: Drive to Enrollment and Social Customer Relationship Management website
 - We would employ separate tagging URLs to share in different channels (separate links per influencer, social channel, SMS path)

Survey Based Measurement

- Survey people who are exposed to the touch points (social channels and SMS system).
Use responses to understand:
 - a. Perception of cost, benefit, process, utilizations, eligibility criteria
 - b. Preference regarding opinion towards the program (positive/negative)
 - c. How likely they are to recommend to a friend

MEDIA AUDITS

We will also evaluate media impressions as a result of media relations efforts. Additionally, we will assess accuracy of message, tone, etc. This will be done on a monthly basis with reports to the Project Sponsors as we move through the phases. The audits will help us amend or shift our media plans and messages as needed.

COORDINATION WITH UCLA’S CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS) AND OTHER RESEARCHERS

We have been working with other entities that are doing survey research in the health insurance field (e.g. CHIS) and we have collected data from their research to complement and extend our understanding of the success of our message delivery and the public’s view of the new marketplace. We are continuing to explore national and other research work by states also implementing exchanges to better inform the plan.

Ongoing measurement and evaluation will be key to the ultimate success of the program. We will use all of the above metrics as well as any other available to keep this project on-track.

Finalizing Brand Positioning

As noted earlier, the team is currently involved in testing and developing the brand positioning for the health benefit marketplace. Three straw-options were developed to begin to get feedback and learning.

- **Straightforward** –For Californians seeking affordable health insurance options, the new health benefits marketplace is the trustworthy, reliable source of information. It is straightforward and easy to use. It is the one-stop shopping website to go to for health insurance, to understand what options you qualify for and how they compare, and to enroll in the right plan for you.
- **Collective responsibility** - The health of our families and our communities is a joint-responsibility. This idea is brought to life by the new health insurance marketplace that delivers competitive, trustworthy and affordable health care plans so that more Californians can be covered. For people seeking affordable options, the marketplace offers them the opportunity to access care and invest in health for themselves, their families and communities.
- **A health advocate** – The new health insurance marketplace is designed to ensure greater health for Californians. Health insurance and preventive care are part of better health. The new marketplace is helping make sure quality health insurance is now accessible and affordable to Californians, including those who previously could not afford it. Now, uninsured Californians have an advocate and the opportunity for greater health and security.

At this time we are not looking for a winner from the set of positionings. We are looking for ideas and words that will serve as the best way to define the brand - brand's best self (what makes the brand uniquely great). We are also using the research to understand cultural tensions around health coverage. Based on our early research and that of other California health organizations, we know insurance is viewed as important and while there is understanding of the benefits of coverage, at this time insurance is not viewed as a necessity or priority, mostly because it is too expensive. As noted above, many Californians have developed ways of coping without health insurance.

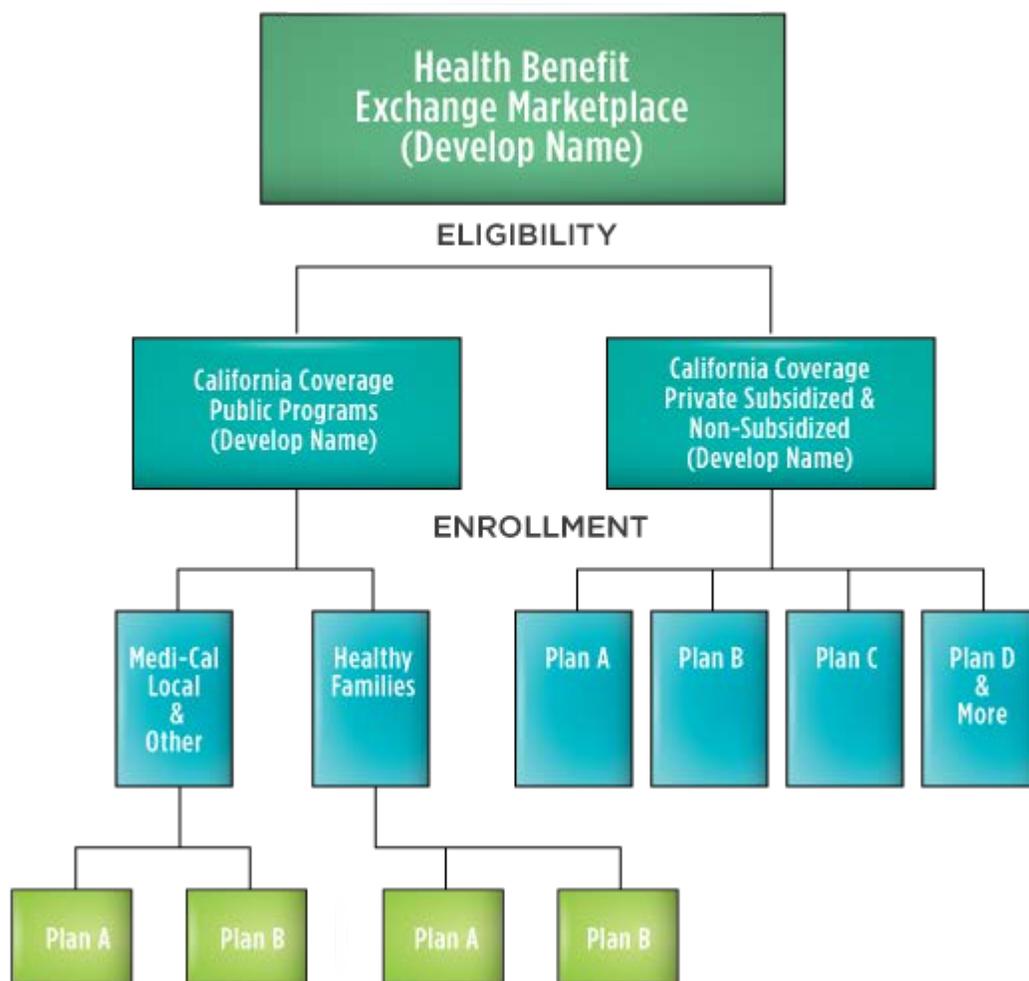
For the first time in 30 years, there will be a shift in health care that promises to change this situation. Efforts to encourage new perceptions about coverage, position the marketplace and encourage enrollment will take into account the cultural dynamic and explore the best ways to promote a new culture of coverage. The brand's best self and the cultural tension help us develop the positioning and messages. Ultimately, messages will reflect the vision of the Project Sponsors that uninsured Californians have access to and believe that health coverage and prevention is critical and valuable, moving all Californians to a prevention-based point of view.

Initial Marketplace¹⁰ Brand Architecture

Another goal of additional research will be to define and position the new marketplace product offerings to include *both* private and public offerings. The research just conducted among the uninsured suggest mostly positive perceptions of the states' current programs – Medi-Cal and Healthy Families. We will continue to explore the products through our research and provide brand architecture recommendations to the Project Sponsors.

Below is a chart that summarizes our initial take on brand architecture for the marketplace based on the Massachusetts model.

CHART 3: CALIFORNIA MARKETPLACE BRAND ARCHITECTURE



¹⁰ The “marketplace” is a placeholder and is not meant to be the suggested name or brand for the new offering. We are currently exploring a final name, logo, tagline, etc. which will be ready for in the fall 2012.

PAID MEDIA

We have provided three media plan options. While the paid media may not begin in Phases I and II, during this period we will conduct the creative design, development and arrange for much of the media buys. The first is at the highest level, the other two at reduced levels if sufficient funds are not available. During Phase I we will assess the benefits and strategies that would counsel for and against starting paid media earlier than July 2013. Should necessary funds be available, we will consider amending the final plan to include an earlier media buy (e.g. some time prior to July 2013). During the build out phase, and after the final budget has been provided, we will re-evaluate and adjust this plan. For now, and as required by the Project Sponsors, here are options for consideration.

In addition to marketing objectives, it was critical to develop a plan addressing the challenges of promoting the marketplace to all eligible Californians who have little or no knowledge of the Affordable Care Act and its benefits, in a short amount of time.

The result is a very strong plan that addresses all markets, all targets and understands how diverse and multi-generational targets use media to create greater connection and engagement.

Table 2: Summary of Outreach Challenges and Solutions	
CHALLENGES	SOLUTIONS
Little or no awareness of the ACA, the marketplace and its benefits	<ul style="list-style-type: none"> • Use high impact mediums • Heavy weight levels • Start early
Short amount of time between generating awareness and driving purchase/enrollment	<ul style="list-style-type: none"> • High message frequency necessary – persuasion is increased when consumer receive a message multiple times in different contexts/media
A diverse target with various levels of acculturation, that is multi-generational, has very different lifestyles and motivations to purchase	<ul style="list-style-type: none"> • Balance the use of “traditional” and “new” media • Go beyond targeting demographics and make a connection to those who are proactive about health for greater interest and engagement
The cost of mass media is very expensive since the state has 11 television DMAs and 20 radio metro areas to cover	<ul style="list-style-type: none"> • Extend the budget and magnify its effect by layering media on top of each other in order to surround the target audience with the Exchange message with repetition and intensity
Need to promote service/subsidy that will be available in the future	<ul style="list-style-type: none"> • Test messages and media that would best promote early messaging versus undercut consumer likelihood to enroll

Paid Media Objectives/Strategies for Consumer and Small Business

- Educate consumers and small businesses about new health care coverage for all Californians and the benefits of coverage.
- Introduce Californians to the new health benefit marketplace.
- Enroll 3 million uninsured Californians by the end of 2014.

- Reinforce messages to consumers and small business that promote retention of coverage.

Timing – Consumer and Business

- Schedule media to provide support:
 - Prior to open enrollment periods to educate consumers about the new coverage.
 - During open enrollment periods, October 2013 through March 2014, then October through December in years 2014 and 2015.
 - Year-round to keep the marketplace top of mind to reduce churn anticipated to be as high as 50% per year.

Markets/Geography

- Support all California markets.
 - Although all markets will be supported in California, 91% of the state’s households, 91% of Latino households, and 97% of both African American and Asian Pacific Islander households are concentrated in the top 5 markets: Los Angeles, San Francisco, Sacramento, San Diego and Fresno.

Table 3: California Designated Market Areas by Number of Households and Ethnicity

Designated Market Area (DMA)	Total		Hispanic			Black			Asian		
	# HH	% State	#HH	% Mkt	% State	#HH	% Mkt	% State	#HH	% Mkt	% State
Los Angeles	5,569,780	46%	1,876,110	34%	55%	460,330	8%	55%	749,610	13%	45%
San Francisco	2,506,510	21%	414,730	17%	12%	175,670	7%	21%	560,810	22%	34%
Sacramento-Stockton-Modesto	1,388,570	11%	281,740	20%	8%	96,040	7%	11%	145,280	10%	9%
San Diego	1,077,600	9%	254,650	24%	8%	57,880	5%	7%	112,560	10%	7%
Fresno-Visalia	574,800	5%	254,270	44%	7%	25,540	4%	3%	36,840	6%	2%
Top 5 DMAs	11,117,260	91%	3,081,500	28%	91%	815,460	7%	97%	1,605,100	14%	97%
Bakersfield	221,920	2%	94,680	43%	3%	12,100	5%	1%	10,400	5%	1%
Chico-Redding	194,590	2%	19,560	10%	1%	2,180	1%	0%	4,490	2%	0%
Eureka	61,180	1%	4,810	8%	0%	630	1%	0%	1,370	2%	0%
Monterey-Salinas	223,620	2%	74,600	33%	2%	5,030	2%	1%	14,330	6%	1%
Palm Springs	158,440	1%	63,960	40%	2%	3,380	2%	0%	6,000	4%	0%
Santa Barbara-SLO	230,830	2%	55,850	24%	2%	4,020	2%	0%	11,000	5%	1%
Remaining DMAs	1,090,580	9%	313,460	29%	9%	27,340	3%	3%	47,590	4%	3%
Total	12,207,840	100%	3,394,960	28%	100%	842,800	7%	100%	1,652,690	14%	100%

*#HH – Number of households

Target – Consumer

As outlined in the target section, we will target uninsured and individually insured Californians with emphasis on consumers who are eligible for:

- Any subsidized program (marketplace subsidy, Medi-Cal and Healthy Families)
- Non-subsidized individual marketplace

In the absence of segmentation research, targets were defined from the demographic profile of each federal poverty level (FPL) segment. Additionally, we identified Californians who were

more likely to have positive attitudes about their health. Combining the FPL demographic target with the healthy attitudes lifestyle target provides us with a framework to select media channels with which consumers will connect, be more receptive to and become more engaged in due to their interest.

For media planning and buying, three main targets are apparent:

- Adults 18-49
 - Emphasis on women since they are the caregivers and chief purchase decision makers of the home.
 - Emphasis on households with children present in the home who are more likely to be married, with larger household sizes.
 - Although all ethnicities will be targeted, Latino and White are the largest segments.
 - Attitudinally, they care about improving their health, more likely to visit doctors on a regular basis.

- Adults 35-64
 - Less likely to have children in the home.
 - Since they are older, they are more likely to care about their own personal health.

- Men 18-34
 - Single, more likely to be employed.
 - Healthier, less likely to go to the doctor regularly but more likely to be active or fit.

Small Business Owners

As noted earlier, we will also target small business owners with less than 50 employees, who do not provide insurance coverage to their employees. Additionally, business media will also target small business brokers or accountants who advise these businesses and influence their purchase decisions.

According to *Pacific Community Ventures, 2011: Health Care + Small Business: Understanding Health Care Decision Making in California*:

- 2 million+ of those lacking insurance live in households headed by someone who works in a small business with fewer than 50 employees (5-6% of state population).
- 58.5% currently do not offer coverage.
- 81% owned by males, 77% 45+ years old.
- 18% owned by minorities, less likely to offer insurance.
- Older owners more likely to offer insurance.
- More likely to offer insurance as number of employees increases.
- 75% use a broker to purchase insurance.
- Accountants are the most trusted source of information.

This research provides a profile of small business with fewer than 20 employees. It should be used as a guide at this time. Additional research is required to profile employers with fewer than 50 employees.

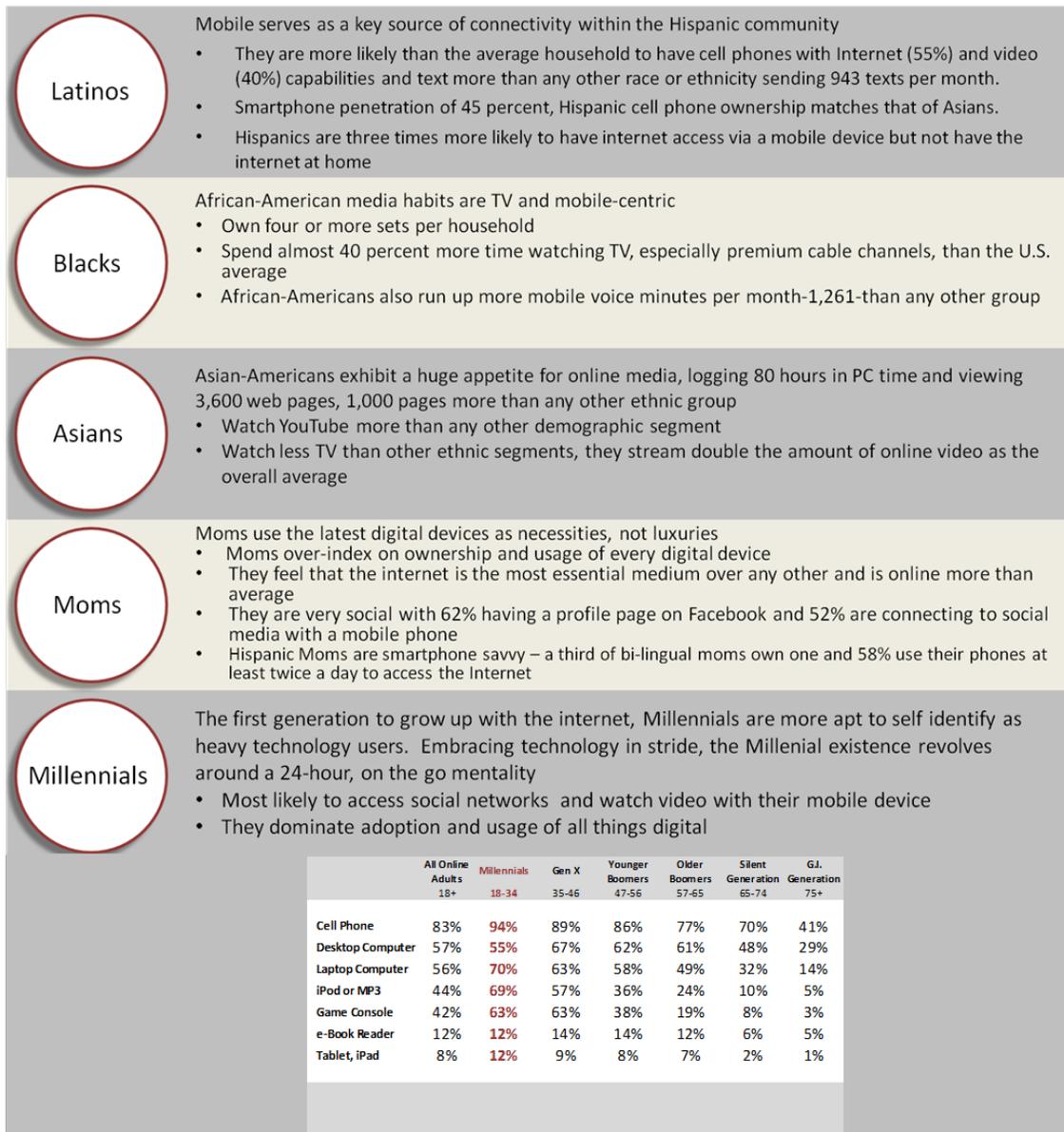
Media Mix – Consumer

Balance the use of traditional and new media.

- This is a diverse target and there is a large disparity between and preference for mediums in the marketplace.
- The marketplace targets are multi-cultural, multi-generational, parents, at different acculturation levels, etc.; a variety of media channels are required to reach them and connect with them throughout their day.

On the next page, please see potential media channels to reach our diverse targets.

Chart 4: Media Channels and Multi-Cultural and Multi-Generational Audiences



Sources: Nielsen Cross Channel Report, Arbitron Moms and Media 2011, 2012 American Media Mom report, BabyCenter's 21st Century Mom

Message Mix

In addition to balancing the mix of media, we will design a mix of messages that will specifically address different target audiences. Beyond targeting by demographics, we will develop messages specifically geared to address psychological profiles and attitudes of different groups. During the research phase we will identify salient differences that would affect message development such as concern about health and wellness; risk aversion or risk-taking tendency; concern for impacts on illness on financial security or family, etc.

Recommendation

We recommend that a combination of media channels be used since:

- There is very low awareness to zero awareness of the marketplace.
- We have a short amount of time between building awareness and purchase.
- It is difficult to reach multi-cultural, multi-generational targets with just a few media channels.

Television/Video, Search Engine Marketing (SEM) and Retargeting are recommended as the primary mediums to support the marketplace campaign.

Television/Video

- TV consistently outperforms all other media in generating sales and makes other elements of campaigns work harder.
- No other medium provides the reach, coverage and recall.
- TV and video provides extensive coverage of all target segments and markets.
- All targets spend more time with television and video than any other medium.

Table 4: Cross Platform Video Engagement



	Monthly Time Spent in Hours:Minutes					
	18-34	18-49	Hispanic	White	Black	Asian
Traditional TV	120:56	131:47	125:48	142:05	205:56	95:55
Time Shifted TV	11:14	12:21	6:50	11:52	8:25	8:14
Video on Internet	6:52	5:43	6:29	3:52	6:11	9:28
Video on Mobile Phone	4:20	4:20	4:20	3:37	5:30	5:47

Traditional TV

- Traditional television will be scheduled in English, Spanish, Asian languages (Chinese, Tagalog, Korean, Vietnamese, Hmong) and Russian
 - TV channels and programming with direct appeal to African Americans will be included in the English-language schedule.
 - Most of the programs popular with general market audiences are also the most popular for African Americans.
- General market and Latino television will be scheduled in all 11 California DMAs. Asian Pacific Islander will be scheduled in Los Angeles, San Francisco, Sacramento-Stockton-Modesto, San Diego and Fresno.
- Television will be scheduled in day parts that will provide maximum impact to build reach and awareness quickly.

- 75% of the weight will be scheduled in the evening, weekend or in sports programming when viewing and attention levels are at their peak.
- Sports mix and programming will vary by season.

Table 5: Percent Weight by Daypart

		AM NEWS				DAYTIME						E. FRINGE/NEWS			PR. AC CESS		PRIME			L. FRINGE/NEWS		
		5:00	6:00	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00	7:00	7:30	8:00	9:00	10:00	11:00	12:00
BROADCAST TV	M-SU	10%				5%						5%			10%		20%			10%		
	SPORTS	15%																				
CABLE TV	M-SU	15%										10%										

Television will be scheduled during all open enrollment periods with strong weight levels to ensure maximum exposure of the campaign.

Added Value and Sponsorships

When budgets are approved and we move to finalize the paid media plan, we will work with the TV stations and networks to negotiate partnerships and added value. In Phase III of this plan – the launch/open enrollment period, we highlight a statewide comprehensive partnership with Univision that has on-air and community outreach components. Please see the launch phase for more detail on this partnership.

Another example of a valuable media partnership is EcoMedia. EcoMedia is a CBS media buying program that allows a portion of a client’s marketing spend to be used to gap fund community projects.

CBS will allocate a dedicated percentage (avg. 10%) of the media buy, placed for this program, to help fund mobile clinic projects across the state of California. The project funds will be used to expand services, increase locations and or add service days. The projects and service improvements will also help bolster exposure for the health benefit marketplace program (enrollment) as personnel will be able to disseminate information on behalf of the marketplace. Additionally, CBS will implement a PR campaign around the mobile clinic projects, also increasing exposure of the marketplace. The media partner will cover events with its news crew and the video footage will be available to us as content for our social media campaign.

Public Service Announcements (PSAs) are also often part of a paid media buy. All ad buys will be negotiated to include added-value in PSAs that can run throughout the year. In addition, we will work with elected officials and influencers to create free PSAs that can be distributed to their local cable channels. Many state legislators engage in this kind of outreach throughout the year.

Online and Mobile Video

Online and mobile video will be scheduled throughout California and scheduled during open enrollment periods.

Video uses sight, sound and motion to create a deeper connection with users. While video campaigns do not drive immediate engagement, data suggests that the level of campaign awareness is boosted substantially when video is introduced. Online video also delivers a completely captive audience with very limited clutter – as opposed to standard TV, online video spots come in single pods (meaning one per break) and are NOT skippable. Users must experience our message to get to their desired content. Increasingly, publishers are only charging when a video is delivered 100% and not when skipped at any point.

Online video connects with users through a variety of premium publisher content, user generated video and broadcast programming. Applying online data collected allows advertisers to target audiences based not only on content type, but demographics, region and actions taken (behaviors).

Additionally, since mainstream television is lacking in Asian Pacific Islander programming and entertainment, online video sites like YouTube are often the first place APIs go to find, create and share entertainment that becomes a platform for trendsetting and influence.

- **Hulu:** the premier online video destination, leveraging content from top broadcast channels NBC, ABC and Fox, cable and movie studios. Hulu delivers long-form content with limited commercial interruption and now guarantees 100% video completion before you are charged for the impression.
- **Hulu Mobile:** Mobile extension of the premium Hulu programming. Content featured within mobile phones, tablet and online enabled gaming consoles.
- **YouTube:** Largest online video community on the web. True View model guarantees you only pay for impressions. Uses Google targeting data to reach users based on search, content or behavior.
- **BrightRoll:** Applies ad-network philosophy to video content across the web. BrightRoll has direct to publisher relationships guaranteeing premium inventory within a brand safe environment. Thousands of partners ensure optimization flexibility and allow us to reach multiple targets within one buy.
- **BrightRoll Mobile:** BrightRoll video targeted by site content, user behavior and mobile app category. Impressions delivered in front of premium applications, or as in-stream video within mobile environment.
- **TubeMogul:** See BrightRoll. Competitor network allows greater optimization ability between partners.

SEM (Search Engine Marketing) Online & Mobile

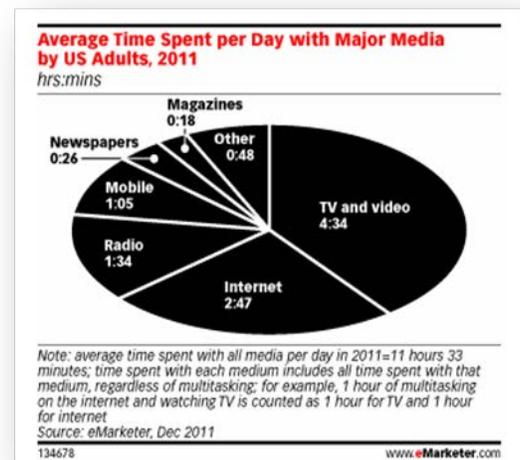
SEM is one of the most targeted media channels since it reaches prospects at the moment in time when they are actively looking for information or making decisions about a health insurance purchase.

- It is the most efficient method of delivering prospects to the marketplace website.
- Although SEM advertising will generate many impressions, the cost is only incurred when someone clicks on the ad.
- Google, Bing and Yahoo will be used.
- SEM will be scheduled in all California markets, year-round, to reach anyone searching for health insurance or related subjects.
- Search will also play an important role in retention efforts to keep the marketplace top of mind with anyone searching between open enrollment periods.

Retargeting Online & Mobile

Retargeting reaches out to anyone who has visited the marketplace website and did not purchase. It allows us to serve the visitor with a new banner multiple times anywhere he or she might be on the Internet.

- Different, relevant messages can be served based on what content was viewed on the marketplace site.
- As with search, this tool will be scheduled year-round to capture interest in and out of open enrollment periods.



Layer the primary media (TV/Video, Search/Retargeting) with radio, online, mobile, outdoor and print to magnify the effect.

- Reaches consumers with many touch points that mirror how they use media throughout the day.
- Multiple mediums build higher awareness and recall more quickly.
- Communicate more directly and in more depth with ethnic, multi-generational and specific communities throughout the state.

Radio: Broadcast, Online & Mobile

Broadcast radio will be used to add frequency and repetition to the campaign message. It will allow us to segment messages by format type to both consumers and small businesses.

Individual schedules will be placed to reach Adults 18-49, Adults 35-64, Men 18-34 and small business owners.

- General market and Latino radio will be scheduled in all 20 California metro areas. Asian Pacific Islander radio will be scheduled in the Bay Area and Southern California.
- Broadcast radio will be scheduled in English, Spanish and Asian languages (Chinese, Tagalog, Korean, and Vietnamese).
- Radio formats:
 - Adult contemporary and alternative formats will be used to reach the 18-49 target.

- Classic rock and news/talk will be used to reach the 35-64 target.
- Rock, sports and classic hits formats will be used to reach the young male target.
- Urban and Contemporary Hit Radio (CHR) formats will be used to reach African Americans and will be included in the English language schedule. These formats also have cross-over appeal to bi-lingual Latinos.
- News Talk formats will be used to reach small business owners.

Pandora will be used to extend the radio campaign to online and mobile audiences. Pandora gives listeners the power to program their own customized radio stations/play lists. Additionally, Pandora also combines sight and sound by delivering a visual companion tile when the radio message is delivered. Pandora mobile targeting reaches users based on demographic information –registration data, behavioral data (actions taken within and outside of Pandora), and by music genre targeting and station selection.

Online and Mobile Banners: Contextual & Behavioral

Online and mobile banners will be scheduled on contextual sites such as Web MD and iVillage where the consumers go for trusted health, fitness and family parenting information. Additionally, we will use behavioral networks that allow us to target consumers by ethnicity, demographics and interests, regardless of where they are online. All online and mobile banners will be scheduled throughout California and will be scheduled during open enrollment periods.

Contextual

Contextual sites offer an opportunity to connect with users at the very moment they are seeking information relevant to our campaign. The higher frequency and presence within site boosts awareness and creates deeper engagement when users arrive on site. Historically, contextual targeting delivers the highest level of onsite user engagement and click-through-rate, which helps balance the higher media costs.

Contextual targeting creates an opportunity to develop site sponsorships, create impact and raise awareness through high reach, high frequency placements. It targets users based on the content they are viewing and delivers high-quality impressions at the moment users are engaged.

- **WebMD (online):** Targets users based on content viewed (i.e. health info, tips, etc.), behaviors taken, region and by interest in selecting a new doctor. Homepage sponsorships/takeovers are available to introduce the program.
- **Everyday Health (online):** Health site and network delivers high reach and high quality placements within a health focused environment. Sections include medical information, health and fitness and diet sections.
- **Healthline Network (online & mobile):** Leverages partnerships with premium health publishers – Yahoo Health, ABC Health, iVillage, EmpowHER (women’s health site), Women’s Health. Can target by doctor review/research, health learning centers, or create custom integrated content. There are mobile extensions as well.

- **About.com (online):** Featuring content across a breadth of topics allows About.com to create a highly targeted and custom program to connect with each target user at multiple points throughout the campaign. About.com can deliver targeted impressions based on content – health and fitness, family and parenting, etc.
- **Men’s Health (online):** Targets young males across key sections within Menshealth.com, including placement within fitness, health, nutrition and weight loss.
- **LiveStrong.com (online):** Men (and women’s) health resource site. Dedicated to helping people get in and stay in shape. Targeting placements within food/nutrition, fitness and the large and highly engaged community.
- **MapMyFitness (online & mobile):** Resource for tracking fitness (i.e. bike rides, runs, workouts) and diet. Skews toward a male audience. Have the ability to target users mid or post workout.
- **ESPN (online & mobile):** Leading online sports outlet with ability to deliver highly engaging online ads – within mobile, video and rich media. Can target users by region, event type, sport and demographics.

Behavioral Ad-Networks

Behavioral ad-networks deliver highly efficient, highly targeted reach to our audience. Using data collected on user behavior, we can determine a user’s demographics and interests, and because we are targeting a specific user and not the site they are visiting, we pay far less than direct to publisher placements. Networks also have nearly unlimited reach into target segments, making their ability to optimize and refine much greater.

Use behavioral-targeted ad networks to deliver high-quality impressions to the target user based on actions performed (i.e. sites visited, web searches, articles read). Demographic and ethnic information may be layered on top of behavioral or lifestyle segments.

Mobile networks add efficiency and are natural extensions to the baseline program. Not only is the target audience a heavy mobile user, but there are far fewer mobile ads displayed per page (typically one), leading to much higher click-through-rates and user engagement. Mobile campaigns, like ad networks, are highly responsive and can be optimized in realtime.

Mobile targeting extensions leverage traditional behavioral, contextual and demographic information collected by networks, but is instead applied to high-end mobile phones (i.e. iPhones, Androids) and tablets.

- **SheKnows (Online):** #1 reaching women’s content publishing site / network across the web. SheKnows connects with 55 million women each month across their sites. Ads can be targeted based on site content sections – entertainment, beauty and style, parenting, home and garden, food, or health and wellness. Demographic targeting is also available.
- **BlogHer (Online):** Network of women bloggers with the ability to connect with the target audience based on unique passion points. There are also content integration opportunities that would give bloggers the ability to talk to their audiences on our behalf.

- **Pulpo Media (online & mobile):** This is one of the industry’s premier Latino targeting platforms, creating custom solutions that leverage publisher relationships with some of the top Latino websites (e.g. – Univision, Terra, ElMundo) and data collection software to analyze each impression and user action to constantly refine the program.
 - **Facebook:** Uses custom “social tagging” to understand post-click behavior and optimize impressions toward impressions driving the greatest level of engagement.
 - **iHispanic:** Latinomedia network leverages the same core targeting as traditional ad-networks but reaching exclusively Latino websites.
 - Mobile and video extensions available for the entire program.
- **Batanga (Mobile):** Batanga is a premium Latino mobile network, targeting Latino users by site demographics, user behavior, and site content.
- **Adgroups (Ethnic) (Online):** Adgroups is a specialist in multi-cultural marketing, reaching vertical segments for African Americans, Latinos and Asian Pacific Islander. Sub channel segments include moms, health and fitness, and entertainment.
- **Casale Media (Ethnic)(Online):** Uses Nielsen research (on and offline) to create custom “Prizm” segments to reach our target audience with very specific traits. This targeting can reach moms and young males within specific ethnic segments.
- **AdMob (Mobile):** Google’s mobile display network, leveraging placement across premier websites and mobile apps. Targets both phone and tablet users.
- **Google Display (Online):** Search marketing extension, delivering display banners within the Google network based on site content, user demographics and how closely it aligns with target audience.
- **Audience Science (Online):** Look-a-like targeting model uses data collected on current site visitors and conversions to create a unique audience segment that identifies exact traits of the current user. This custom segment is then applied to the network finding users who exhibit these specific traits, but that are 100% unique.
- **Centro (Business Online):** offers the largest “local targeting” network on the net. With reach into 100% of regional/local news outlets (broadcast, newspaper and web), each with direct relationships. Centro offers the flexibility to optimize between outlets, test multiple placements, and buy specific section targeting that would be impossible when going direct. Connect with small business owners across the news, business and sports sections.
- **Interclick / Bizo (Business Online)** – Interclick’s Bizo targeting data collects business/career information about consumers and allows targeting based on job type, job title, business and recent business activity. Bizo data allows users to connect with target audience with the price efficiency of an ad network.

Facebook Banners

Facebook will be used in both a paid and earned manner. This section addresses the paid portion only.

Although all marketplace target segments will be targeted, Facebook is particularly important with ethnic populations. Facebook users are major users of social networking, according to PEW research.

Social advertising creates a unique ability to connect users to a relevant message, that they have expressed interest in, within a trusted environment (i.e. Facebook). Social targeting also offers incredible reach for a great value. Facebook programs are performance based pricing, meaning you only pay when a user clicks to the site – all impressions are bonus.

Use proprietary data collected by Facebook on a user’s interest, behaviors, demographics including ethnicity, location, etc. to create a highly targeted social program that connects with users in our target audience. The primary piece of the program will be on a cost-per-click model that guarantees site click-thoughts and the social impressions received are bonus.

Out-of-Home

Outdoor is an ever-present, 24/7 medium that builds reach and awareness quickly. The inherent nature of the medium provides sustained awareness and consistently reinforces and serves as a reminder of the overall campaign message. It allows us to strategically have a presence in ethnic communities where the target lives and works.

- A strong showing is recommended with both general market bulletins and ethnic 30 sheet posters showings placed in African American, Asian Pacific Islander and Latino communities.
- Outdoor will be placed in the top 5 California markets (Los Angeles, San Francisco, Sacramento, San Diego and Fresno) where the concentration of the target is greatest.
- Outdoor will be used to support open enrollment periods each year.

Print: Business Journals

In addition to radio and online (Centro news outlets) efforts, business journals will be used to reach small businesses. Full page and half page ads will be scheduled in the following publications prior to and during open enrollment periods.

Table 6: California Business Journals
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- | | |
|--|---|
| <ul style="list-style-type: none"> • Los Angeles Business Journal • Orange County Business Journal • Long Beach Business Journal • San Fernando Valley Business Journal • San Francisco Business Journal • San Jose Business Journal | <ul style="list-style-type: none"> • North Bay Business Journal • California Star Business Journal • Sacramento Business Journal • Central Valley Business Journal • San Diego Business Journal • Fresno Business Journal |
|--|---|

Print: Community Newspapers

Community newspapers will be used to reach various ethnic and LGBT segments directly with more in-depth messages. Additionally, the effort will reach local community organizers and influencers.

- Fifty-seven language specific newspapers will be used to reach the following communities: Latino, Chinese, Korean, Vietnamese, Filipino, Cambodian, Thai, Japanese, Hmong, Southeast Asian Indian, Arab, Armenian and Russian.
- African American and LGBT publications will be used in communities with the greatest concentration.

For list of publications, please see next page.

Table 7: Multi-Cultural Newspapers

PUBLICATION	COVERAGE	ETHNICITY
ASIAN		
CHINA PRESS	Southern California	CHINESE
WORLD JOURNAL LA	Los Angeles, Orange, SD	CHINESE
SING TAO DAILY (LA)	Los Angeles	CHINESE
INTERNATIONAL DAILY NEWS LA	Los Angeles	CHINESE
CHINA PRESS	SF Bay Area	CHINESE
WORLD JOURNAL	SF Bay Area	CHINESE
SING TAO DAILY (SF)	SF Bay Area	CHINESE
INTERNATIONAL DAILY NEWS	SF Bay Area	CHINESE
KOREA DAILY (SOUTHERN CA)	Southern California	KOREAN
KOREA TIMES (SOUTHERN CA)	Southern California	KOREAN
KOREAN SUNDAY NEWS	Southern California	KOREAN
KOREA HERALD BUSINESS	Southern California	KOREAN
KOREATOWN DAILY	Los Angeles	KOREAN
HYUNDAI NEWS	SF Bay Area	KOREAN
KOREA TIMES (NORTHERN CA)	SF Bay Area	KOREAN
KOREA DAILY (NORTHERN CA)	SF Bay Area	KOREAN
NGUOI VIET (SOUTHERN CA)	Southern California	VIETNAMESE
VIET BAO DAILY (LA)	Southern California	VIETNAMESE
CALI TODAY	San Jose, Oakland, San Francisco	VIETNAMESE
HAI VAN NEWSPAPER	Sacramento	VIETNAMESE
ASIAN JOURNAL (LA)	Los Angeles	FILIPINO
BALITA USA	Southern California	FILIPINO
PHILIPPINE NEWS (LA)	Los Angeles	FILIPINO
PHILIPPINE NEWS (SF)	SF Bay Area	FILIPINO
ASIAN JOURNAL (SF)	SF Bay Area	FILIPINO
FILAM STAR	SF Bay Area	FILIPINO
PHILIPPINES TODAY	SF Bay Area	FILIPINO
SEREY PHEAP	Southern California	CAMBODIAN
ASIAN PACIFIC NEWS	Southern California	THAI
SERECHAI	Los Angeles	THAI
RAFU SHIMPO	Los Angeles	JAPANESE
NICHI BEI WEEKLY	SF Bay Area	JAPANESE
HMONG TRIBUNE	Central Valley: Fresno	HMONG
PARDES TIMES	SF Bay Area	SOUTHASIAN INDIAN
SADE LOK	SF Bay Area	SOUTHASIAN INDIAN
LATINO		
LA OPINION	Southern California	HISPANIC
IMPACTO USA	Los Angeles	HISPANIC
EASTSIDE SUN (EGP)	Los Angeles county.	HISPANIC
LA PRENSA RIVERSIDE	Riverside, Ontario, SB, Apple Valley,	HISPANIC
EL INFORMADOR DEL VALLE	CA- Coachella Valley, Inland Valley	HISPANIC
IMPULSO	Southern California	HISPANIC
HOY LA	Los Angeles	HISPANIC
LA PRENSA DE SAN DIEGO	San Diego	HISPANIC
LA OFERTA REVIEW	Bay Area/Monterey Salinas	HISPANIC
VIDA EN EL VALLE	Central Valley: Fresno, Sacramento	HISPANIC
EL OBSERVADOR	Bay Area	HISPANIC
ALIANZA METROPOLITAN	Santa Clara and Alameda Counties	HISPANIC
LA MOVIDA	Santa Clara and Alameda Counties	HISPANIC
ENLACE	San Diego	HISPANIC
EL MENSAJERO	SF, Oakland, San Jose	HISPANIC
EL HISPANO	Sacramento	HISPANIC
OTHER		
AL WATAN	Los Angeles	ARAB
Al Enteshar Al Arabi	Los Angeles	ARAB
ASBAREZ ARMENIAN DAILY	Los Angeles	ARMENIAN
USA ARMENIAN LIFE	Los Angeles	ARMENIAN
FRIDAY EXPRESS	Los Angeles	RUSSIAN
KSTATI	SF Bay Area	RUSSIAN
DIASPORA NEWSPAPER	Sacramento	RUSSIAN

AFRICAN AMERICAN NEWSPAPERS	MARKET	LGBT NEWSPAPERS	MARKET
Bakersfield News Observer	Bakersfield	Adelante	Los Angeles
California Advocate	Fresno	The Advocate	Los Angeles
Inglewood Today	Los Angeles	Echelon Magazine	Los Angeles
Compton Bulletin	Los Angeles	Frontiers	Los Angeles
Inglewood Tribune	Los Angeles	HIV Plus	Los Angeles
Carson Bulletin	Los Angeles	Instinct Magazine	Los Angeles
Wilmington Beacon	Los Angeles	The Lesbian News	Los Angeles
Californian	Los Angeles	noiZe Magazine	Los Angeles
The South LA Voice	Los Angeles	Odyssey Magazine	Los Angeles
LA Watts Times	Los Angeles	Out	Los Angeles
The Wave	Los Angeles	The Bottom Line	Palm Springs
Los Angeles Sentinel	Los Angeles	Outword	Sacramento
Our Weekly	Los Angeles	GAY San Diego	San Diego
LA Focus	Los Angeles	The Rage Monthly	San Diego
Long Beach Times	Los Angeles	San Diego Gay and Lesbian News	San Diego
Pace News	Los Angeles	Asterisk San Francisco	San Francisco
Sacramento Observer	Sacramento	Bay Area Reporter	San Francisco
San Diego Monitor News	San Diego	Gloss Magazine	San Francisco
The San Diego Voice & Viewpoint	San Diego	The San Francisco Bay Times	San Francisco
San Bernardino American News	San Bernardino		
Westside Story Newspaper	San Bernardino		
Black Voice News	Riverside		
Oakland Post Publishing	San Francisco Oakland		
San Francisco Bay View	San Francisco Oakland		
Sun Reporter	San Francisco Oakland		
Sunday Morning News	San Francisco Oakland		
Tri-County Sentry	San Luis Obispo		

Direct Mail

Direct mail can be a critical vehicle for communication about the new marketplace to many key audiences as well as an effective tool for communicating with people who purchase insurance. Health plans have been successfully using targeted direct mail for years to reach and convert costumers and then keep them in the health plan in which they enrolled. In this plan therefore, there are two direct mail programs:

- 1) Direct mail to individuals (for an initial sell as well as retention)
- 2) Direct mail to California small businesses

To estimate costs for direct mail, we have requested lists based on subsidy eligible households – both higher (1.6 million pieces) and lower subsidy rates (5.3 million pieces). We have also requested costs based on a list of California small businesses (3.6 million pieces). At this point, we recommend two direct mail drops during the launch and open enrollment period directed at individuals and two additional drops directed at small business.

We will test the utilization of adding robo-calls to “chase” the mail to see if it increases uptake and enrollment. We will closely monitor uptake and enrollment from this direct mail and robo-calls to adjust our direct mail program in years two and three.

Grass Roots - Consumer

Grassroots media is a good complement to the mass media schedule. This sort of media is designed to reach people during their daily routine and can be targeted to specific populations both demographically and geographically. This grassroots plan will cover the following media markets: Los Angeles, San Francisco-Oakland-San Jose, Sacramento-Stockton-Modesto, San Diego, Bakersfield, Chico-Redding, Eureka, Fresno-Visalia, Monterey-Salinas, Palm Springs and Santa Barbara-Santa Maria-San Luis Obispo.

For the launch effort we are recommending the following vehicles:

- **Cash jackets** – 1,340,000 cash jackets per month to predominately Latino and blue collar audiences. We recommend one month of advertising at the launch to test ROI. Markets include Los Angeles, San Francisco-Oakland-San Jose, Sacramento-Stockton-Modesto, San Diego, Bakersfield, Chico-Redding, Fresno-Visalia, Monterey-Salinas, Palm Springs and Santa Barbara-Santa Maria-San Luis Obispo.
- **Greyhound bus ticket jackets** –522,570 bus ticket jackets will be delivered through 38 bus station locations.
- **Gas pump signs** – 1,094 gas pump signs in high density, low income Latino, African American and Asian Pacific Islander neighborhoods. There will be four signs per station each with a tear off response pad that has 100 tear-off sheets for a total of 437,600 sheets. The schedule will be for four weeks during the first open enrollment period.

College Media

- **Coffee sleeves:** this medium has been used by a number of health initiatives, including anti-smoking, H1N1 and health plans. Our data shows that more than 2.5 million uninsured adult students attend community colleges. A coffee sleeve campaign can be used to reach these students in an around community college campuses. This will be timed with other college outreach during the launch.
- **College newspapers:** Among the California Community Colleges network, 53 colleges publish newspapers on a weekly, bi-monthly or monthly basis. We propose placing print ads 3 times in these publications.

Construction Site Media

A large segment of uninsured workers are in the construction industry. To reach these workers we can use food trucks that go to construction sites. They will have posters panels and can also dispense brochures.

Flowcharts for the entire media buy are included in the end of this document. The three levels are clearly defined in each chart.

Level 1: This plan should be considered a base-level plan. It is front-loaded with the highest support in the first year with declining support over the next two years.

Level 2: This option is the same as Level 1 but includes some retention support between open enrollment periods as well as support for enrollment for public programs (Medi-Cal and Healthy Families).

Level 3: This option provides ongoing presence for retention and reinforcement and provides both strong support throughout open enrollment periods as well as support for retention between open enrollment periods.

MESSAGE AND CREATIVE DEVELOPMENT

While we will have language and messaging challenges that are unique to California and as we develop creative messaging we will seek to use concepts and materials from other state exchanges where appropriate. This will help us to develop materials in the most efficient way possible. Furthermore, we will collaborate with the Project Sponsors as well as other state agencies to find efficient ways to distribute materials through existing channels and outreach. We will also continue to use the national collaborative group that has been established to share best practices, to share our work, so that other state exchanges might benefit from our thinking and investments.

Initial Message Findings

Qualitative research generated positive feedback around the initial brand messages. Language that resonated with focus group respondents included:

- A place for one-stop shopping
- The opportunity to access care
- Straightforward, easy to use
- A place to go to understand what options you qualify for, how the plans compare and how to enroll in the right plan for you
- Committed to ensuring greater health of Californians
- References to self, families and communities as beneficiaries of insurance

- The opportunity for greater health and security

Additionally, we have reviewed message testing of other state exchanges. We have outlined their initial work above, but it's important to note that the Massachusetts state exchange, which is currently operating, while different from California, has 98% coverage of its adult population. Important lessons from Massachusetts included the following:

- Make communications about the consumer benefit of insurance
- People appreciated having the government validate quality – a “Good Housekeeping” seal of approval
- Putting a face on the uninsured is critical – finding ways to showcase real people whose life have been changed
- Drive simple messages and a clear call-to-action

In addition, the Centers for Medicare and Medicaid services found key benefits of the proposed exchanges included: all in one place; simplicity (comparing, shopping, purchasing); variety of coverage levels; financial assistance availability; unbiased counselors; and high level emotional benefits, including peace of mind and security.

As noted, like many other states, we are at the beginning of exploration into the brand positioning and exact messaging and thus research will continue. Once that is complete, we will develop a creative brief, which will then guide the development of all the creative executions of the brand. From logo to tagline, from brochures to website, the creative brief will guide those charged with bringing the brand to life. As we are completing this additional research, we will closely explore key messages and themes that resonate with the general public, as well as with each targeted segment. Specific cultural communications will be linguistically and culturally reflective of our research into the various targeted communities. We will also keep in mind both English-language proficiency, as well as understanding of health care terminology.

In addition to creative materials, final messages lead to the development of tools including a message map, talk tracks, Q & As, etc. Those documents will make up a message tool box for message training that can make sure everyone associated with the marketplace and with its educational and outreach programs is “speaking from the same page” – that messages are clear and articulated by everyone and everything associated with the brand. The message tools that will be developed in this phase will set the stage for the entire rollout of the program.

At this point, we are recommending the development of the following creative materials based on the paid media plan discussed earlier. The media plan uses multiple channels, requiring multiple creative executions. Of course, further research and additional input from stakeholders or changes to the media plan change the mix or require additional materials and languages.

Table 8 below reflects our initial thoughts on creative executions needed to support the paid media plan.

Table 8: Preliminary California Paid Media Execution Matrix

Project /Medium	Message Purpose	Languages
Television	Benefits of Insurance Coverage	English, Spanish, Asian Pacific Islander
	Launch the Marketplace/Open Enrollment	English, Spanish, Asian Pacific Islander
Radio	Launch the Marketplace/Open Enrollment <ul style="list-style-type: none"> • Men 18-34 – mostly single • Women 18-49 - moms • Adults 35-64 – mostly single • Small Business 	English, Spanish, Asian Pacific Islander
Out of Home Bulletins	Open Enrollment <ul style="list-style-type: none"> • General Market – some of the executions below could cross over 	English
Out of Home 30 Sheet Posters	Open Enrollment <ul style="list-style-type: none"> • Latino • African American • Asian Pacific Islander 	English Spanish Asian Pacific Islander
Print Newspapers	Open Enrollment <ul style="list-style-type: none"> • General Market • Foreign Language network – 13 different Medi-Cal threshold languages • African American • Lesbian, Gay, Bisexual and Transgender 	English +threshold languages (Spanish, Vietnamese, Chinese, Korean, Tagalog, Russian, Armenian, Khmer, Arabic, Farsi, Hmong and Lao.
Print – Business Journals	Benefits of Offering Coverage and Open Enrollment <ul style="list-style-type: none"> • Small Business 	English
Digital Online and Mobile (Search Engine Marketing SEM; video, behavioral, retargeting banners, contextual banners, rich, static)	Benefits of Coverage and Open Enrollment <ul style="list-style-type: none"> • General Market • Ethnic/Cultural • Lesbian, Gay, Bisexual and Transgender • Small Business 	English, Spanish and other languages TBD
Direct Mail and Grassroots Media	Benefits of Coverage and Open Enrollment <ul style="list-style-type: none"> • General Market • Multi Cultural • Small Business 	English, Spanish, other languages TBD

MATERIALS DEVELOPMENT: OUTREACH AND EDUCATION

Based on the research and creative platform, we will develop education materials to help raise awareness, increase understanding and motivate action. All materials will work in concert to reinforce key messages, be culturally and linguistically relevant, easy to understand (to address literacy and health literacy issues) and provide a clear call-to-action (visit the marketplace).

The materials will be produced in all the threshold languages and will be offered to program partners. Initial recommended materials include, at a minimum:

- Glossary of terms that apply to the new marketplace
- Brochures (for target consumers – explaining the “why,” “how,” “what” and “where” to go for more information, to enroll, etc.)
- Brochures (for employers)
- Tip cards (less in-depth than the brochure, but including key points of the “why,” “how” “what” and “where”)
- Posters (for program partners and employers to display at their places of business)
- Partner education tools (PowerPoint presentations, briefing kits)
- Overview videos
- Electronic media kits
- Print ads (non-paid print ad for partner use in newsletters, online, etc.)
- Speaker training manuals
- Email templates
- Event displays (to be used at the events taking place throughout the year)
- Promotional item(s) (e.g., pens/pencils or other items that may be used during the enrollment process)

Based on experience, it is most efficient and cost effective to use a mail-house to store and ship materials to partners, community-based organizations, faith-based organizations, etc.

COORDINATING WITH GOVERNMENT AGENCIES

Implementation of the Affordable Care Act involves multiple moving pieces and in California and in Washington, D.C. and requires decisions that affect a wide range of government agencies. Our goal is to ensure maximum collaboration and communication among all the agencies touched by and involved in this project is to avoid misunderstanding and duplication. Achieving maximum buy-in from all parties and maintaining high levels of support for the marketplace are critical. Ensuring collaboration between federal, state and local government agencies will help maximize enrollment and using existing resources will allow us to coordinate “spend” and outreach efforts that are occurring at the national level.

As such, coordinating strategies include:

1. Documenting marketing and communication activities of national, state and local partners.

- a. Ensure campaign plans are shared with appropriate government agencies in advance of advertising and outreach efforts.
 - b. Ensure other entity plans are shared with the campaign.
2. Engaging partners to establish a coordination protocol for advertising, public relations and outreach activities.
 - a. Establish a regular “sharing” session schedule/protocol for meetings, video conferencing, and plan updates, etc.
 - b. Determine how to best share information based on input from all government partners (e.g., email, web project hub, etc.).
3. Sharing and coordinating outreach plans with national, state and local partners.¹¹
 - a. Use the established sharing session schedule noted above; provide all partners with updates to plans, new activities, halted efforts, etc.
4. Identify means to leverage marketing activities of government partners for the launch, open enrollment period and official opening of the marketplace (i.e., January 2014).
 - a. Determine, through sharing sessions, what marketing activities can be leveraged for greater reach and results.
5. Identify opportunities to jointly market and highlight complementary programs or events.
 - a. Determine what programs/events can gain greater visibility and results through joint efforts.
6. Consider co-branding on websites, offer collateral and other outreach materials.
 - a. Offer all entities the opportunity to order and distribute campaign materials through a password protected campaign materials web “hub” (posters, tip cards, brochures, etc.) for use at offices, events, etc.
7. Use elected officials’ websites to promote the marketplace to their constituents.
 - a. Develop and distribute an elected official tool kit to help promote the marketplace to their constituents. Tool kit components can include:
 - i. Newsletter articles (for electronic or hard copy distribution)
 - ii. Website content (for their websites)
 - iii. Social media content (for their Facebook, Twitter, LinkedIn, etc. platforms)
 - iv. Materials order form (offering tip cards, brochures, posters, etc. for their offices, events, etc.)
 - v. Op eds (for placement in local print press)
 - vi. Templates for press releases
 - vii. Fact sheets, statistics, etc.
 - viii. Public Service Announcements scripts for TV and radio (to be produced with Senate/Assembly services for placement on TV or radio in local media markets).

In addition to Project Sponsors – the Exchange, DHCS (Medi-Cal) and MRMIB (Healthy Families) – and along with the Department of Managed Health Care, Department of Insurance, Office of the

¹¹Massachusetts Connector staff, representatives of the Department of Health and Human Services and other state agency staff attended meetings on a regular basis to share research, strategies, and messages to maximize success for all programs (Health Reform Toolkit Series: Resources from the Massachusetts Experience, October 2011).

Patient Advocate and county welfare offices, we recommend additional government outreach include the following list of agencies. At the very least, we would ask them to distribute our materials in their various offices; we would also explore with them mailings to their individual lists with information about marketplace opportunities.

Federal, state and local agencies include:

Table 9: Sample Roster of Federal, State and Local Agency Partners	
The Indian Health Service (IHS)	California Tribal Governments
California Department of Public Health (WIC, Every Woman Counts, Family PACT)	California Mental Health Services Authority (CalMHSA)
Employment Development Department	California Department of Social Services (CalFRESH, CalWORKs)
California Department of Motor Vehicles	California Department of Aging
California Department of Consumer Affairs	Department of Child Support Services
Franchise Tax Board	California Secretary of State
Board of Equalization	Office of the Governor
Office of the Courts	County social services departments (including welfare offices)
Consumer assistance programs (at the local level)	California State Lottery
U.S. Postal Service (The U.S. Postal Service now allows customers to create and personalize postage stamps. The marketplace can use its brand image to develop a stamp targeted to the small business community supporting SHOP.)	First Five Commission
Social Security Administration	

In addition, we would explore partnership with government associations such as:

- California State Association of Counties (CSAC)
- Regional government associations (Southern California Association of Governments, Association of Bay Area Governments, etc.)
- County and city library associations
- City and County of San Francisco
- County Welfare Directors Association

COORDINATING WITH CALIFORNIA'S EDUCATIONAL SYSTEM (K-12 through college)

In addition to federal and state agencies, partnerships with California's schools, colleges, universities and school-based programs provide critical outreach opportunities for the program. For example, the Healthy Families program was extremely successful in using the K-12 system to help promote the opportunity to enroll children in their program. We will develop critical partnerships with the education community including enlisting the support of Superintendent of Public Instruction Tom Torlakson and the California School Health Centers Association, Teachers for Healthy Kids and others who are already working in the health care field. In addition, California's community and state colleges provide other large "buckets" for potential enrollees. We will emphasize school-based program outreach including using school-based internet systems, web programs, school events and specific student/classroom materials.

Education outreach will include exploring partnerships with:

- Public schools, including charter schools
- Pre-schools and Head Start
- California Community Colleges
- California State University
- University of California
- Private colleges and universities including for-profit colleges and technical schools
- Professional schools in the areas of health (e.g., medical, nursing, pharmacy, public health)
- California Department of Education
- Adult education programs and others.

PARTNERSHIPS

PARTNERSHIPS WITH INFLUENCERS AND ELECTED OFFICIALS

Elected officials of all parties at the federal, state and local levels have important networks through which we can reach our targets. We will help them communicate accurate information to their constituents by providing information, brochures, etc. to make sure they have the tools and information they need to effectively communicate with their constituencies about the new marketplace and the opportunities for enrollments. We will use them for earned media opportunities.

In addition, we will partner with elected official organizations (Legislative Caucuses including: Latino Legislative Caucus, Hispanic Congressional Caucus, Legislative Black Caucus, Congressional Black Caucus Asian Pacific Islander Legislative Caucus and the Legislative LGBT Caucus). Many of them produce PSAs, hold community meetings and use email and social media all of which we might be able to leverage for education and awareness about the marketplace.

PARTNERSHIPS WITH COMMUNITY GROUPS

In a state as geographically, ethnically and culturally diverse as California securing the help of a large number of public and private sponsors is critical. Within this multifaceted public awareness, education and outreach campaign, a variety of public and private sector partners will play a crucial role as trusted and credible sources of information and counsel to our target communities. And because we have specific and dedicated outreach plans for the critical audiences of Latinos, African Americans and the Asian Pacific Islander community, our partnerships will be used to extend the marketplace programs to other important diverse and underserved populations that further make up our targets – and need insurance. Those would include, but not be limited to, Russian, Eastern European, Arabic and others who work with our 13 languages, as well as those who have special expertise working with classic hard-to-reach communities, including those in rural California.

Below is an overview of the partnerships we will be developing in Phase I. Added to these pro bono partnerships, we recommend jointly administering (with our Assisters Program partner) paid education and outreach grants as well as Assister grants. A discussion of this joint grant program can be found here as well as in the Assisters plan document.

Outlined below is our plan for partnerships with community-based organizations, faith-based organizations, non-governmental organizations and other organizations as well as specific multicultural partnerships in a pro bono relationship.

Here are five key *categories* for partnerships:

1. Current health care providers to the targets
2. Labor unions (especially those representing low wage workers)
3. Trade and small business associations (both for SHOP and for uninsured workers)
4. Community-based organizations, Non-governmental organizations and Faith-based organizations serving multi-ethnic and specialized language populations
5. Retail or Other Business

Partnerships with organizations representing the categories above could entail mini-campaigns to their clients and/or particular target populations. Through the contribution of both pro bono and in-kind services, these partners can provide millions of dollars worth of critical general exposure and targeted outreach not directly paid for. The marketplace will provide materials and training for partners who agree to promote the marketplace. Training tools will include PowerPoints, talking points, newsletter copy and a webinar for those who wish to become part of the team, all in appropriate languages.

As noted earlier, many California industries with high rates of uninsured workers, such as construction, agriculture, restaurant/food service, apparel manufacturing, services to building and dwellings etc. are represented by trade and labor unions – another critical partner. The marketplace will work with key labor organizations to distribute information about the

marketplace to their members, employers and, perhaps most importantly, to non-represented workers in need of coverage.

One paid partnership we recommend is the consideration of paid sports partnerships to reach the 18-34 year old young men target. Massachusetts found that its partnership with the Boston Red Sox went a long way toward reaching previously uninsured young men. Similarly, reaching out to California's professional, semi-professional and recreation soccer leagues may provide a great deal of Latino-targeted outreach (Health Reform Toolkit Series: Resources from the Massachusetts Experience, October 2011). In the fall, when open enrollment starts, professional sporting events are numerous, including professional football, baseball and soccer playoffs and the beginning of professional basketball. One important opportunity for partnerships with the federal government will be to explore how a national program involving sports teams could benefit marketplace enrollment efforts throughout the country.

Below is a more comprehensive, though not exhaustive, list of potential partnership from the top five categories. This list is not meant to be exclusive, but to provide examples. Several are explored in more detail in the multi-cultural sections that follow:

1) Current health care providers to the targets

- a. Hospitals
- b. Community clinics and Community Health Councils
- c. Family PACT providers
- d. Planned Parenthood
- e. Others

2) Labor unions (especially those representing low-wage workers)

- a. California State American Federation of Labor-Congress of Industrial Organizations
- b. Service Employees International Union
- c. California Teachers Association
- d. American Federal of Teachers
- e. United Farm Workers
- f. California School Employees Association
- g. UNITE HERE
- h. American Federation of State County and Municipal Employees
- i. All county labor federations
- j. Many others

3) Trade and small business associations (both for SHOP and uninsured workers)

- a. Small business associations (e.g., Small Business Development Centers, etc.)
- b. Industry and trade associations – particularly those industries with high percentages of uninsured, such as construction, automotive repair, and child care services (e.g., California Restaurant Association, California Grocers Association, California Retailers Association, etc.)
- c. Farm bureaus
- d. State, local ethnic and targeted chambers of commerce

4) Community-based organizations, Non-governmental organizations and Faith-based organizations serving multi-ethnic and specialized language populations

- a. Community-based organization (2-1-1, Western Center on Law and Poverty, Health Access, etc.)
- b. Non-governmental organizations (South East Asia Resource Center, etc.)
- c. Faith-based organizations (e.g. The Black Ministers Association, Catholic Conference of Bishops, churches, etc.)
- d. Lesbian, Gay, Bisexual and Transgender organizations and AIDS health care advocates (e.g. Equality California, GLAAD, Magnet Health Clinic, Transgender Law Center, National Center for Lesbian Rights, etc.)
- e. Foundations (e.g. Irvine, The Wellness Foundation, The California Endowment, California HealthCare Foundation, Blue Shield Foundation, Robert Wood Johnson, etc.)
- f. WE Connect
- g. Service clubs (e.g. Kiwanis, Elks, Lions)
- h. Senior centers and senior organizations (e.g. AARP)
- i. Veterans groups

5) Retail or other businesses

- a. Pharmacies (e.g. CVS, Rite Aid, Wal-Mart, K-Mart, etc.)
- b. Retail stores (e.g. Costco, Target, etc.)
- c. Supermarkets (including ethnic markets)
- d. Health and fitness clubs
- e. Entertainment industry
- f. Financial institutions (e.g. AMEX, etc.)
- g. Tax preparers/accountants (e.g., H&R Block, TurboTax, etc.)¹²

6) Other

- a. Media partners (e.g., Univision, Telemundo, Comcast, Crossings, business print, etc.)
- b. Sports teams/entities.
- c. Local transportation authorities¹³ - California's trains, buses and light rail systems offer a cost effective means by which to reach select audiences for this campaign. Outreach activities will be tailored to transit authorities and districts to identify public service space on transit shelters, inside buses and light rail cars or inside terminals. Many bus systems now include electronic message boards at bus stops indicating when the next bus is due to arrive and perhaps these boards can be made available for brief messages indicating when the marketplace is due to arrive. We have successfully worked with transportation authorities in the past to get free placements for our clients; we will seek to do the same for the marketplace.

¹²Massachusetts successfully used a partnership with H&R Block that provided tax preparers with information about the Connector that could be given to anyone filing a tax return who was uninsured. California has a myriad of these companies, and securing early partnerships with them could be a very important new outreach tool (Health Reform Toolkit Series: Resources from the Massachusetts Experience, October 2011).

¹³Partnerships with local transit authorities (e.g., Alameda-Contra Costa Transit District, The Los Angeles County Metropolitan Transportation Authority, Sacramento Regional Transit District, etc.) providing free or low-cost advertising can be another key way to reach targeted audiences.

After a careful assessment of these partnership opportunities, we will:

1. Identify and prioritize trusted and credible partners who already provide accurate information and counsel to our targeted audiences, effectively allowing the campaign to piggyback on the efforts of already established organizations and networks. Our big six is the first cut at identifying important partners.
2. Consider partnerships with non-traditional entities that provide additional doors into our targets (e.g., tax preparers, transit agencies, etc.).
3. Target potential partners whose organizations serve target audiences.
4. Establish a tiered partnership structure to allow organizations of varying resources the opportunity to participate in outreach efforts (e.g., fulfill required partner deliverables based on capacity, staff, services offered, etc.).
 - a. This approach ensures full, interactive partnerships with myriad public and private-sector entities.
5. Ensure all partners represent the unique needs and attitudes of target audiences, including LEP, health care literacy, cultural sensitivity and language.
6. Promote enrollment in the Low Income Health Program (LIHP) into Medi-Cal by training partners on new eligibility requirements.
7. Leverage and integrate the Assister/Navigator network with partner activities (events, onsite opportunities, etc.) to ensure successful enrollment.
8. Establish partnerships with ethnic media (print, radio, and TV) and other electronic cable networks.
9. Securing the active partnerships of large statewide grocery and pharmacy chains, sports teams and Hollywood celebrities is often much easier with the help of key administration officials and other influential government officials. As we are building out program partnerships and as the launch of the program nears in 2013, we will ask government officials for their help both in securing partnerships and to appear in public service announcement highlighting the upcoming opening of the marketplace and urging Californians to participate.

OUTREACH AND EDUCATION GRANT PROGRAM

Pro bono and in-kind partnerships with organizations such as those listed above can be augmented through a grant-based program. Grant programs can help ensure participation by a wide variety of non-governmental organizations and community-based organizations that have already expressed great interest in being part of this program, but may not have the resources to become full partners without financial support.

Experience dictates that in order to successfully execute and ensure accountability, grant guidelines, goals and metrics must be established. We propose that the Project Sponsors administer a grant program for education and outreach.

At the June 19, 2012 Exchange Board meeting the Board adopted the Level 3 recommendation for the Outreach & Education grant program at an augmented amount of \$40 million over 2013

and 2014 , for an annual amount of \$20 million. The Project Sponsors noted that to be successful, substantial partnerships will also be needed with the private philanthropic community and many other groups. The Outreach & Education grant program will be tested and evaluated to determine ongoing funding. A report will be provided to the Exchange Board in Fall 2012 detailing criteria for selecting grantees, including a recommended mix of grantees representing organizations with and without Navigators, rural and urban communities, and small a large organizations, considerations for reserved / targeted grants for hard to reach populations, and considerations for whether the program utilizes one or two year grants.

Education grants would be awarded to organizations or entities with established relationships with target markets. The purpose of education grants is to remove barriers to enrollment that keep eligible consumers from acting and to drive these consumers to Assister resources. Working with the Project Sponsors, we would develop criteria for the awarding of these grants as well as the process by which organizations can apply. The scope of these grants will be for education and awareness only. Assisters and Navigators can work with organizations that receive grants, but enrollment activity will not be the focus of these grants. It will however, be the end goal of those receiving these grants to drive potential enrollees to enrollment entities.

A request for proposals (RFP) will outline specific requirements for grant applications, expected activities and deliverables. We will work with stakeholders to ensure that RFP requirements have appropriate organizational qualifications and performance standards, that requirements are achievable, that appropriate community-based organizations, non-governmental organizations, and faith-based organizations, etc. are made aware of the RFP and that we have stakeholder feedback on application evaluation criteria. A grant program will also include close coordination with foundations, counties, and others who already support such groups with similar activities so that we can coordinate and target our resources. Grants will be awarded taking into account varying program capacity. We will not be awarding grants on a one-size fits all model. We want to make sure that small outreach entities (community-based organizations who may only serve one small target population, e.g., a specific rural area, Hmong or Lao population, or LGBT, etc.) have the same opportunities to apply and participate as a larger statewide community-based organizations. In addition to exploring grant mechanisms that would be available to smaller organizations, we will also explore ways to give grants to umbrella organizations, which could in-turn be the avenues of support for many groups across the state. Such grants, if provided, would include appropriate performance expectations and accountability that would encompass both the umbrella organization and any organizations also receiving funds.

In addition, the Project Sponsors believe that the Outreach and Education Grant program should be designed to expressly complement to the Navigators program. The Outreach and Education Grant Program should be integrated and aligned with the Assisters Program, which should include a certain portion of Grants being reserved for organizations that demonstrate the intent and capacity to have robust Navigators programs and a portion reserved for organizations that have access to target populations and do not wish to have staff serving as Navigators; some grants would be targeted to support organizations that demonstrated the intention to have robust Navigator programs.

In the grantee selection process we will evaluate grant applications and also consider:

- Proven, trusted resources within communities
- Cultural and linguistic competence
- Ability to reach both hard to reach audiences as well as hard to move populations (e.g. youth, risk-takers and those not inclined to purchase insurance)
- Willingness to be trained by the marketplace
- Understanding of barriers to care
- Already serving underserved audiences, including rural communities.

For those partners who apply for but do not receive paid grants, the Project Sponsors will provide extensive in-kind materials support and training including toolkits, videos, and other materials support so they can also succeed in education to their target audiences.

The grant process including the development and issuance of the RFP will begin in the build-out phase and continue into 2013.

Below are options for grants. These options do not include developing cooperative programs with health plans. After feedback from the Project Sponsors on how to best work with the health plans, we will develop a program in the build-out phase. In addition, staffing decisions at the Project Sponsors level about management and oversight of these grants could reduce costs.

Level 1: Solicit paid partners (e.g. grantees) from those organizations that demonstrate their commitment and ability to reach the audiences most in need at a minimum budget level of \$5million annually for 2013 and 2014.

Level 2: This option is the same as Level 1 but adds in additional hard to reach audiences at a medium budget level of \$10 million annually for 2013 and 2014.

Level 3 [Adopted by Project Sponsors]:This option adds resources to better complement with the Assistors Program and more fully support a diversity of community groups at a maximum budget level of \$20 million annually for 2013 and 2014.

AGENTS

Equally important to the outreach and education effort will be the work of agents who share the responsibility of informing the public – in particular the uninsured – on the features and benefits of the new options and who have direct contact on a daily basis with the public.

Strategies for coordination with agents include:

1. Provide the necessary communications tools/training to effectively communicate the marketplace using clear and simple messages to reach target audiences.
2. Provide ongoing training opportunities so that agents remain current on program rules and requirements.

3. Continue coordination with the development of the Assisters Program.
4. Consider establishing an Intranet to streamline and expedite communications with Agents, partners and interested parties.

HEALTH CARE PROVIDERS

Moreover, it is critical to the success of the campaign to develop and maintain positive relationships with a broad range of health care delivery systems and providers. These entities are natural partners in any outreach effort because many of their patients/clients are potential recipients of the products/services available in the new marketplace. Project Sponsors will ensure transparent outreach with all health plans and providers. Coordination and outreach to these entities should include, but not be limited to:

- California Association of Physician Groups
- California Association of Primary Practice
- California Children’s Hospital Association
- California Hospitals Association
- California Medical Association
- California Nurses Association
- California Pharmacists Association
- California Primary Care Association
- Drug companies
- Ethnic Clinic Associations
- Planned Parenthood Affiliates of California
- “Promotoras” programs
- University of California medical centers

HEALTH PLANS

The California Health Benefit Exchange is in the process of developing a comprehensive partnership plan for engaging health plans that will be offering products in the Exchange. That partnership plan will include proposals on how plans and the Exchange can coordinate marketing and promotional activities. In the development and implementation of these partnership activities, some of the questions that will need to be addressed include:

1. What kinds of guidelines should be in place for the health plans in order for Project Sponsors to be able to monitor, prevent steerage and ensure accuracy of information?
2. What, if any, is the role of the marketplace in the approval and/or review of marketing plans from the individual insurance carriers?
3. What kind of outreach should the plans be required to implement that compliment and help the marketplace or should those plans be voluntary?
4. What is the role of approval for marketing materials as developed by individual plans?
5. How will the marketplaces’ material be distributed by the individual plans?
6. What are their roles/the marketplace’s role in coordination?

NAVIGATORS/ASSISTERS

Both outreach to the uninsured and the marketing of the marketplace will be supported by Navigators. In addition, Navigators and Assisters may be part of the partnerships being developed for outreach. They will play a critical role in explaining health reform, branding the marketplace and enrolling its users for coverage. Although our goal is to make enrollment through the website as simple and effective as possible, Navigators and Assisters may, in fact, be the foot soldiers of the campaign.

A full description of the Assisters Program is contained in the complimenting plan also prepared by the Project Sponsors.

ENTERTAINMENT INDUSTRY

During this build out phase, individuals from California's robust entertainment industry will be approached at the most senior levels to engage in California's effort, to enroll residents in coverage, many for the first time. A number of popular television programs and personalities such as Grey's Anatomy, Modern Family, the Biggest Loser, Dr. Oz and others will be approached and pitched to incorporate story lines or mentions of health care reform that would reinforce campaign messages and would air in Phases III – VII (August 2013 – December 2015 timeframe). In addition, we would explore approaching select reality television producers to create a new reality television program revealing the trials and tribulations of families living without medical coverage. This can be a long process so the conversations with the entertainment industry will begin early.

This is another opportunity for coordination with efforts to promote enrollment outside of California, any story lines involving health insurance coverage in popular television programs will have benefit throughout the country.

MEDIA RELATIONS

For the near-term, we developed the following media relations plan that will take us through the grant award. In each following phase we will be building on this plan and adding to it. Specifically, during Phase I, we recommend an early, initial reporter education effort so media are prepared to promote our messages across the state.

Near Term Exchange Media Relations Activities

Media Protocol: A dedicated phone line [(916) 205-8403] for all media inquiries related to California's Health Benefit Exchange is currently in use by the Exchange. Media protocols have also been drafted and submitted to the Exchange for adoption. Periodically, these media protocols will be revisited with key executives and Board Members to ensure that they are closely followed and that messaging remains consistent.

Key Messages: The communications team will develop a message matrix to explain the marketplace, its purpose in California and what residents and stakeholders can reasonably expect between key milestones. The messaging document will be shared with executives, Board

Members and key stakeholders and a process will be developed to ensure all receive updates as messaging evolves over time.

News Bureau: Over communication will be essential to the overall success of the marketplace which will require a robust news bureau capable of distributing accurate information in a timely fashion and responding to all media inquiries, traditional and otherwise. Following are essential elements to establishing a news bureau:

- **Comprehensive Media List:** Almost every beat in journalism will likely chime in on the subject of health care reform, requiring that the media list for the Project Sponsors include a wide range of print, online and broadcast journalists covering health, politics, government, business, insurance and general news. The list will also include columnists, editorial writers, producers, and bloggers and will be frequently updated.
- **Boiler Plate:** Craft standard language describing the marketplace, its mission and accomplishments that will be attached to all news releases, statements and fact sheets distributed to the media.
- **Fact Sheets:** Develop bulleted fact sheets on the marketplace, accomplishments, timelines and challenges that can readily be updated and distributed.
- **Digital Media Kit:** The news section of California Health Benefit Exchange website (www.healthexchange.ca.gov) should be included in the main navigation tool bar to give it more prominence (currently housed in the About Us drop down menu). Users will find digital versions of fact sheets, contact information, updated news releases and other pertinent information. In addition, the page should include an interactive function, allowing journalists to sign up for alerts and updates.
- **Executive Biographies:** Develop consistent biographies, in content and format, for all executive-level staff and Board Members. In addition, professional business portraits for all of the aforementioned will be useful and should be consistent, e.g., same background, color, or black and white.
- **News Releases:** Members of the news bureau will be responsible for crafting releases, statements and advisories for distribution to media. The media protocols will be amended to include a process for approving media materials before they are distributed.
- **Translation:** All media materials will, at a minimum, be translated into Spanish and the bureau will include media trained Spanish-speaking spokespeople.
- **vCard/Outlook Contact:** Once the communications director is hired, the bureau will send a vCard/Outlook contact with the Exchange phone number, email address and contact information to all journalists and bloggers identified on the media list.

Editorial Board Tour: Project Sponsor executives will meet with select editorial writers at the major metropolitan daily newspapers to brief them on developments and what to look for as the Exchange moves forward.

Op-ed: Op-eds by-lined by Exchange Executive Director that are tailored to the situation in California and explains the benefits of the marketplace. Op-eds will then be distributed to select newspapers throughout the state for consideration.

Deskside Briefings: The Exchange communications director will initiate a series of on-going meetings with key journalists throughout the state who are covering the marketplace or healthcare reform for briefings on progress and to learn what information individual journalists may require. It will be advisable to include the Executive Director in select meetings with certain key writers.

National Media: California was one of the first states to begin implementation of the Affordable Care Act and will be closely monitored by national media. The communications team will be sure to include national media outlets in the distribution of key materials. In addition, we will arrange conference calls with select reporters and journalists to brief them on activities and trends in the state. We will also direct our outreach to producers of national television news and news magazine programs, and if successful, arrange studio time to accommodate interviews with Project Sponsor representatives.

Political Blogger Outreach: Members of the media team will initiate contact with the growing number of political bloggers covering California who most definitely have an ability to shape the dialogue of certain topics. The purpose of the contact will be to ensure they have up-to-date and accurate information about California's effort to implement the Affordable Care Act.

Stakeholder/Endorsers Media Working Group: A number of groups and organizations support the idea of improving the health and healthcare of California residents. The Project Sponsors will take the lead in assembling a loose coalition from select groups/businesses that can coordinate messaging, assist with communicating various elements of the marketplace or reinforce marketplace messages as appropriate. The group should consist of working communications professionals representing the various organizations or businesses.

Faces of Health Care Coverage: For every media market in the state, the communications team will identify several spokespeople with a compelling story that relates to how the new coverage options are meaningful and real to them and making a difference in their lives. The team will seek and provide media training for both English and Spanish-speaking spokespeople who can then speak to columnists and broadcast journalists to tell a compelling and heartfelt story on why the marketplace is needed in the state.

Trade Media: The communications team will prepare materials specifically for trade publications, such as by-lined guest articles, long-format Q/A with Project Sponsor executives and trend pieces focusing on California as a leader in the implementation of the Affordable Care Act.

Business of Health Care: Working with a respected research organization, the Ogilvy team will gather data on the business or potential economic impact of the Affordable Care Act. Data indicating a possible net savings for a business or the potential for the creation of jobs as a result of implementing the Affordable Care Act is a story that has yet to be told, but is critical in the lead up to the creation of the Small Business Health Options Program (SHOP). This story will then be developed and distributed to Business Journals across the state.

All aspects of brand launch planning and execution and media coverage tracking will be carried out by the media team. Should regional launch events be desired, detailed planning and execution will include:

- Media list
- News release, media advisory and fact sheet(s) in multiple languages
- Media kit
- Event briefing
- Talking points for speakers
- Event flow document
- On-site signage
- Sign-in table
- Rehearsal/walk through
- Photographer and videographer
- AV equipment
- Podium
- Chairs
- Media pitching
- Media follow-up
- Media coverage tracking
- Post-event summary memo.

In addition, in Phase I we will implement the following:

Webinar

We recommend a media webinar. Trade and online journalists often lack the resources and research necessary to thoughtfully cover something as complicated as health care reform, so we will sponsor a webinar featuring prominent journalists, health care experts and policy analysts to identify and discuss key elements of the implementation of reform in California, e.g., reaching diverse audiences, audience demographics, etc. This online forum will allow media to be briefed on the subject, the role of the marketplace in California, and access key media documents (fact sheets, FAQs, statistics, etc.) so they are armed with the information and knowledge needed to begin to cover related stories. We recommend partnering with foundation or others already engaged in related work and consider co-sponsoring these webinars with them.

We will also ensure consistent, ongoing media outreach efforts so that media is aware of timelines, changes, updates and other relevant information.

Media Plan Options

Options for earned media would vary, depending on the role the Project Sponsors decide to take in the area of media relations. What follow are options that describe potential activities that

encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the earned media for the periods beyond Phases I and II have not been determined.

Level 1: This option would come into play if the sponsors decide, along with their in-house communications directors, to take on all media relations themselves. Ogilvy and its subcontractors would provide limited counsel and advice on media outreach and press relations and would help with two press events per year including any help needed for crisis management.

Level 2: The Ogilvy team would manage all media relations, continue to monitor the press phone and provide press questions to client, conduct, with Project Sponsors staff, desk-side briefings, draft two op-eds, hold a press webinar and help sponsor four major press events per year.

Level 3: All in Level 2, in addition, a press tour, event press outreach (e.g. pitching press around county fairs, ethnic festivals, etc.), a bus tour announcement, five op-eds per year, sponsor a blogger summit and help create blog content, create content for long-lead publications and suggest new press plan outreach as the program unfolds.

EVENTS AND FESTIVALS

“As part of its overall marketing campaign, Massachusetts Connector staff participated in more than 150 events the first year of the campaign...they noted they ‘never said No’ and the free media coverage of these events was essential to success.”

Niki Conte, Director of Outreach for Commonwealth Care (Mass.)

Ethnic and multicultural events, holiday celebrations, health fairs, events surrounding health awareness programs, recreational sporting events, etc. all provide opportunities for outreach to our targeted audiences. Working with our diversity outreach specialists in Phase I, we will identify the most effective opportunities that will allow us to have the greatest reach into our targets and decide which to pursue in later phases.

Events strategies include:

1. Develop a comprehensive events/festivals calendar that reflects the diversity of communities and statewide coverage, including considering engagement at both the California State Fair and county fairs.
 - a. A comprehensive calendar would be developed reflecting all recommended events, regions, expected audiences, etc.
2. Integrate partners, Assistors, Navigators, etc. as appropriate into event opportunities to leverage their reach into the communities they serve and to provide staffing support, enrollment assistance, etc.
3. Distribute program materials.

Here are some initial thoughts about a key event and a bus tour. Other events are called out in the sections relating to multicultural outreach and other phases of the plan.

The First Lady Summit

The Summit could take place in 2013 right before open enrollment begins. It represents an exciting opportunity for key leaders from across California to get energized about universal health insurance coming to California. Due to the size and scope of this recommendation, we would begin planning in the fall of 2013. One of the Summit's highlights would be a complete overview of the marketplace's marketing plans developed to reach the state's communities. Attendees would receive samples of outreach materials, which would also be available in bulk quantities online. Possible agenda items could include an overview of the marketplace's final implementation plans along with timelines regarding key dates for the roll-out in California. Summit attendees would also be encouraged to get their organizations involved in the statewide marketing efforts. (Note: further assessment and planning for such an event will take place in Phases I and II.)

In addition to marketplace leaders, one of the Summit's keynote speakers could be First Lady Michelle Obama. Regardless of the outcome of the upcoming Presidential election, the current First Lady has been a passionate advocate of health and "solving the challenge of childhood obesity" through her Let's Move initiative.

The final agenda would be shaped based on input from the Project Sponsors, with additional input from stakeholders. The all-day Summit would be held in Sacramento or Los Angeles. Some of the invited organizations and their representatives could include:

- California Conference of Local Health Officers
- California Black Health Network
- California health-focused foundations
- Select faith-based clergy leaders
- Community Health Councils, Inc.
- Leadership from public assistance agencies
- Leaders from social service organizations
- California Public Health Directors
- Community clinics and other stakeholders
- Health Plans and many others.

Bus Tour

After the potential First Lady's summit and to kick-off the open enrollment period, we propose a multi-market bus tour. This will include outfitted, branded buses complete with computers that can go into targeted communities in partnership with culturally/linguistically appropriate Assistants and partners to help educate audiences and enroll them in a health plan on the spot. The five-bus, multi-city tour would take place for one week in each of five distinct regions across the state. The bus tour stops during the week-long promotion in the five regions would be heavily promoted through media relations efforts to ensure the target communities were aware of the bus stop, knew where to go to learn more and enroll. We recommend prioritizing our regional market stops in the top low-income areas and prioritize Latino cities and one bus would be dedicated to a rural region in the state. (Note: further assessment of the costs and budgets of

bus tours will take place in Phases I and II.) What follow are options that describe potential activities that encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the events and festivals for the periods beyond Phases I and II have not been determined.

Level 1: No First Lady Summit or bus tour; more local and low-key event participation.

Level 2: First Lady Summit and bus tour (2x); increased event participation.

Level 3: First Lady Summit and bus tour (4x); optimal event participation including county fairs.

MULTICULTURAL PLANNING

California's ethnically diverse populations require specific and targeted outreach, which is both language-appropriate and culturally sensitive to the specific needs of these communities. Language barriers, cultural differences, health literacy and socio-economic circumstances all have contributed to the challenges of securing and maintaining health coverage.

Multicultural outreach is not a "niche" or add-on part of this plan, in fact, it has been integral to all planning including critical paid media, earned media, the grant program, etc. The descriptions that follow give specific target examples of this outreach, outlining key considerations for the following multicultural audiences: Latino, African American, Asian Pacific Islanders and Native American. We will also be developing plans for other smaller, yet important, target cultural audiences, such as Russian, Armenian, etc.

Latinos – A critical target

Latinos make up more than 37% of the total population in California, and approximately 50% of the state's uninsured.

There are several reasons for this over-representation, including the estimated one million undocumented immigrants that reside in California. (While the Affordable Care Act will not cover those without legal status, we understand the challenges facing the marketplace and the Project Sponsors as you sort through eligibility issues involving families with differing legal status and differing access to health care.) In addition, according to the Public Policy Institute of California, Latinos make up approximately 22.8% of the poor in the state and Latinos are over-represented among the working poor segment who do not qualify for public programs, such as Medi-Cal and Healthy Families.

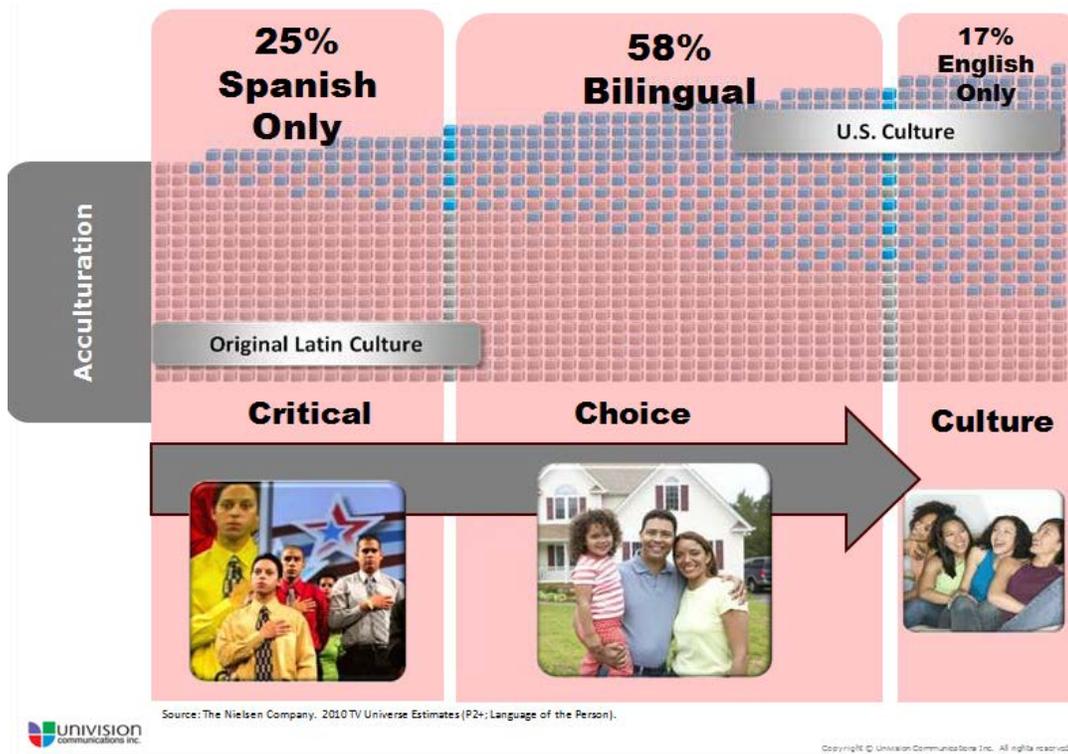
According to recent estimates by the California Pan-Ethnic Health Network (CPEHN), more than two million of the state's chronically uninsured Latinos will be able to attain health insurance through public programs and subsidized insurance offerings, and the Affordable Care Act will not only benefit the poorest of the poor, but working class or middle class families earning up to \$88,200 for a family of four. Given these statistics, Latinos must be a key target as we begin to promote and encourage enrollment in the marketplace.

The research program proposed will further investigate these issues, however, some initial research, as well as past experience, tells us there are four critical issues to consider when planning for any successful outreach in the Latino community:

1. Make sure all information is delivered by trusted sources, is culturally relevant and in-language when appropriate.
2. Use outreach techniques that recognize the unique needs of different demographics within the Latino community (i.e., older Latinos vs. younger Latinos, acculturated vs. recent immigrants, in-language vs. bilingual).
3. Use technology (i.e., smart phones and social media) to reach the younger Latino community.
4. The approach cannot be single-minded or single messaged because even though language unites this community, its citizens represent distinct cultures.

According to Univision and Telemundo Latinos who are Spanish-language dominant make up 25% of the population, while 58% are bilingual and the remaining portion make up English only (17%).

Chart 5: Spanish-Language Media Consumption by Acculturation



Older Latinos make up the majority of the 25% Spanish-language dominant group and will require different tactics from those tactics targeted to the younger, more bi-lingual acculturated group. The older Latino target is also more likely to attend church services regularly, and get information from Spanish-language media. Another effective way to reach the older Latino target is one-on-

one interaction with community groups and/or individuals who have already established trusted relationships in the community.

Reaching younger Latinos (those who are more acculturated and bi-lingual and who make up a very large percentage of our target) requires employing additional strategies and tactics including a focus on the youth culture and different messages and channels that appeal to young Latino adults. Most importantly, social media is a critical channel for reaching members of this audience as they use social media and smartphones at a higher rate than the general population. They have found that they can “bridge the digital divide” by using mobile and can access the Internet whenever they want.

The plan will also include partnership, public relations and paid advertising. The plans for the use of these tactics will be finalized in Phase I and we will begin implementation as the open enrollment period nears and we move into Phases II and beyond.

Spanish-Language Media Partnerships

We are recommending a significant investment in Spanish-language media – beyond the paid investment - we will be exploring partnerships with broadcast and print media. During our launch we are recommending a partnership with Univision – that will be explained in Phase III – but there will also be other opportunities throughout the program.

Univision Partnership

Univision will provide a fully integrated media marketing campaign centered on helping educate and inform individuals and families to achieve better health. The partnership, to be funded as part of an overall buy, will include TV, radio, online, events, phone banks, health vignettes and community outreach.

We have developed a special Univision partnerships/event to launch the open enrollment period.

- Phone Banks (TV only) – Community phone-a-thons are dedicated to increasing awareness and answering viewer’s questions. Univision viewers will be encouraged to call in via a state toll-free number to get their questions answered or visit the marketplace website.
- Health Vignettes –The marketplace will have the opportunity to “own” a local news break within “Despierta America.” This is an exclusive break that can run as a two minute pod (90-sec integration followed by a 30-second marketplace commercial).
- Community Events – Univision will do promotion during popular Latino events and Festivals, such as Cinco de Mayo and Fiestas Patrias.
- Community Outreach – Univision organizes a number of different community events throughout the year and throughout the state. The marketplace will have a significant presence in these community events that include Feria Es El Momento, Univision’s Blood Drive, and Salud Es Vida Enterate Health Fair.

A similar partnership program with unique event and other opportunities is also available through Telemundo. Details of the partnership are included throughout the plan.

Partnerships

We will partner with well-established and trusted organizations that will be effective in reaching the Latino community. Below are several categories into which these partnerships fall:

Health Care Providers and Clinics

Examples of key partnerships are with community clinics and health centers which number more than 800 in California and provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians who might not have access to health care. Many of their patients are Latino.

Their partnerships with the marketplace will be critical in reaching Latinos and other targeted groups throughout California.

In addition, community health care providers already working in the Latino communities of California provide the marketplace important outreach opportunities to targets already in a health setting. We recommend, at the very least, making sure that staff at these clinics are trained on the program and that in-language brochures be distributed through and by them.

Following is an initial list. During Phase I we will make sure that materials are distributed to them, well in advance of open enrollment, and that we help coordinate with them and the Assisters Program to make sure potential enrollees are directed to enroll in the right plan.

- La Clinica de la Raza
- Planned Parenthood health centers
- Arroyo Vista Family Health Center
- Clinica Monseñor Oscar A Romero
- Community Health Foundation of East LA
- Clinicas de Salud del Pueblo (Riverside and Imperial Counties)
- AltaMed Health Services Corporation

“Promotoras” and Other Program partners

Working with Richard Heath and Associates, we would also engage organizations that work with underserved Latino communities, such as Vision y Compromiso. Given, their vast network of health workers dedicated to supporting and developing the work of “promotoras” and community health workers throughout the state they provide another key partner for outreach. Promotoras, also known as community health workers, play a critical link between the Latino community and the various health care programs and services. Promotoras can be volunteers, receive a stipend, get paid, or act as independent contractors; they may be associated with city and county health and human services and mental health agencies, nonprofit community-based organizations, health clinics, hospitals, and community centers, Planned Parenthood health

centers and others. Promotoras serve an important role in promoting community-based health education and prevention in a manner that is culturally and linguistically appropriate, particularly in communities and for populations that have been historically underserved and uninsured.

A partnership with La Cooperativa Campesina de California, a statewide organization that provides education, training, placement and self-sufficiency services to migrant and seasonal farm-workers and other rural poor is another critical partnership. Involvement with this organization is particularly critical in reaching the Latino communities of Fresno, Oxnard and Bakersfield.

The above groups and health providers represent just a few critical opportunities for community outreach and partnerships in the Latino community. As we move from planning into Phases I and II, we will explore other opportunities. Further, we will create an educational and training curriculum to help inform community members about the marketplace and the various enrollment options and opportunities and assist at community events. We would use the various promotora annual conferences and events like the *Binational Promotores Conference* held in February, and the *Conferencia de Promotores y Trabajadores Comunitarios* (Conference of Promotores and Community Workers) to train influencers about the marketplace and recruit new partners.

Community-Based Organizations Partnerships

Latinos listen to and trust prominent community leaders and organizations. Building coalitions and reaching out to Latino non-government organizations will be another important aspect of this outreach program. We will build a supportive coalition of Latino organizations and other groups that serve the Latino community to get the word out about the marketplace and opportunities for enrollment. The following organizations are already trusted community partners; they will be asked for pro bono partnership help but will also be eligible for a grants-based outreach program should one be instituted:

- California Pan-Ethnic Health Network
- Latino Health Access
- Latino Coalition for a Healthy California
- Alliance for a Better Community
- Cabrillo Economic Development Corporation
- Calexico Community Council
- Casa Familiar
- Central Coast Alliance for a Sustainable Economy
- East LA Community Corporation
- Mission Asset Fund

People Improving Communities through Organizing (PICO)

There are other established community coalitions, such as People Improving Communities through Organizing (PICO California), that provide opportunities for further outreach and

education. PICO California is one of the largest grassroots congregation-based community-organizing networks in California. Nineteen local PICO federations are organized in 73 cities, 35 school districts, and in more than one-half of the state's Legislative Senate and Assembly districts, reaching from San Diego to Placer County. Together, PICO federations represent 450,000 families of diverse economic, racial, ethnic, and religious backgrounds across the state. In PICO California's advocacy and organizing efforts, they work to increase health care access for working families. We would partner with PICO to help advance the marketplace's outreach efforts for all targets, including Latinos.

Faith-Based Organizations

The vast majority of U.S. Latinos are Catholic. According to the latest Pew Hispanic national survey, 83% of Latinos claim a religious affiliation. Among Latinos, almost 62% of them are Catholic, 19% of Latino adults say they are Protestant, and 14% say they are unaffiliated with any religion. Latinos are more likely to say religion is very important in their lives and are more likely than the general public to attend religious services weekly or more often. (Labels Don't Fit, April 2012).

Given the high numbers of Latino Catholics in California, outreach to the California Catholic Conference (CCC) and the Council of Bishops is important. The CCC is the official voice of the Catholic community in California's public policy arena. We would also work with the largest Catholic dioceses in the state, including Los Angeles, Fresno, and Riverside counties. We would provide informational material and resources for quarterly/annual events and conferences, as well as for Sunday and other services. And many of them are now social media savvy and, therefore, we will use their web channels to distribute additional information about the marketplace. Not wanting to limit our outreach to just Catholics, however, we recommend a partnership with California Council of Churches and California Church IMPACT, which represent 51 different denominations and judicatories with more than 1.5 million members from the mainstream Protestant and Orthodox Christian communities, as well as allies from other faith traditions.

Education/School District Partnerships

The Latino community represents not only a huge portion of the state's uninsured; it also makes up a very large number of the children in our public schools. Some of these children may already be participating in the Healthy Families Program. Their parents, grandparents and other family members represent another opportunity for outreach and education. We will seek partnerships with school districts, especially those with the highest Latino populations, to become active partners in the marketplace, to distribute materials for us, allow us to participate in health fairs, back to school nights, etc.

School District	Hispanic or Latino of any Race	Hispanic of Latino Percent Total Enrollment
Los Angeles Unified	483,918	74%
San Diego Unified	60,391	46%
Santa Ana Unified	53,289	93%
Fresno Unified	47,039	63%
Long Beach Unified	44,932	54%

Having information and Assistants at Enrollment days, Back-to-School events, PTA and other school-based organizational meetings, school health and wellness fairs and other school-based festivals will provide important face-to-face outreach opportunities. In addition, the marketplace could host “Health Days” at these districts two times per school year to continue to raise awareness of the importance of and easy access to health insurance. This could be paired with messaging on healthy living, diet, exercise, etc.

In the Los Angeles Unified School District, we would seek to partner with LA's BEST — Better Educated Students for Tomorrow — which is a nationally recognized after school education, enrichment and recreation program serving more than 28,000 children with the greatest needs and fewest resources throughout the City of Los Angeles. LA's BEST After School Enrichment Program provides a safe haven for children, ages 5 to 12, at 180 elementary school sites each day during the critical hours after school — at no cost to parents. Established in 1988, LA's BEST is a partnership including the City of Los Angeles, the Los Angeles Unified School District and the private sector. The marketplace could be a critical new partner. In LA's Best programming, health and fitness is one of the areas of focus, and we have been successful in partnering with the organization through other client work. We are still exploring similar programs in other districts, but given the huge number of Latinos in LAUSD, this program will be a priority.

Graduate Schools, California State Universities and Community Colleges

There are several Medical Schools and graduate Public Health programs in California universities that we would like to partner with to reach the Latino population. Working with student groups on various campuses, such as the Latino Center for Medical Education and Research in Fresno or the Latino Medical Student Association whose chapters hold events like the USC Health Fair or the UCLA Lennox Health Fair, will afford us another opportunity for outreach.

In addition, a partnership with California Community Colleges and California State Universities (CSUs) will be integral to reaching a significant number of Latinos. All studies indicate there is a very large student population of our targets, and the demographics of community colleges make them a prime target for this outreach. Data suggests many are currently uninsured and, unlike students attending a University of California, they are not required to purchase health insurance as part of their fees. Community colleges and CSUs have valuable resource centers that can

disseminate information about the marketplace. Partnering with the community colleges and CSUs in counties with the highest Latino populations will provide us important outreach opportunities.

Table 11: Top Counties by Latino Population		
County	Total Latino population	Percentage (Latino population)
Los Angeles	4,687,889	48%
Orange	1,012,973	34%
San Bernardino	1,001,145	49%
Riverside	995,257	46%
San Diego	991,348	32%
Santa Clara County	479,210	27%
Fresno County	468,070	50%
Kern County	413,033	49%
Alameda County	339,889	23%
Ventura County	331,567	40%

Soccer Teams/Sports Partnerships

Soccer is the Latino sport; in fact, it plays a huge role in uniting Latinos from all backgrounds. The most watched television program of 2010 was the Soccer World Cup. Adult soccer leagues are growing and are found all over the state. These leagues represent a key demographic for the marketplace: adults, usually males, who are in relatively good health but may not consider the value in obtaining health insurance. We suggest partnering with several adult leagues in key areas to help spread the word at tournaments and within the organization. Some of the larger leagues include the Bay Area Futbol Leagues, the San Jose Soccer League and CALSOUTH. Furthermore, partnerships with the three professional Major League Soccer (MLS) teams in California -- the San Jose Earthquakes, and the Los Angeles Chivas and Galaxy -- would provide key access into this community. These partnerships would most probably be a “paid” opportunity – even in Massachusetts where the exchange got a lot of pro bono help, the organization paid for its key partnerships with baseball and hockey teams. We highly recommend expenditures for these partnerships.

In addition, Telemundo in Los Angeles, the second largest Spanish-language network in California, has a unique partnership with the Mexican National Soccer (Futbol) Team. In 2012, Telemundo will broadcast three soccer games that will help determine which the Confederation of North, Central American and Caribbean Association Football (CONCACAF) teams compete in the World Cup in 2014 (in Brazil). In 2013 Telemundo will air six on the Road to the World Cup Matches.

Supermarkets/Grocery Stores

Latino supermarkets offer a good opportunity for partnerships. For example, Vallarta Supermarkets has 21 markets in Los Angeles and a presence in Fresno, Kern, San Diego, Orange County, Tulare, and others. Similar to Vallarta, Gonzalez Northgate Markets has a heavy presence in the Latino community and has more than 36 markets throughout Southern California. La Superior Supermercados is similar to Gonzalez Northgate but serves the Sacramento region (including Woodland and Stockton). Finally, we recommend a partnership with Marquez Brothers International, the market leader in the production and distribution of Mexican Food products.

Influencers and Celebrities

Research shows that Latinos are very loyal consumers. Once someone – a company, a brand, a news anchor – has established trust with the Latino community, its members will listen and act based on the information provided by the person or entity. We suggest using these influencers and celebrities as messengers for the marketplace.

For example, we recommend working closely with specific California Legislative Caucuses including: The California Legislative Latino Caucus and Congressional Hispanic Caucus; All of them can help deliver messages to their constituents. We also recommend approaching Los Angeles Mayor Antonio Villaraigosa and Supervisor Gloria Molina. Dolores Huerta and the Dolores Huerta Foundation and Dr. David Hayes-Bautista from UCLA will also be approached to lend their good names to our efforts.

In addition to these influencers, Latino celebrity activists are gaining much traction in this community, among both young and older Latinos alike. Celebrities such as: Rosario Dawson, Co-Founder of Voto Latino; Wilmar Valderrama, spokesperson for the Congressional Hispanic Caucus Institute's *Ready to Lead Program*; Eva Longoria, spokesperson for Padres Contra El Cancer; George Lopez, Founder of the George Lopez Foundation; Jessica Alba, spokesperson for Safe Chemicals, Healthy California; and Esai Morales, founder of National Hispanic Foundation for the Arts demand a great deal of attention – especially on line – when they speak to and with the community. We would seek to use celebrity endorsements to engage Latinos through social media channels and blogs.

Unions

Unions that have a significant reach into the Latino community will also be important. Union support of the Affordable Care Act has been critical to raising awareness about healthcare for working class communities. We suggest partnering with Arturo Rodriguez, president of the United Farm Workers Union and Maria Elena Durazo, the head of the Los Angeles County Federation of Labor to begin our critical outreach. Low-wage working Latinos without health insurance are represented by unions – and words of support and the urging of their members to enroll by both of these famous leaders would validate our efforts.

Small Business Outreach

Given the significant importance of reaching small businesses, it will be critical to partner with organizations that serve them, and small businesses owned and operated by Latinos are a very important segment that must be targeted for an effective outreach program.

Partnering with the California Hispanic Chamber of Commerce (CAHCC), with its network of more than 65 Hispanic/Latino chambers and business associations throughout the State of California, is an important step in accessing a network of businesses. The CAHCC represents the interest of more than 700,000 Latino business owners in California, has chambers in all major cities in California, as well as smaller rural towns, such as Banning, Solano, and Yuba City. In addition, CAHCC also works with chambers that are specific to certain country of origin groups, such as El Salvador, Nicaragua, etc.

Along with the Hispanic chamber, we recommend partnership with professional associations, such as the Society of Hispanic Professional Engineers, Hispanic Public Relations Association, Latino Lawyers Associations, etc.

Media Relations

We discuss the importance of reaching the ethnic media, both print and electronic in our section on media. But the team tasked with outreach to the Latino community will work seamlessly with the other media relations experts to make sure we use every opportunity for free media among these important reporters.

NOTE: The overall outreach effort for the Latino market represents a very aggressive and extensive outreach program. It is of course in addition to a major spend on Latino radio, television and print. But with approximately 50% of the target population Latino, the success of the overall program will depend on this kind of extensive and multi-faceted effort. We strongly recommend doing it all. It will take a good amount of both staff time and resources, but we believe it represents the best way of reaching this all-important target with a “no-stone-unturned” approach. What follow are options that describe potential activities that encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the media relations for the periods beyond Phases I and II have not been determined.

Level 1: Each of these options includes a robust partnership with Univision because it is included in all options for the media plan. However, this level will provide a more limited Latino community-based organizations outreach program, a scaled back Latino media relations component and event outreach in Los Angeles only.

Level 2: In addition to the above, we will add a more robust community outreach, faith-based and media outreach component, influencer outreach and the addition of events in the Central Valley and central coast.

Level 3: The full plan as described above in Levels 1 and 2.

Reaching African American Targets

As the country’s overall economic climate slowly begins to show signs of improvement, the economic turn around for African Americans has not been as positive. As in previous recessions, the period of recovery for African Americans as it relates to employment, income, and home

ownership has been extremely slow. It becomes difficult for black people to pull themselves out of poverty when unemployment remains so high. In 2011, for example, the African American unemployment rate averaged 15.8 percent – twice the White average of 7.9 percent. According to the Economic Policy Institute, this disparity has persisted for the last half-century.

As a result, the benefits of employment – which often include having health insurance – have not been within the grasp of many African Americans, making health care accessibility an impossible dream. This is particularly unfortunate for communities of color who also face tremendous social determinants of health as well as health disparities. In California, African Americans suffer disproportionately from preventable chronic diseases, including, type 2 diabetes, heart disease and certain types of cancer. Obesity has hit the African American community like a giant tsunami as an alarming 68 percent of African-American adults in the state are overweight or obese. The situation is no better for young people as 22 percent of African American girls 12 to 17 years old are considered overweight or obese, compared to 11 percent of other girls their age.

According to Families USA, during 2007-2008, 37.8 percent of African Americans were uninsured, compared to 24.7 percent of Whites. But help is on the way, even though it comes with both good and bad news. The good news is that most African American families will greatly benefit from health care reform and from the new California marketplace. For many adults, it will mean that for the first time in their lives, they will have health insurance for themselves and their families. The bad news is that a recent poll conducted by New America Media indicates that 55 percent of a small sampling of California adults had not heard anything about the new health care law. Fortunately, there is time to create and implement targeted communications initiatives that will not only reverse those statistics but the health disparities that have existed for years among the black community. For many African Americans, the marketplace will be a dream come true.

We clearly understand the importance of reaching African Americans in urban and rural locations throughout California. We will concentrate our efforts on the following California counties that represent large populations of African Americans.

Table 12: Top Counties by African American Population	
County	Total African American population
Los Angeles	857,000
Alameda	190,000
San Bernardino	182,000
San Diego	152,000
Sacramento	143,000
Riverside	141,000
Contra Costa	97,000
Solano	61,000
San Francisco	49,000
Fresno	49,000

Source: 2010 U. S. Census (rounded)

Lastly, to reach African Americans – a heterogeneous audience – there must be multiple points of contact and interactions that reach them where they live, work, and pray. The following tactics accomplish that objective in addition to being intellectually, emotionally, culturally, and spiritually stimulating to African Americans.

Events and Celebrations

Most of the events and activities we recommend are ones that exist and are already part of the culture of African Americans. We will work with community partners in each of the target markets to determine which events and celebrations work best for markets and the marketplace. In Phase I we will secure, for the marketplace, on-going participation in these events so that we become regular partners throughout 2013, 2014 and 2015.

- *Juneteenth* – For many African Americans, Juneteenth is a day to celebrate a de facto second Independence Day commemorating the end of slavery and a first step toward inclusion in the greater American dream. June 19 is the official day of celebration. Celebrations across California provide opportunities to distribute information about the marketplace.
- *Martin Luther King Holiday* – First observed in 1986, the national King Holiday is celebrated on the third Monday in January. It provides partnership opportunities with media, community-based organizations, and small businesses and in 2013 will be a place where actual enrollment could take place.
- *Black History Month* – During the entire month of February, the annual celebration recognizes the history, culture and contributions of black Americans. Primary and secondary schools, churches, the private sector, a limited number of governmental

agencies, African American print and broadcast media outlets, and community-based organizations all participate.

- *Kwanzaa* – created in 1966 as the first specifically African American holiday, Kwanzaa is a “celebration of the African American family, community and culture.” Urban radio stations, newspapers, churches, and community-based organizations sponsor a broad range of Kwanzaa activities. It is annually celebrated December 26 to January 1. This will be a perfect time the first year of enrollment to highlight the opportunity to enroll for thousands of African Americans and their families.
- *KJLH-FM’s Annual Women’s Health Forum* – There are two major advantages associated with a Forum partnership. The first is that it is held in Los Angeles – home to the state’s largest African American population. Secondly, it is hosted by the station owned by entertainer Stevie Wonder. We would discuss with him the possibility of serving as a spokesperson for the marketplace, encouraging people to enroll. The Forum is usually held in April.
- *Summer Festivals* – In most of the target market counties, there are popular summer festivals which often combine entertainment, the arts, food and health. These festivals will be identified and evaluated for marketplace participation.

Community-Based Organizations Partnerships

Community-based organizations will be used as distribution points for marketplace printed materials; these might be called: Health Marketplace Information Centers. We will publicize all community-based organizations, especially those with a *Health Marketplace Information Center*; ads featuring the community-based organizations and *Information Center* locations would be placed in African American newspapers and on the marketplace website.

Other organizations that could host a *Health Marketplace Information Center* include community health clinics, community colleges, public health facilities, social service offices, public schools, Women Infants and Children program offices, county hospitals and ambulatory health care centers.

Media Relations

We have developed a thorough list of African American media outlets in California, as well as those that are located elsewhere but target the state’s African American community. Using that list, in Phase I we will develop a comprehensive media relations plan that will include traditional broadcast and print outlets as well as blogging and “gossip” sites. In addition to working with the traditional and non-traditional media outlets, there are two organizations we believe are important to our media efforts in California.

- National Association of Black Journalists – With more than 4,000 members nationwide, the National Association of Black Journalists is the largest organization of journalists of color in the country. It has California chapters in Oakland, Los Angeles and San Diego. Our recommendation is to host a monthly meeting at each chapter and conduct a presentation and Q&A session about the marketplace and health insurance. We would

provide editorial background materials, B-roll for television stations as well as radio public service announcements; interviews with Project Sponsors would also be arranged.

- National Newspaper Publishers Association – Through the National Newspaper Publishers Association, we will pursue partnership opportunities with California’s African American newspaper publishers. In 2013, we recommend attending the NNPA/California’s conference or hosting a special breakfast for California’s NNPA members at its national conference. We would provide editorial background materials, as well as press releases and camera-ready charts and graphs to help tell the health reform story; the website for enrollment would be featured.

Additional Media Relations

The media plan includes a significant buy in many Black owned papers. That is critical for outreach.

We will ensure that all African American print media buys can be leveraged to maximize earned media opportunities. We will also work with Assisters Program to identify and profile in newspapers African American Assisters and the work they will be doing in California’s black communities. The publicity will help create additional buzz for the marketplace and reinforce its positioning as the go-to organization that has deployed resources into the community to help residents make the best decisions regarding their health insurance coverage.

Celebrity Spokespersons

Having messages that resonate with the target audience is extremely important. At the same time, however, who carries the message to the target audience and what the audience thinks of the messenger can make or break marketplace communication efforts. For the message strategy to work, the messengers, as well as the way the message is presented, are important.

Actors, musical artists and athletes have often served as effective spokespersons for programs and projects impacting the African American community. We plan to take advantage of the many African American celebrities who live in Los Angeles and support causes that directly impact the black community.

Stevie Wonder is one such celebrity who has worked directly with our team in the past year. In addition to being one of the most respected and beloved entertainers, he is the owner of one of the most popular urban contemporary radio stations in Los Angeles – KJLH-FM. We would pursue producing radio and TV public service announcements featuring Stevie. Additionally, we would use his star power to attract other well-known entertainers to assist in getting the word out about and encouraging enrollment.

Community Influencers

It is also important to identify key influencers in the African American community who can help “spread the gospel” about the marketplace. We would not expect the community influencers to become experts regarding health reform. We want them to become marketplace ambassadors,

directing people to the website. In some cases, specific influencers would be encouraged and partner to host town hall-type health education and enrollment meetings for their constituents. Some of the community influencers we would approach include:

- Clergy members
- Elected officials
- Civil rights leaders
- Political organizers
- Community activists
- Physicians
- Community-based organization leaders
- Business leaders
- Primary and Secondary educators
- Community elders
- Leaders of social organizations
- Student leaders

Faith-Based Partnerships

The church remains a significant institution in the lives of African Americans. In 2009, the Pew Research Center reported that 53 percent of African Americans attended church regularly, compared with 39 percent of all Americans.

Creating strong faith-based partnerships is extremely important when establishing a presence in the African American community. Our experience indicates that when the church pastor and other church leaders are early adopters of external programs and projects, the chances of the congregation embracing the initiatives increase.

In the African American community, faith-based outreach is best accomplished by identifying churches and clergy influencers market by market because there are at least seven major denominations (some research estimates as many as 15 denominations) that black people embrace. To begin developing faith-based partners, we will begin outreach to our existing clergy contacts and add additional ones as needed.

Our goal is to meet the key clergy influencers either by phone or in person in each of the target African American markets. Our request will be that each influencer hosts a non-denominational clergy breakfast or lunch at his/her church and invite other pastors from throughout the city and county. In some markets, the meeting could be co-sponsored with another known and respected community entity, such as the Urban League or an African American newspaper.

Once we have commitments from the host pastors, we will work with them and their staff on invitations and RSVP follow-up. In the larger counties – especially Los Angeles – there may be more than one clergy event. We will use each gathering to tell the marketplace story, answer questions and address concerns about health insurance, and conduct a mini-brainstorming session to gain input and buy-in regarding the best ways to communicate to church members.

Attendees will be asked to volunteer for a Clergy Advisory Panel (CAP) that would meet at least twice prior to January 2014. We will provide staffing support for each of the meetings.

Each CAP pastor will also agree to host a “Health Insurance: It’s a Life Saver” information session at his/her church. A special CAP three-fold health insurance information brochure would be produced for distribution at all participating churches.

Additionally, we would produce Sunday morning church bulletin inserts that highlight information about the marketplace and its insurance products; the enrollment website would be included. Pastors who have computers available for their members or for youth training programs would be asked to make them available for members to use for enrollment.

The African American population is not extremely large in California, but it is critically important – both because there are many in the community who are uninsured and because African Americans have been so historically left out of health care. We recommend the full program as described above, but as requested here are options to consider:

What follow are options that describe potential activities that encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the African American targets for the periods beyond Phases I and II have not been determined.

Level 1: A scaled back community-based organizations outreach program, a scaled back media relations component and event/celebration outreach in limited communities and no celebrity outreach.

Level 2: A more robust community outreach, faith-based and media outreach component, and an “ask” of Stevie Wonder.

Level 3 [Adopted by Project Sponsors]: The full plan as described above in Levels 1 and 2.

Reaching Asian Pacific Islander Targets

The single greatest challenge in reaching Asian Pacific Islanders statewide is diversity within the community. Asian Pacific Islanders come from a multitude of countries in the greater Asian Pacific region – each with separate and distinct languages, cultures and histories. Many of these countries have long-standing historic animosities and mistrust of each other. Another huge challenge in targeting Asian Pacific Islanders is the disparity in education and economic advancement between the various Asian Pacific Islander groups.

While some Asian Pacific Islanders are relatively wealthy and well educated, other groups, such as Hmong, Laotians, South Asian and Samoans have income and education levels among the lowest in the state. All of this means that a one-size-fits-all approach will not work in reaching the diverse Asian Pacific Islander populations. In fact, additional research plans to include more specific Asian Pacific Islander focus groups will help with targeting and messaging to these

distinct and different groups.

Another key factor is the assimilation level of the particular Asian Pacific Islander subgroup – recent immigrants are obviously harder to reach given that they often are culturally and linguistically isolated, and many will have little or no understanding of American health care and insurance.

Asian Pacific Islanders who lack health care tend to be impoverished and culturally and linguistically isolated. This means that reaching this population through traditional and emerging media will only go so far – as many in this population don't watch mainstream TV, read mainstream newspapers, listen to radio or surf the web. Information is passed on via word of mouth among family members, to parishioners at church, counselors, community workers, local leaders, etc. Our plan must reflect that reality.

In Phase I, we will implement a grassroots strategy to target and raise awareness of the marketplace to Chinese, Korean, and Vietnamese communities as well as a targeted plan to involve the Hmong community. In additional phases we will include outreach to other Asian Pacific Islander communities, including working with community-based organizations and other who specifically target Hmong, Japanese and others.

In California there are more than 1.3 million Chinese Americans, 645,000 Vietnamese Americans and more than 500,000 Korean Americans all spread throughout the state. According to the *Ethnic Health Assessment for Asian Americans, Native Hawaiians, and Pacific Islanders in California*, 14% of API are uninsured, with Koreans (33%) reporting the highest currently uninsured rates in the state. In California, Asian Pacific Islanders represent 12% of the population and account for 10% of the uninsured. According to the *California Health Care Almanac* (2011), Asian Pacific Islanders are the second ethnic group most likely to be uninsured, right behind the Latino community.

Asian Pacific Islander Community-Based Organizations

Community-based organizations play an important role in creating a central point of resources and support for communities. More importantly, we look to them to champion community input and dialogue for the marketplace. Additionally, community-based organizations have a strong bandwidth to disseminate information to their members; therefore, we will work to leverage their various communication channels, such as newsletters, special membership offers/services, community gatherings, and events to market the marketplace.

While there are hundreds of community-based organizations throughout the state that serve the API community, we would begin immediately by enlisting the support and partnering with the following key Asian Pacific Islander community-based organizations (partial listing):

- Asian Americans for Community Involvement
- Asian Health Services
- Association of Asian Pacific Community Health Organizations

- Asian & Pacific Islander Health Forum
- California Pan Asian Health Network
- NICOS Chinese Health Coalition
- Orange County Asian Pacific Islander Community Alliance
- Union of Pan Asian Communities
- Asian Pacific Legal Center of Southern California
- Southeast Asian Resource Center

Conducting outreach to those community-based organizations will be a primary focal point that will assist us in branching out to other ethnic/multi-cultural community-based organizations. Initially, as with other community-based organizations we will approach them for volunteer activities, but should the grant program as described previously be instituted, we would work with program sponsors to make sure that key community-based organizations that serve the Asian Pacific Islander population are included in the mix.

Faith-Based Organizations

Faith-based organizations can help outreach to hard-to-reach Asian Pacific Islander communities. Faith-based organizations are by nature a source of large gatherings, homogeneous, and have a desire to get to a specific location on a regular and consistent basis. Moreover, ethnicity and religious beliefs are closely linked. Hence, many congregations throughout Los Angeles cater to one ethnic group or another. For recent immigrants from Latin America or Asia this is particularly true. As these individuals seek to find their place in America, they naturally congregate and worship with people from similar backgrounds.

We will develop marketing partnerships with faith-based organizations and participate in special events they organize to promote the marketplace.

Influencers

Because of language and cultural barriers, recent immigrants are often dependent upon community elders for information and guidance regarding life in America. Furthermore because of cultural deference to elders, community leaders can play a vital role in reaching the Asian Pacific Islander community. Asian Pacific Islanders hold a number of positions on local city councils and school boards, and in the state legislature. These elected leaders are important ambassadors in spreading the word about health care and the availability of health insurance.

Medical Centers/Medical Groups and Clinics/Medical Associations

As health care costs continue to rise with no end in sight, the need for preventative health care and routine medical check-ups will be more important than ever for families and individuals. We propose working with medical centers, clinics, and associations, such as California Hospital Medical Center, Cedars-Sinai Medical Center, Chinatown Service Center, and California Medical Association, to create outreach programs in the neighborhoods of Asian Pacific Islander communities that encourage people to use the marketplace as a go-to place to obtain trusted information about health care insurance options.

Many young Asian Pacific Islander individuals, who tend to be more acculturated and educated, are also among the target populations of “invincibles.” Young men in this community maybe reached by using some specific outreach opportunities:

1) *Asian Import Car Club Scene*

What started out as a craze for young Asian Pacific Islander men has spread to other communities of color. Thousands of young men flock to car shows and exhibits throughout California. One of the largest events -- Hot Import Nights -- drew more than 330,000 people in San Mateo. The attendees of these events match the target audience perfectly—young males 18-35 who are car enthusiasts and are predominately Asian Pacific Islander and Latino. We propose major outreach activities at the largest of these shows during the course of the campaign, including sponsoring a booth with marketplace materials and perhaps Assistors to actually sign up potential enrollees.

2) *Nightlife/Club Scene*

After dark, hundreds of thousands of young API men and women flock to the trendy nightclubs popularly promoted by premiere Asian Pacific Islander production and promotion companies. The majority of audiences/party-goers is within the 21-28 age group and comprised of majority Chinese and Korean descent. Coincidentally named “Exchange LA” is a trendy nightclub frequented by hundreds of Asian Pacific Islander partygoers every Saturday in downtown Los Angeles and is considered to be the “biggest party on the west coast for the API party scene.”

In Phase I we will plan on specific targeted nights to provide fun and engaging outreach in these clubs, including notices on social media sites.

3) *Casinos and Card Clubs*

The prevalence of API gamblers is no secret. Studies show that at local card clubs and popular Tribal casinos in California, more than 50% of their clientele are Asian Pacific Islanders. This is evident in the gaming industries marketing outreach to Asian Pacific Islander communities. For example, gambling establishments frequently shuttle potential patrons from communities with large Asian Pacific Islander populations (Chinatown, Koreatown, etc.) to their facilities. Asian Pacific Islander patrons of these casinos and card clubs range from men and women from 18-65, an ideal match for the target audience. And the employees of these clubs may also provide us a ready target.

4) *Asian Pacific Islander College Fraternities*

Colleges are seeing an explosion of Asian Pacific Islander, multicultural fraternities and sororities. Since the 1990s there has been a rise in the number of Asian Pacific Islander Greek organizations. In 2009, there were more than 32 Asian Pacific Islander fraternities and 32 sororities with more than 300 chapters and colonies. With their large network and frequent social gatherings, members of these Asian Pacific Islander fraternities fit the target audience of young Asian Pacific Islander men 18-35. Planned outreach to them,

especially right after the Rush periods, will provide new opportunities to reach this audience.

5) *Factory Outlets*

These have become a “go-to-place” for Asian Pacific Islanders. The large Asian Pacific Islander outlet-shopping consumer base maybe due to this population’s appreciation for with the fact that they are price and value conscious shoppers. The high traffic at these factory outlets would be ideal in advertising and promoting to the target audiences through paid advertising and promotional materials to handout at key outlet locations.

6) *Karaoke Bars*

Karaoke is a widely popular activity in the Asian Pacific Islander community. Karaoke bars, clubs or lounges, and restaurants are a commonplace in the Asian Pacific Islander populated cities of San Francisco and Los Angeles. They cater to a young Asian Pacific Islander adult demographic looking for a chance to have fun and enjoy a cultural favorite pastime.

The activities listed above are neither exhaustive for any particular targeted group among APIs, nor comprehensive in addressing all API populations. Additional research will continue in Phase 1 to identify appropriate venues and opportunities for each distinct ethnic and cultural group. Many other outreach opportunities exist for this community, including:

1) *Small Businesses Outreach -- Advertising and Partnership*

Targeting Asian Pacific Islander small businesses will allow you to hit two birds with one stone. Many Asian Pacific Islander-owned small businesses serve the entire Asian Pacific Islander target audiences, thus patrons of their establishment will be exposed to the marketing and advertising while simultaneously targeting and engaging the business establishment itself. According to the U.S. Census, California had the largest number of Asian Pacific Islander-owned small business with more than 500,000. Asian Pacific Islanders have a particular lifestyle – they eat certain things at certain places, buy and shop for certain products, and enjoy certain activities.

2) *Restaurants and Food*

Predominantly, Asian Pacific Islander small businesses coalesce around one thing: food. Restaurants, cafés, tea stations, Vietnamese sandwich shops and supermarkets cater to a large Asian Pacific Islander consumer base. These hot spots will allow the marketplace to directly target APIs 18-65. Advertising may include paid advertisements on placemats at Asian Pacific Islander restaurants/cafés, printing messages on supermarket/restaurant receipts, and printed ads on seals for boba cups.

3) *Cell Phone Shops*

The now-ever present cell phones have permeated cultures around the globe and become the favorite addiction of millions. Because of that Asian Pacific Islander-owned cellular phone stores have propped up all over California accommodating the Asian Pacific

Islander community in its desire for the latest innovative gadget, phone cover, and posh cellular accessory. We will promote marketplace materials in these many establishments.

4) *Reflexology*

There is no question that reflexology is a growing industry. While associated with Chinese medicine, foot massage is an ancient form of therapy also commonly known as reflexology. It's a method of relieving pain by stimulating pressure points on the feet and hands. In the past three years, foot-massage parlors have proliferated. From stand-alone business to inclusion in beauty salons, profit-driven business people offer reflexology services at independent small businesses throughout San Francisco and Los Angeles counties. There are 24 foot massage parlors in the city of San Gabriel alone, which has a population of nearly 40,000 people. These small businesses service a large Asian Pacific Islander adult population matching the target audience of 35-65, are already tied to health care and will allow us access to the population already concerned about its well-being.

5) *Nail Shops and Beauty Salons*

For more than 20 years, nail/beauty salons have been become ubiquitous. Nail salon owners and workers are predominantly Vietnamese women. In California, there are more than 114,000 licensed nail technicians, with industry insiders estimating that more than two-thirds of the workforce is Vietnamese women. In most cases, these low wage workers are without coverage.

Celebrities and Ambassadors

Enlisting the support and endorsements of Asian Pacific Islander celebrities and ambassadors can complement and provide the outreach plan with a wider reach. For example, Lisa Ling, a prominent Asian Pacific Islander television journalist born and raised in California, has been very active in the Asian Pacific Islander community and has been well regarded for her engagement in public issues, particularly those affecting the Asian Pacific Islander community. Other celebrities include George Takei, Kelly Hu, John Cho, Kal Penn, and Far East Movement, to name a few.

With the prominence of YouTube, independent film-making has flourished, giving rise to notable filmmakers and comedians like Wong Fu Productions, Kev Jumba, Nigahiga, and The Fung Brothers, to name a few. Combined, they have a following of more than 10 million subscribers. Nigahiga, a popular YouTube channel created by Ryan Higa, has more than 5.2 million subscribers and is the second most subscribed YouTube channel. There, viral videos spread and have gained superstardom and overnight sensation. The audience of these subscribers matches the young Asian Pacific Islander adult 18-35.

The emphasis this plan places on Asian Pacific Islander outreach, including all of the communities within its broad scope is second only to Latino in our target emphasis. We understand that the media plan will provide paid media coverage in both API print press, as well as some Asian Pacific Islander television. The complimentary outreach plan outlined above, while not as extensive as the Latino plan, will still require significant resources and staff time.

What follow are options that describe potential activities that encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the Asian Pacific Islander targets for the periods beyond Phases I and II have not been determined.

Level 1: Initial outreach to community-based organizations – and depending on grant options, a limited number of grantees. Outreach to one or two key Asian Pacific Islander festivals and some business partnerships.

Level 2: More robust partnership/grant outreach, Asian Pacific Islander event coverage, a strong business partner outreach and sponsorship program.

Level 3: All of the above, including celebrity outreach, a robust grant/community-based organization program and paid sponsorships at key events and festivals.

Native Americans and Indian Health Centers

There are more than 100 federally recognized Native American tribes in California, in addition to scores of tribes that are not yet recognized and are fighting for recognition. And to complicate matters, tribes in California represent some of the wealthiest and some of the poorest in the nation. Casino gaming has provided few tribes with new wealth, tremendous opportunities for self reliance, and for many, health care coverage. However, the vast majority of tribes in California, those without access to gaming, remain severely impoverished and will certainly benefit from the changes afforded under the Affordable Care Act. For many, as in other disadvantaged communities, this will mean health care coverage for the first time in their lives, distinct from the health care provided by the federal government.

The Affordable Care Act requires significant consultation with federally recognized tribes and the network of primary care clinics funded by the federal Indian Health Services. The Project Sponsors have met and are continuing to meet with the tribes and their representatives to craft a program and ensure that there is coordination of the marketplace activities.

We will work with the Project Sponsors and Tribal governments to ensure information is reaching them in a culturally relevant and appropriate way. In addition to the work of the federal Indian Health Service there are a number of trusted organizations in the Native American community that may be helpful in promoting the marketplace, including:

- American Indian Chamber of Commerce of California
- Southern California Indian Center Inc.
- Consolidated Tribal Health Project
- Lake County Tribal Health
- Inter-Tribal Council of California
- Indian Child and Preservation Program
- Indian Senior Center Inc.
- California Rural Indian Health Board

Indian Health Centers

It will be critically important to the success of the program in this community to work with and partner with Indian Health Centers throughout the state. These organizations have reach in rural and urban communities alike.

- American Indian Health & Services Corporation (Santa Barbara)
- Bakersfield American Indian Health Project
- Central Valley Indian Health, Inc. (Clovis)
- Friendship House Association of American Indians (San Francisco)
- Indian Health Center of Santa Clara Valley (San Jose)
- Sierra Tribal Consortium, Inc. (Fresno)
- United American Indian Involvement, Inc. (Los Angeles)

As the Project Sponsors continue to meet and collaborate with these Tribal groups, we will adjust and augment our outreach plans.

SOCIAL MEDIA

“One great advantage of digital marketing is you can measure how effective your strategies are.”

Paul Wingel, Director of Creative Media, (Mass.)

Social media has become the undisputed driver of social change in today’s culture, with mobile devices being the preferred engagement channel. Millions of people can help reverberate a message around the world in seconds with just a few clicks. People from all backgrounds are overwhelmingly using mobile devices to access the Internet, each other and government organizations. We believe social media will immediately become the front line for conversations as consumers begin their journey toward obtaining health care for themselves, their families and their communities. Without a robust Social CRM (customer relations management) system in place, traditional phone banks and in-person assistance will become overwhelmed by the demand for detailed information that helps people make purchase decisions regarding their health care options. In Phase I we will develop and build out the social media plan and activities will continue in Phases II – VII.

While other official offline channels might be used (phone banks, in-person storefronts, Assistors, physical sign-up events), we believe prospects will quickly turn to their smartphone to locate not just health plan answers, but also advice and support from those they do and do not immediately know. This activity will be supported by social media channels, and the Word of Mouth (WOM) generated as a result of their investigations. Conversations will also play a primary role in affecting overall additional enrollment numbers. It is very possible that without a robust Social CRM strategy in place, prospects can have a negative experience during the process and therefore creating negative WOM that will require even more resources to combat. It is our goal to be omnipresent with answers and help.

Our approach will establish a strong ecosystem spanning the lifecycle of the 3-year program designed to drive awareness, educate and prepare prospects for the enrollment process and unearth success stories that can be used to attract more people to the health care enrollment process. Social channels will assist with the enrollment process by acting as the official support channel for prospects. As the program matures and prospects become subscribers, we will add an advocacy goal. We will identify and encourage subscribers to share their success stories via social media. This will help attract and encourage the “late adopters”.

Text Messaging and Social Media among Latino Audiences

Mobile devices are quickly overtaking desktop and laptop computers with regard to accessing the Internet. Mobile industry trends suggest that this switch will officially take place in 2013. It is also known that many people rely on their mobile devices for all means of communication, not just placing basic phone calls. Text messaging, instant messaging, email and social media channel conversations all now take place within the same mobile device. Of all features and smartphone functions, text messaging still plays a top 5 role in how people use their devices. As noted above, in the Latino outreach section, here, too, are a few additional quick facts that highlight this critical outreach tool to one of our most important targets, Latinos:

Quick facts:

- 91% of Latinos own a mobile phone.
- Latino Facebook usage grew by 167% in 2011.
- U.S. Latinos spend a daily average of 21 minutes on social networking vs. 19 minutes by non-Latinos.
- 59% of Latino purchasing power is driven by first-and-second generation Latino young adults.
- 63% of Latinos visit retailer websites on their phones *before* making a purchase.
- 64% of Latinos shop with companions and refer to them to review products.

By taking advantage of these facts, we will include text messaging as a key entry point to the larger social conversation and help direct people to the information they seek.

Ultimately our social media goals will be to:

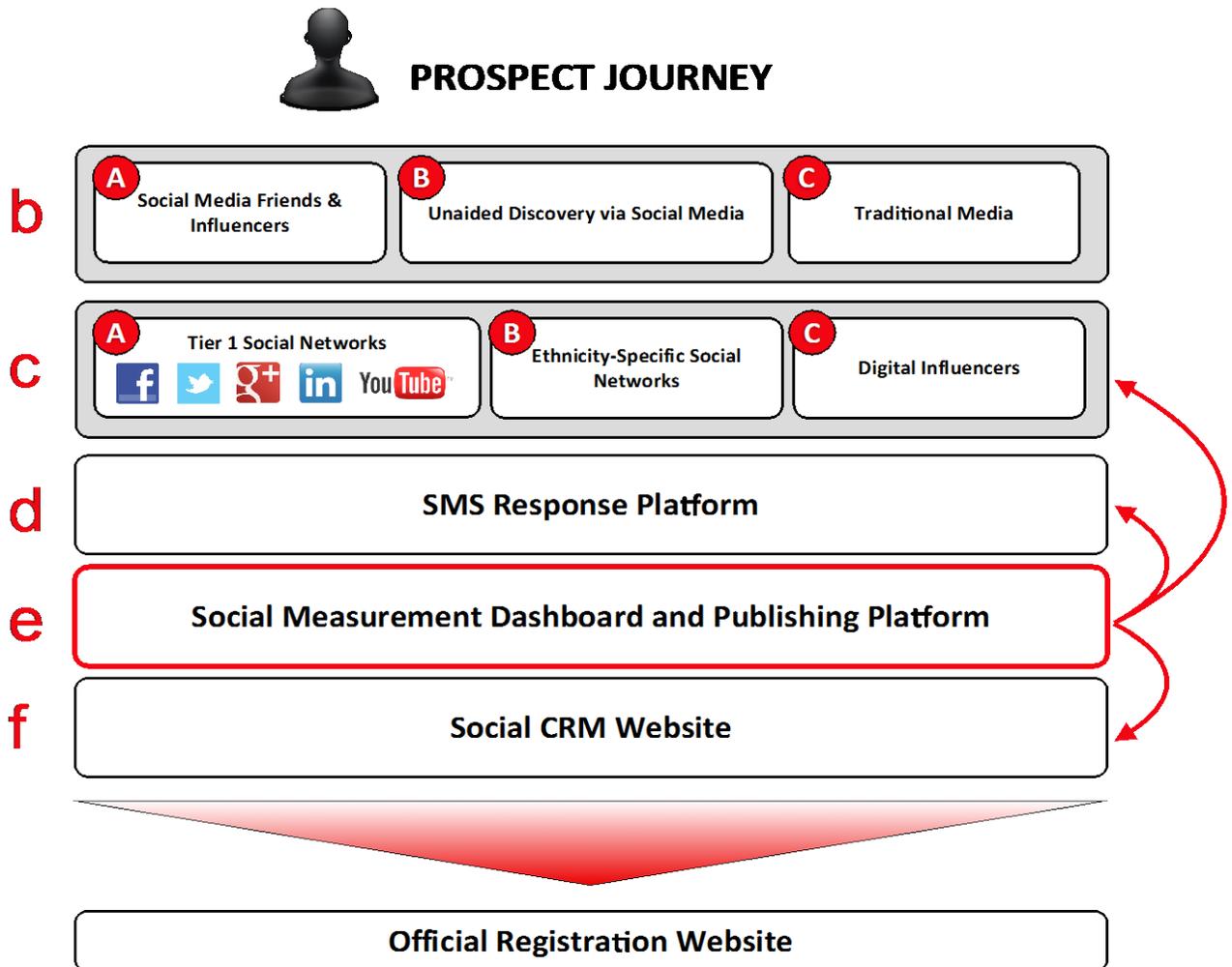
- Educate prospects on the new health care plan options.
- Direct prospects on where to get assistance from official sources and enroll.
- Encourage and empower prospects to share positive experiences to fuel greater enrollment.

Our Social Media Ecosystem

We will establish a fully integrated and multilingual Social CRM ecosystem to help guide prospects to the information they need regarding the enrollment process, locations, who to trust, and coverage options. The ecosystem will serve as an always-on content aggregator that will inform all social media efforts as well as provide data back to Assisters. Assisters will be able to access the system to report back any on-the-ground feedback regarding common questions and

answers, as well as what we could be doing better to improve the system. All content generated and learned throughout the ecosystem will be analyzed and reused wherever possible to further support prospects and government enrollment teams. Below is a high-level diagram of the system’s major components and descriptions of each numbered segment.

Chart 6: Social Media Eco-System



Note: “Official Registration Website” is the marketplace where consumer can access information and enroll in a plan.

Awareness

Due to the fragmented nature of today’s media channels, including digital channels, we need to account for any and all potential points of entry to the program. This section captures the more common entry points for prospects during this program.

- Social Media Friends and Influencers
 - A major component of Word of Mouth (WOM) is that prospects may become aware of the marketplace via friends and influential people in their digital social circles.

- Unaided discovery via Social Media. Due to the ever-increasing nature of a “connected web”, it is possible that a prospect could stumble upon our social touch points without much, if any, prior knowledge of the program.
- A coordinated and comprehensive traditional media program could be used to promote this social care system as a friendly alternative to the traditional call center phone number or the general enrollment website.

Social Media Content and Conversations

An ongoing and timely discussion across many social touch points will be necessary in order to support the notion that the social channel is an equal if not faster alternative to traditional support mechanisms. To fuel these discussions, we will embark on a significant influencer audit and conversation map to help us understand who is having the most influential and effective conversations on the Internet as they relate to the program. This information will allow us to create conversation calendars. Conversation calendars are pre-planned and scripted pieces of content designed to either amplify an existing message or ignite a new conversation around a key topic of interest to the community. While this content is prepared, we will be nimble enough to identify, understand and strategize new content while the conversation is taking place across all channels. This agility can also support and sometimes influence our paid and earned media content when necessary.

- Tier 1 Social Networks: Facebook, Twitter, LinkedIn, Google+ and YouTube are generally referred to as the top tier/Tier 1 of social networks due to their audience size and ability to capture user attention for long periods of time. We plan to engage heavily in these spaces where needed to drive an ongoing conversation about enrollment, the process, and where to get help.
- Ethnicity-Specific Social Networks: While many people use Tier 1 social networks, there are many significant social media websites and communities where people of similar ethnic backgrounds have conversations relevant to their community. We plan to partner and/or engage in these communities to drive awareness of the program and how to get started.
- Digital Influencers: In addition to a grassroots level of effort described above, we believe it is valuable to engage/partner with key digital influencers (bloggers, community website leaders, Twitter users) to ask for their support.

SMS Response Platform

We need to anticipate the desire of our target audiences to use their mobile devices to learn more about the marketplace. To support this need, we will provide a multi-lingual ask and respond SMS response system that is designed to capture a prospect’s mobile phone information (phone number, name, etc.), as well as direct the prospect to relevant content within the program’s digital properties (registration, social care website, social channels). This approach has been very effective in other California government outreach programs and we feel it is a key piece of the experience that will help gain the prospect’s trust in the process, as well as enable the marketplace to obtain critical contact information for further follow up efforts.

Social Measurement Dashboard and Publishing Platform

The ability to have a true omnipresent point of view in social media is now possible, and we believe the use of a tool with this level of reach and intelligence will greatly enhance our ability to not only identify questions, issues or concerns across social channels but also respond to them. Our approach is to use this tool to form a rapid response team that can direct prospects to proper answers and identify their next steps in the purchase funnel.

Social CRM Website

The Social CRM website is an online destination which serves as a scalable knowledgebase that is simultaneously informed by social conversations and curated by our team. The website will provide a mechanism for Assisters to contribute feedback based on their in-person interactions with prospects. The system can consist of the following elements:

- Forums – evolving user discussions
- Q&A – static content informed by all content sources
- Tribal Knowledge Base – a method of enabling expert users (Assisters) to create, approve, and organize helpful knowledge articles based on real product experiences faster than internal teams can publish FAQs
- Reputation Engine – a method of rewarding and motivating super fans who care very much about self-expression, their expert reputations, and their rank in the community.

To help power this Social CRM system, we will encourage all “boots on the ground” to provide content and feedback from the field. For example, Assisters will be engaged and encouraged to log into the system and offer what the top 10 questions are within their region, as well as the answers they’ve provided. This deeper level of information will help us take offline content and strengthen and modify our content repository.

What follow are options that describe potential activities that encompass all seven phases of the Marketing, Outreach and Education Program. The scope of the social media for the periods beyond Phases I and II have not been determined.

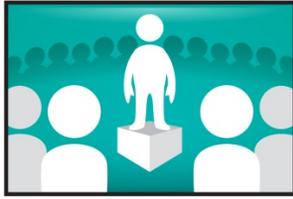
Level 1: A two year program with a minimal team, basic awareness campaign support, less content creation per social channel, basic coverage for Tier 1 social networks/no coverage for Tier 2 social networks, limited Blogger outreach or program development, basic social channel measurement/cross channel metric evaluation/reporting, minimum mobile channel content creation, basic Social CRM website for forums/knowledgebase, no alignment and support for Assister program.

Level 2: A three year program with a moderately staffed team, less awareness campaign support, less social engagement across Tier 1 and Tier 2 social network coverage, some content creation per social channel, limited blogger outreach and program development, basic social channel measurement/cross channel metric evaluation/reporting, minimal mobile channel content creation, basic Social CRM website for forums/knowledgebase, some alignment and support for Assister program.

Level 3 [Adopted by Project Sponsors]: A three year program with a fully dedicated team, robust awareness campaign support, comprehensive social engagement and conversation management for Tier 1 and Tier 2 social networks, significant level of content creation per social channel, integrated blogger outreach and program development, deep social channel measurement/cross channel metric evaluation/reporting, real-time mobile channel content creation, comprehensive Social CRM website for forums/knowledgebase, close alignment and support for the Assister program.

As with all other parts of the program, social media will be evaluated on an ongoing basis. See Measurement and Evaluation section of the plan for details.

In summary, Phase I is largely a set up and Build Out phase to ensure all aspects of the campaign – including research, media planning, creative development, partnerships and social media – are all ready in Phase II when consumer outreach and education begins and we are moving quickly toward the first open enrollment period.



PHASE II

Consumer Outreach & Education

The Benefits of Coverage & "It's Coming"

January - June 2013

Phase II

Begin Consumer Outreach and Education

(January – June 2013)

This is the phase where we begin consumer outreach and education, begin to educate consumers about the new coverage options and start to communicate that the marketplace is coming. The extensive build-out of Phase I will allow us to get going quickly as the new year begins. All of the decisions and planning in 2012 will culminate with a flurry of activity in the first six months of the year, leading up to the initiation of paid media and the start of open enrollment. The messages will contain both an explanation of the marketplace, what it is, who is eligible, what it means for various targets and how they will be able to get the promised coverage; and we will also make sure that messages contain "help will be provided" themes so people begin to develop some trust that they will be able to navigate what to most will be an entirely new concept. We will push all messages into social media activities outlined in Phase I.

PAID MEDIA

During Phase II, media planners/buyers will finalize media plans and buys. Media buying is currently planned for the first quarter with the intention to launch the campaign in July 2013. However, as referenced in Phase I, based on research regarding messages, efficacy, and other factors, we may begin paid media earlier. Creative development will continue through this phase to prepare for the launch.

MEDIA RELATIONS

In the latter part of this phase, nearing open enrollment, we recommend embarking on an aggressive media relations effort for both general market and ethnic press. This media push would include:

- Deskside briefings
- Editorial board briefings
- Op eds
- Ongoing news bureau activities

We anticipate a great deal of press interest, from both state and national media, in California's plans to fully implement the marketplace. The editorial board briefings and the desk side briefings for state and national reporters will provide updates on our progress and upcoming plans. Of course, depending on the option decided by Project Sponsors, we will continue to

provide either full-service or consulting services for day-to-day press operations. It will also be key, as noted above, to secure ethnic media coverage for the “it’s coming” message.

PARTNERSHIPS

We will begin work with partners identified in Phase I to help them begin informing their audiences/constituents of the marketplace, available coverage options and how to enroll. For the grant program, RFPs will have been awarded at the beginning of 2013. We can then begin the training and materials assessments needed to begin the outreach. We will offer ongoing technical assistance – answering questions, providing materials, connecting partners with Assistants/Navigators as needed, etc. to ensure a formalized structure for continued stakeholder input. This will allow us to make adjustments, as necessary as we move toward the enrollment period. We will put in place accountability measures to ensure reporting of all partnership activities on a bi-monthly basis. This will allow the Project Sponsors and our team to have continual information about what is happening in the field – and what questions or concerns are emerging.

We will leverage partnerships that will lend themselves to media promotions and events. Immediately before the pre-enrollment period begins (late summer) we will launch an aggressive “it’s coming” countdown promotion period through a special partnership. During this time, we will work with partners, grantees and media to push the countdown. For example, Caltrans, as a state government partner, could post messages on the Amber Alert boards on freeways across the state and print messages on toll bridge/road receipts. The state parks and recreation departments could distribute campaign information at parks and campsites. Retail partners could place campaign information in shopping bags, on receipts at checkout counters. One key component of that “countdown” will be increased activity in social media.

In addition to the partnership outreach to small business organizations, we also propose working with Business Journals. These journals publish newspapers in communities across the country (in California, they publish the Los Angeles, San Diego, San Francisco, San Jose and Sacramento Business Journals). Each publication offers a seminar package in which sponsors work with the publisher to host a seminar on a topic, such as the implementation of health care reform. Many of the Business Journals previously hosted a seminar on reform as the legislation was moving through Congress and would be perfectly suited to partner with each of the markets to host a follow up seminar on how small business can successfully navigate SHOP. The events are typically moderated by the publisher in the market and supported through advertising in the various Business Journals. These workshops would be set up in Phase I and then implemented in Phases II through VII.

Additionally, in the later part of this phase, we will work with movie theater chains to place free PSAs featuring prominent figures (e.g., actor/celebrities) in movie theaters across the state when the blockbuster summer movies begin screening. The message will be “it’s coming” and we will seek to increase awareness and understanding of the marketplace with the captive movie theater audience. Costs for this outreach are relatively minor, and the reach during these critical summer months is well-worth the effort.

EVENTS AND FESTIVALS

Beginning in late spring/early summer, we will start our events and festivals participation based on the list developed in the earlier phase to relay the “it’s coming” message and promote the benefits of health care.

At each event we will track how many consumer interactions took place, monitor how many informational materials were distributed (and in which languages) and note frequently asked consumer questions to help further hone messaging.

Specific Latino Outreach

Below are examples of activities to reach the Latino audience in Phase II, which will be further developed and focused in the Phase I planning.

Media Relations

We will work with the large Latino papers in the state – La Opinion, Hoy!, Vida en el Valle, and the Spanish-language electronic outlets – to make sure their reporters understand the “it’s coming” theme and benefits of coverage message. This will be accomplished through a webinar.

Hosting a webinar with reporters is an opportunity to control messaging and prepare these outlets for later phases. This will be important as we begin partnering with these news organizations for earned and paid media. Further, this will allow us the opportunity to have a town hall meeting with these journalists and reporters as a prelude to open enrollment.

Partnerships

We will begin work with partners identified in Phase I to help them begin informing Latino audiences/constituents of the marketplace, available coverage options and how to enroll. As with general market partnerships, we will offer ongoing technical assistance – answering questions, providing materials, connecting partners with Assisters/Navigators as needed, etc. to ensure we are working with the program partners to participate in a formalized structure for continued stakeholder input.

Events and Festivals

We propose attendance at the following Phase II events that will draw large crowds of potential Latino enrollees, including:

- *Celebrations/Holidays*
 - *Fiestas Patrias* - This September event celebrating Mexican Independence Day in Los Angeles draws more than 200,000 people.
 - *Fiesta/Festival del Sol* - These Mexican Independence Day celebrations in San Jose and San Diego draw 40,000 and 75,000 people respectively.
- *Latino Community and Resource Fairs* – There are several important Latino-focused health and community fairs throughout California, including Festival de la Familia, one of the largest multi-cultural events in Sacramento, which draws 25,000 Latinos. Others include:
 - Latin American Parade & Festival (Long Beach)

- San Diego's Diversity Day Fair
- Feria Es El Momento (Los Angeles)
- Día de la Mujer Latina Health Fair (San Diego)
- *County Fairs*: We suggest attending county fairs in all of the top Latino markets as well as those in Stanislaus, Sonoma and San Joaquin, which draw large Latino audiences.
- *Flea Markets* – Flea markets are popular in the Latino community, both to buy and sell, and by attending larger ones in our top cities and counties, we can reach the Latino community at a very local level.
- *Univision Blood Drive* – (Sacramento) Since 2001, KUVS Univision 19 has teamed with Blood Source and Delta Blood Bank to help increase the total pints of blood needed for their life saving efforts. It always ends up being one, if not the largest, donation days of the year for Blood Source. Held at the KUVS Univision 19 studio parking lot, the annual event attracts thousands of participants who come out to save lives.
- *Salud Es Vida Enterate Health Fair* –(San Francisco) Univision’s Health Fair includes health related educational resources, therapists, schools, recreational organizations and creative child-friendly activities. As a sponsor, the marketplace will receive prominent media exposure on the highest-rated and most trusted media among Latino audiences, as well as grassroots participation at the Univision-branded health fair.
- *The 11th Annual Salud y Bienestar* (Health & Wellness) is scheduled to be held March 2013 at the Los Angeles Convention Center. This event is free to the public, and viewers are invited to take part in family-oriented activities that promote health and wellness. Consumer attendance is estimated to be 25,000 and opportunities for partners include: one-on-one interaction with consumers and a great opportunity to provide information about the new marketplace.

Specific African American Outreach

Below are examples of activities to reach the African American audience in Phase II, which will be further developed and focused in the Phase I planning.

Media Relations

During Phase II, a comprehensive media relations campaign will also be launched to target print and broadcast outlets that reach African Americans. Press materials will be developed and distributed to the black press in the key African American markets. We will continue to make sure paid media placements are leveraged to take advantage of value added opportunities. Marketplace spokespersons will be placed on broadcast public affairs programs that reach ethnic audiences, especially African Americans. Press materials will be developed to support the community events outlined above. We will work closely with the black newspaper publishers and the California chapters of the National Association of Black Journalists to extend editorial coverage.

Partnerships/Events & Festivals

Additionally, in this phase we will begin extended outreach in the African American Community. We will schedule a series of events with faith-based, community-based organizations and key influentials that will begin establishing a trusted presence for the marketplace in the African

American community. Most importantly, the target audience becomes aware of and comfortable with the marketplace brand. We will concentrate on those markets with the largest African American populations and participate in special outreach events that provide opportunities for the distribution of enrollment information. We will manage all marketplace participation and provide onsite management in selected cities. Some of the community-based events include:

- *Martin Luther King Holiday Celebrations* – January
- *Black History Month* –February
- *Juneteenth* – June
- *KJLH-FM’s Annual Women’s Health Forum* – April
- *Summer Festivals and Health Fairs* – Various dates

Specific Asian Pacific Islander Outreach

Below are examples of activities to reach the Asian Pacific Islander audience in Phase II, which will be further developed and focused in the Phase I planning.

Media Relations

During Phase II, a comprehensive media relations campaign will be launched to target print and broadcast outlets that reach Asian Pacific Islander. Press materials will be developed and distributed to the press in key markets.

Partnerships/Events & Festivals

Ongoing outreach to community-based organizations and using partnerships to reach out and engage Asian Pacific Islander consumers will be critical in gaining access to these communities and we will open Phase II with an aggressive program to our partners and to other influencers in the community. Additionally, attending and participating in key community events will be critical in capturing the target audience, including Chinese New Year festivals/celebrations, Harvest Moon festivals, film festivals, and other community and resources fairs.

As noted earlier, the Asian Pacific Islander community is a very diverse community. Fortunately, it is clustered in certain geographical areas. For example, Chinese Americans are numerous in San Francisco, East/South Bay, and San Gabriel Valley region of Los Angeles County. The events that are important, that usually generate large turnouts, center around Chinese New Year and other cultural festivals, such as Harvest Moon and Lotus Festivals.

Thus, January through March are critical months for Chinese New Year celebrations and other cultural events throughout the year. The following is a list of events in the API community that usually reoccur on an annual basis:

- 30th San Francisco International Asian American Film Festival – San Francisco (March)
- Orange County Head Start’s 3rd Annual Family Festival – Santa Ana (April)
- Cherry Blossom Festival – Monterey Park (April)

- 28th Los Angeles Asian Pacific Film Festival – Los Angeles (May)
- 3rd Asian Cultural Festival – San Diego (May)
- CCHF: Chinatown Community Health Fair – Los Angeles (May)
- 8th Annual Asian Heritage Street Celebration – San Francisco (May)
- Los Angeles Lotus Festival – Los Angeles (July)

The outreach into these communities will be mirrored by event participation, community education and other activities throughout the state, working with partners to bring the message of the new marketplace to underserved and other communities throughout California. We will also make a concerted effort to involve the rural community population through events that target them, and community-based organizations that have specific reach into these areas. All of the community outreach in this phase is aimed at preparing the public for the open-enrollment period.

Specific Native American Outreach

As we noted above, the Project Sponsors will be leading the effort in the area of Native American outreach and Tribal coordination. There are, however, some key events that we recommend considering in Phase II for marketplace outreach to these communities:

- Honored Elders Day - Sacramento (June)
- Redbird's 2012 Children of Many Colors Powwow - Moorpark (July)
- Sycuan Pow-Wow- El Cajon (September)

Also during Phase II, we will engage with ethnic media, such as Russian, Hmong, etc. to secure story placement on the benefits of coverage and the "it's coming" message. We will also work with community-based organizations/faith-based organizations to disseminate materials to other key targets.



PHASE III

Get Ready, Get Set...
Enroll!

July 2013 - March 2014

Phase III Get Ready, Get Set...Enroll

July 2013 – March 2014

Including Pre-Enrollment, Official Opening of the Marketplace and Open Enrollment

While the marketplace officially opens for business on January 1, 2014, there is a pre-enrollment period which begins in October of 2013 and then enrollment continues for six months, through March 2014.

In this phase we are doing two things: 1) promoting the benefits of coverage and getting everyone ready to enroll and 2) promoting the open enrollment period.

PAID MEDIA

Paid media is currently planned to begin in July, but may begin earlier based on research. The paid media will support messages about the benefits of coverage. In October, when the marketplace opens, paid media weight levels and mix of vehicles will increase to generate awareness quickly of the opportunity to enroll. The media plan in the previous section outlined the specifics around the pre-launch and launch media activities.

EARNED MEDIA AND EVENTS

Earned media and events will follow the same pattern as with paid media. Prior to the opening, we will use both traditional and social media to create buzz around the new marketplace and to offer a preview to Californians. We will, of course, pay special attention to ethnic publications, local, state and national media who we anticipate will be very focused on California.

Once open enrollment begins on October 1, we will use events to create excitement and generate news. Below are examples of potential events that would further extend the reach of the opening of the marketplace and highlight the benefits of health care:

1. Ribbon Cutting –We propose staging simultaneous ribbon cutting events across the state to kick-off the opportunity for the uninsured to enroll in a health care plan. These can be held in large markets and rural areas to ensure statewide coverage. These ribbon cutting events could feature local community leaders and potential enrollees.
2. First Lady's Summit – As outlined in Phase I, this event will take place the first day of the marketplace opening. The Summit will help to officially launch the new marketplace with important organizations that will assist in the dissemination of the enrollment materials.

The Summit will also serve as a major media event whose coverage will air throughout California.

3. Univision –Univision has committed to helping us launch open enrollment with on air advertising and phone banks to reach Spanish-dominant Latinos. Phone banks are community phone-a-thons dedicated to increasing awareness and answering viewer’s questions. This partnership provides a robust phone bank outreach plan which will include the following:
 - a. Segments and promotional spots –segments will be produced to promote the marketplace and offer guidance on how to enroll. These segments will provide information and resources to help families understand the benefits of coverage as the open enrollment period begins.
 - b. Announcements of the upcoming phone bank will be featured in promotional ads airing on Univision local stations.
 - c. Series of four 60-second pre-taped cut-ins. The cut-ins will ‘look-live’ and use exclusive Univision talent from each market. Each station will air their cut-ins from 4p.m. to 11p.m. on the designated night of the phone bank. The cut-ins will serve as a call-to-action, showcasing phone operators answering calls from viewers.
 - d. Univision viewers will be encouraged to call in via a state toll-free number for answers to their questions.
 - e. The phone bank will be organized and staffed by marketplace experts and/or Assistors promoting the statewide toll-free number to facilitate coordination and tracking of the results.
4. Bus Tour –In Phase III, the buses will be directed to the rural areas of California to provide enrollment and earned media opportunities in those communities.

STORYTELLING FOR EARNED MEDIA

People like people like them. In all the literature we have reviewed, we note that telling the stories of individuals, families and businesses that benefit from new coverage opportunities are an important tool to engage potential enrollees. As the marketplace opens, individuals, families and small businesses can tell their enrollment stories in a variety of ways and in a variety of languages to help educate the public about the marketplace.

Strategies include:

1. Identifying real experiences of individuals, families and businesses currently without insurance to promote the opportunity to enroll.
2. Ensuring that testimonials represent the diversity of California, culturally, linguistically, and regionally.
3. Promoting the real stories to a variety of communications channels – traditional media, social media, partners, etc.

We will pitch these stories to all multi-cultural media, state and national reporters, again capitalizing on the expected interest that reporters will have as you embark on this project. And we will use real people to add texture and content to our media pitches and outreach – traditional and online.

Partners Successes for Earned Media

During this phase, all established partners would continue their outreach efforts. We expect this to be a very busy – but exciting time – for our partners. We will establish a partner recognition program to celebrate agreed-upon milestones, e.g., number of events completed, people reached, unique ways of spreading the word, etc.

Earned Media and Partnerships for Multi-cultural and College Students

Specific Latino Outreach

All Latino audiences, both Spanish-language dominant and English-language dominant are inclined to get their information from trusted news sources in California, be they electronic or print. In fact, Univision's Channel 34 in Los Angeles is the most watched television station in the U.S. during the 6 p.m. news cycle and *La Opinión* is the paper with the largest Thursday circulation in the U.S.

As noted above, we have recommended a formal partnership with Univision. Using their reach across television, radio, digital and mobile and continuing through Phases I and II and be accelerated in Phase III. During this period we will also work with print outlets, such as *Vida en el Valle* in the San Joaquin Valley, *Hoy!* in Los Angeles, *El Mensajero* in the Bay area, and Eastern Group Publications. We want to focus their attention on the opening of the marketplace and engage talk radio personalities (such as El Piolin from Univision radio) to speak with thought leaders and community-based organizations about the benefits of the marketplace. Focusing Latino media attention on this critical period will help amplify all the other outreach taking place (including paid media) during this time.

Specific African American Outreach

Continue significant community outreach with community-based organizations especially faith-based partners. Heavy emphasis also will be placed on church involvement in the top African American markets. We will work with the faith-based organizations to develop Clergy Advisory Panels that will function through 2015. We will manage a series of "Health Insurance: It's a Life Saver" information sessions at select churches. Special collateral materials will be developed for church distribution.

A host of respected and trusted African American celebrity spokespersons will be used to communicate the importance of enrollment. We also will schedule The Groove Mobile (our name for the bus tour) to visit community-based organizations and public housing authorities in select markets. Media coverage of the Groove Mobile will be pitched to local news outlets as well as Black Entertainment Television (BET) news. We will continue to identify and partner with summer festivals and health fairs that are heavily attended by African Americans so that marketplace participation continues to establish its presence with this audience.

Specific Asian Pacific Islander Outreach

Ongoing engagement with Asian Pacific Islander community-based organizations and partners and social/digital media engagement will be crucial in getting the word out during this phase. And we will continue to obtain positive media coverage for the various Asian Pacific Islander subgroups. With dedicated content that speaks directly to multilingual consumers, the ethnic press will continue to play an important role in keeping immigrant and emerging communities informed of the latest news and trends, and we will pay special attention to them during this phase.

We will also engage Asian Pacific Islander community leaders and elected officials to serve as spokespeople or provide relevant quotes and information throughout this phase.

We will also continue to reach the Asian Pacific Islander communities through ongoing event participation. February is a popular month for Asian Pacific Islander celebrations. All of these fall within the 2013-2014 timeline for enrollment and we will provide materials and staffing for them as major opportunities for outreach and enrollments.

- Harvest Moon Festival – Arcadia (September)
- 13th San Diego Asian Film Festival – San Diego (November)
- Asian American Expo – Pomona (January)
- City of Monterey Park Chinese New Year Festival – Monterey Park (February)
- Annual Lunar New Year Festival – Torrance (February)
- Annual Golden Dragon Parade – Los Angeles (February)
- Annual San Diego Chinese New Year Food and Cultural Fair – San Diego (February)
- Southwest Airlines Chinese New Year Festival and Parade – San Francisco (February)
- Festival Southern California – Garden Grove (February)

Of course, there will be other activities added into this list as well as continuing all the press activities, media outreach, paid media and partnerships enumerated in the above phases. And added to the outreach, specifically in the Latino, African American and Asian Pacific Islander communities, our marketplace partners will continue their work with other critical uninsured populations.

Special Community College Outreach

During this phase, as classes resume in late summer and early fall, we recommend a special focus on California community colleges. As noted earlier, community college students may well fall within our key targets and, working with the Chancellor's office, we recommend hosting a Community College Enrollment Day, both during the pre-enrollment period in October, and again in January 2014 when campuses resume after the winter break. On key campuses, the marketplace would staff booths, providing information and the opportunity for students to enroll using computers set up there. We would promote this day heavily on social media and through a partnership with the community college system, we also recommend a notification email be sent

to all students that week. The October open enrollment would also be the time when we surround community colleges with coffee cup sleeves and campus print newspaper advertising.



PHASE IV & VI
Retention,
Reinforcement &
Special Enrollment

**Phases IV, VI and Retention and Special Enrollment
(April – July 2014 & January – July 2015)**

During these two phases, post the open enrollment period, we will switch messaging back to benefits of health coverage, as well as reinforcing the opportunities to enroll in Medi-Cal and Healthy Families year-round. In these post-enrollment periods, it will be our goal to encourage people to maintain their health insurance, and reinforce that other public programs are still open to them despite the closing of open enrollment in the marketplace. This is meant to address the nearly 25 – 40% churn. These periods will be supported by paid and earned media and reinforced through community-based organizations and partner activities.

Retention activities will duplicate the work done in Phases I and II and continue to heavily focus on and expand community outreach events and activities, new and extended partnership development, increased media relations and the ongoing execution of both faith-based program and small-business outreach. Many of the programs initiated in Phase III will continue and be expanded.

We will continue our specific Latino, African American and Asian Pacific Islander outreach, as well as outreach to other underserved and diverse communities. We will evaluate the results of our first enrollment period (e.g., enrollee numbers, demographic, geographic and language breakdowns), and will adjust our outreach activities to target audiences who were underrepresented in the first enrollment period.

Because life-changes allow individuals to special enroll at any time during the year, we will work with our community-based organizations, faith-based organizations and other partners to support this messaging (being able to get coverage if you need it).

PAID MEDIA

While we reduce media weight levels from the heavy open enrollment period, we do recommend continuing paid media during the retention periods. Specifically we would use radio, online and mobile to keep our message top of mind. The media plan outlined earlier provides more specifics for the retention period.

EARNED MEDIA

During the retention period, we will continue reaching out to the press – including Latino, African American, Asian Pacific Islander, Russian, LGBT, etc. – with the kinds of storytelling ideas expressed earlier. We believe there will be several key opportunities at the start and at the end of each of these two retention periods to create major news stories in support of the marketplace:

- A press conference in early April reporting on the success of the launch.
 - We would provide the media with numbers of new enrollees (highlighting specific demographic statistics to multi-cultural press), geographic breakdowns and other interesting statistics.
 - We would also feature several new enrollees: mothers, families, young workers, etc. who now are covered with health insurance. We would make sure that new enrollees represent key targets (Latino, African American, Asian Pacific Islander, etc.) to help tell the story to specific media outlets.
- A similar press conference in late September as we begin open enrollment for a second time. We would highlight the fact that this enrollment period will only last three months (not the six months in the first open enrollment period) and urge people to get ready to apply.
 - Again we would use individuals – in many cases in their own specific languages with press outreach targeted to the ethnic media – to tell their stories and discuss how easy it was to apply.

Both of these events could garner significant media coverage at the beginning and end of each retention period.

SOCIAL MEDIA

Social media will continue as outlined in the earlier section, but will be supplemented by a specific mommy blogger summit.

Mommy Blogger Summit

We recommend a mommy blogger summit in May designed to bring together traditional and social media in an intimate environment, generating exclusive content from key influencers and thought leaders. Engaging these bloggers will help reach our young/mom target and reinforce the benefits of coverage messaging. Latina mommy bloggers have become popular as well and are very influential with those that follow them.

ONGOING PARTNERSHIP OUTREACH

To maintain strong partnerships for subsequent years in all areas – general market, Latino, African American, Asian Pacific Islander, Russian, Lesbian, Gaby, Bisexual and Transgender, etc. – we will evaluate the success of the grant and non-grant programs during this phase. We will examine the data from the first enrollment period, and we will revise the partner programs to ensure reach to underrepresented populations. This might include certain cultural or demographic groups or LEP individuals who did not engage and enroll in the first enrollment period. Working with our grantees and partners, we will make adjustments and redirect

resources as necessary. During this phase, partners will continue to disseminate information to their constituencies, post information on their websites, deliver messages through social media channels (if applicable) and others. This will allow the marketplace and its products to be top-of-mind throughout the year.

EVENTS

In Phase I of this plan, we listed a number of events that will take place thorough the summer months. These events will be important ways to educate and reach our targets during the retention phase.



PHASE V & VII

Get Ready, Get Set...
Enroll!

PHASES V and VII

(October – December 2014 and October – December 2015)

Open enrollment #2 and open enrollment #3

Following the first open enrollment period there will be two additional open enrollment periods. These periods will mirror a typical open enrollment period and will last three months each year (October through December).

PAID MEDIA

Depending on the final budget, paid media will be heavier, leading up to and during the open enrollment period. It would consist of a mix of mass and specifically targeted ethnic media. Messaging would highlight the opportunity to enroll, as well as the benefits of health coverage.

EARNED MEDIA AND EVENTS

Concomitantly with the up-tick in paid media activity, we will begin to re-emphasize outreach to traditional and social media reporters. Media interest in the open enrollment story may not be as strong as during the initial launch. But we will develop story angles around any new products, eligibility requirements and other features to make the story fresh. Again, we will focus on ethnic media and/or other message delivery systems.

Events will continue to provide an opportunity to highlight the open enrollment period as outlined in Phase III.

PARTNERSHIPS AND COMMUNITY OUTREACH

Throughout these two additional open enrollment periods, we will be employing *all* the tactics used in the first phases – as well as any new ones that are uncovered throughout the program.

We recommend re-commissioning the bus tour, this time focusing on geographic areas of most need. And we would also continue intense outreach and partnership development, particularly with hard-to-reach and other diverse populations without insurance; duplicate and expand the efforts outlined in Phases I - IV above; and make sure to use data from first enrollment to further target partnership and community outreach. The partnership relationships with the Project Sponsors will be continually evaluated throughout each phase to ensure that we are getting the right messages delivered to the right audiences.

We will be actively engaging with our partners and government agencies to make sure we are all ready for these two new periods. And we will make some changes. It's clear to us that there needs to be important key learning from the first enrollment and outreach periods that will require adjustments to the original plan. We will continue to focus on the goal of this program: to find and convince eligible uninsured Californians that they can indeed gain health insurance through a new program designed to create a healthier – and better – California for all of us.

BUDGET NARRATIVE

As noted in the Executive Summary, we have included a budget summary for programs described herein at three budget levels. This budget includes Phase I (August – December 2012) and Phase II (January – June 2013). The budget for the Outreach & Education grant program at a \$20 million annual level and the costs to administer the grant program are reflected in the companion Assistants Program Work Plan.

The goal of raising awareness, educating and encouraging enrollment in California requires a wide ranging and diverse outreach and assistants program; and expenditure of significant resources (including paid and earned media, partnerships, grants, and other outreach) to guarantee success. Phase I and II provide a strong foundation for the education and outreach plan elements that will follow, including paid media, paid sponsorships or a paid grant programs. Strategic investments now in research, planning, and community engagement will assure that these later elements were developed with the best possible targeting and focus.

The following key challenges impacted the plan we developed for Phases I and II and directed the decisions and budget levels described here:

- **The goal is significant – to enroll nearly 3 million Californians by the end of 2014.** The enrollment goal for many other states is just a fraction of California’s goal.
- **The size and scope of California’s media markets are greater than any other state, making it significantly more costly to reach the uninsured population.**
 - California has two of the top 10 Nielsen-ranked Designated Market Areas (DMAs); Los Angeles (#2 in the nation behind New York City) and San Francisco – Oakland/San Jose (#6). The only other State that has two markets in the top 10 is Texas with Dallas-Ft. Worth (#5) and Houston (#10).
 - California is the only state that has three (3) markets in the top 20 DMAs. This includes Sacramento-Stockton-Modesto (#20).
 - California has more DMAs than any other state.
- **California’s uninsured population is more diverse than any other state.** This requires tremendous media resources as well as on-the-ground resources to achieve outreach and enrollment objectives in all the targeted populations, in-language and culturally sensitive.
 - California has 11 threshold languages that, at a minimum, must be part of the advertising and outreach efforts.
 - Nearly 50% of the state’s uninsured population is Latino. This requires a significant investment in Spanish-language media and community outreach efforts to ensure reach and communication of messages to the mono-lingual as well as bilingual Latino population.
- **There are significant materials costs and labor requirements to support outreach efforts across a state the size of California with its rural and urban, demographic and psychographic differences.** For instance, in California there are:

- Thousands of community-based organizations, non-profit organizations and faith-based organizations many of whom, along with their clients, have a stake in the success of the marketplace.
- Fifty-eight (58) different county welfare and health care offices – each with its own staff of eligibility workers, etc.
- More than 20 state agencies and/or federal agencies that could/should be incorporated into outreach and marketing activities.
- **California’s experience, tools and testing can benefit others states.** Because California’s population is so large and diverse, targeted testing done here can and should provide resources for other states. For instance:
 - The creative development of electronic and print material will be made available to other exchanges across the country.
 - Investments in focus groups, translation of materials and the development of paid media material addressing the 13 Medi-Cal threshold languages will provide other states with lessons and materials they can adapt to their own communities.
 - Efforts to work with national retailers or the entertainment industry will help shape the efforts of these partners in other states.
- **Creative for advertising (TV, radio, outdoor, print and other) must be developed during these two phases so that they are ready for use late in Phase II and into Phase III.**

We have been doing research to assess potential acquisition costs for the marketplace. We have evaluated spending strategies for other California public programs, private health plans and other Exchange efforts. What follows is a chart with three points of reference from our investigation that depict acquisition costs – cost per enrollee. We will continue this type of research as we develop final budgets.

Table 13: Comparison Cost per Enrollee	
Health Plan 1	\$200 - \$350
Health Plan 2	\$350 - \$550
Healthy Families (does not include costs for sales/phone help)	\$97
MA Connector	\$148

Advertising Budget to Sales Ratio

Another useful starting point for determining an advertising budget is to look at the advertising-to-sales ratios for a business category. Referred to as “percent of sales” method, this is one of several methods that companies use to set their advertising campaign budgets. We have used national research data to determine the average percent businesses in a given industry spend on

all advertising based on their total gross sales.¹⁴ The percentages vary by industry. Pharmaceuticals, for example, average above 8% and retail stores tend to be lower at 3%. The health insurance industry average for 2011 is 1.2 percent with expected growth for 2012 of 5.4%. We see this as a good starting point for setting the paid media budget. However, it is likely that the information to develop the health insurance average has been based on spending of already established companies. Launching this brand new marketplace will most likely require a greater investment than the average.

Given the information above, we developed the following budgets at each of the three levels of activity for phases I and II. The budget does not include Exchange, Department of Health Care Services or the Managed Risk Medical Insurance Board staff that will be integral to implementing this initiative. We are continuing to work with Project Sponsors to develop staffing requirements as they relate to various programs elements.

Table 14 in the next page is a breakout of budget options by level, with the Level 3 funding highlighted as it reflects the activity level adopted by the Project Sponsors.

¹⁴*Schonfeld& Associates (SAI) Business Research Reports. Advertising Ratios & Budgets is the source for the above data. This detailed report covers over 5,000 companies and 300 industries with historical 2010 advertising budgets, 2011 ad-to-sales ratios and ad-to-gross margin ratios, as well as 2011 and 2012 budget forecasts and growth rates.*

- Health Insurance 2011 Advertising Budgets as a Percent of Sales = 1.2%*
- Health Services Industry 2011 Advertising Budgets as a Percent of Sales = 4.5%
-

**Table 14: Level 1, 2 and 3 Budget Options for Phases I and II
Marketing, Outreach & Education (September 2012 – June 2013)**

	Phase I (Sept - Dec 2012) and Phase II (Jan - June 2013)	Phase I (Sept - Dec 2012) and Phase II (Jan - June 2013)	Phase I (Sept - Dec 2012) and Phase II (Jan - June 2013)
	Level 1	Level 2	Adopted by Project Sponsors Level 3
RESEARCH/TRACKING/MEASUREMENT			
Qualitative (one-on-one interviews)	178,000	405,000	537,000
Qualitative (small employer message strategy)	57,000	57,000	57,000
Qualitative Advertising Execution (focus groups): Level 1 and 2, n=8; Level 3, n= 20	89,942	89,942	235,000
Market Segmentation (phone): Level 1, n=2,000; Level 2, n=3,000; Level 3, n=4,400	471,279	651,625	1,172,643
Market Segmentation (mall intercepts): Level 1 and Level 2, n=2,000; Level 3 n/a	342,995	342,995	n/a
Consultant counsel, positioning, messaging, measurement/reporting of program activities and tracking	134,063	156,750	165,000
Other out-of-pocket (reports, phone, shipping, travel, etc.)	83,875	96,250	116,875
Subtotal	1,014,159	1,456,567	2,283,518
CREATIVE			
Program materials and advertising production in multiple languages (TV, radio, bulletins, posters, print ads (consumer and SHOP), digital/mobile, direct mail, grassroots) + outreach and education collateral and mail house	5,700,000	5,700,000	5,700,000
PAID MEDIA PLANNING			
Paid media planning/revisions	60,000	60,000	60,000
PUBLIC RELATIONS			
General + other	1,033,175	1,215,500	1,856,250
Latino	874,225	1,028,500	1,753,125
Asian Pacific Islander	492,745	579,700	825,000
African American	278,165	327,250	386,375
Out-of-pocket (wire releases, press events, media webinars, teleconferences, etc.)	158,125	187,000	220,000
Subtotal	2,836,435	3,337,950	5,040,750
DIGITAL			
Social media content and conversations, SMS response platform, social media measurement dashboard and publishing platform, social CRM website (varying levels of support at each level)	1,168,750	2,268,750	3,437,500
PARTNERSHIPS			
General + other	1,033,175	1,215,500	1,856,250
Latino	874,225	1,028,500	1,375,000
Asian Pacific Islander	492,745	579,700	756,250
African American	261,800	308,000	429,685
Other out-of-pocket (mail house, storage, partner materials, etc.)	140,800	165,000	288,750
Subtotal	2,802,745	3,296,700	4,705,935
EVENTS			
General + other	326,565	420,750	475,405
Latino	278,163	327,250	429,685
Asian Pacific Islander	198,688	233,750	395,315
African American	158,950	187,000	278,435
Out-of-pocket (displays, event registration, initial launch event costs and other expenses)	275,000	412,500	687,500
Subtotal	1,237,365	1,581,250	2,266,340
TOTALS	14,819,454	17,701,217	23,494,043

Notes:

- Figures in red are not calculated into the totals as they are options within the budget level.
- The paid media/advertising budget or any costs related to implementing sports team sponsorships are not included in Phases I and II.
- Figures above also do not include the awards or administration of the Outreach and Education grant program which are included in the Statewide Assistants Program Final Design Options, Recommendations and Work Plan.

APPENDIX I – COMPETITIVE AND OTHER STATE EXCHANGE INFORMATION

eHEALTHINSURANCE.COM

Over 2 Million Customers Insured

ONLINE/BRAND POSITIONING	<ul style="list-style-type: none"> • The largest online resource for affordable health insurance • For individuals and small business
PRODUCT POSITIONING	<ul style="list-style-type: none"> • Accessible, affordable health coverage • 10,000 plans from 180 companies
MESSAGES	<ul style="list-style-type: none"> • Can instantly research and compare benefits you want at affordable prices • Will help you find publically sponsored programs • Simple, fast and convenient way to shop • Service after the sale - human, caring, professional

MASSACHUSETTS

Title: The Health Connector
Health Insurance for Massachusetts Residents

www.mahealthconnector.org

ONLINE/BRAND POSITIONING	<ul style="list-style-type: none"> • Affordable and easy to use • An independent state agency that helps Massachusetts' residents find health insurance coverage and avoid tax penalties
PRODUCT POSITIONING	<ul style="list-style-type: none"> • Private plans offerings - Commonwealth Choice - offers many name-brand health insurance options, all of which carry the Health Connector's "Seal of Approval". Compares plans from the state's major insurers. Are an independent state agency so you can shop with confidence. • Public offerings - Commonwealth Care - the insurance program for uninsured adults who meet income and other eligibility requirements. Offers low-or-no cost health insurance for people who qualify. Comprehensive benefits and a choice of health plans. • Small business - the easiest way to offer health benefits to 50 or fewer employees and compare plans for the state's leading carriers.
MESSAGES	<ul style="list-style-type: none"> • Affordable, easy to get • The Connector website allows you to compare plans and get information - find the plan that is right for you • Choice of state-approved plans, the state is your independent trusted guide to help you find the best deal • All Massachusetts residents are required by law to have health insurance • For young men - protect yourself from unforeseen accidents or illness and financial ruin

COLORADO

Title: Under Development

www.GetCoveredCo.org

ONLINE/BRAND POSITIONING	UNDER DEVELOPMENT but options include: <ul style="list-style-type: none">• Easy to use health insurance marketplace that will help you find the best plan to meet your needs
PRODUCT POSITIONING	UNDER DEVELOPMENT but options include: <ul style="list-style-type: none">• Easy way to compare plans• Upfront financial assistance
MESSAGES	UNDER DEVELOPMENT but options include: <ul style="list-style-type: none">• Individuals<ul style="list-style-type: none">- Choose among plan options tailored to your affordability, needs- Tax credits and subsidies available to help offset costs- Financial ruin from unexpected injury or illness- Security of knowing expert guidance is just a phone call away• Small business<ul style="list-style-type: none">- Quality plans- Ease your administrative burden- Financial assistance to reduce the cost of premiums

WASHINGTON

Title: Under Development

Suggested options under consideration include:

Washington Healthlink: click.choose.breathe.

Washington HealthChoice: Your care. Your way.

HealthPath: Washington's Coverage Destination.

<p>ONLINE/BRAND POSITIONING</p>	<ul style="list-style-type: none"> • For individuals and small business owners facing the anxiety of finding health coverage on their own, the Washington Health Marketplace is the unbiased resource you need to compare plans and choose an option with confidence. • Key attributes: trustworthy, user friendly, good customer service, variety of options
<p>PRODUCT POSITIONING</p>	<ul style="list-style-type: none"> • Website that combines a wide range of health plan choices with the convenience and clarity of comparison-shopping tools • Customer-centric comparison website, designed to simplify the search and selection of health plan <ul style="list-style-type: none"> - Top product features – customer support, wide, unbiased range of choices, clarity with everything wrapped up into succinct offering • Reduces confusion, frustration and worry for individuals and small business owners
<p>MESSAGES</p>	<p>UNDER DEVELOPMENT</p> <ul style="list-style-type: none"> • A clear, trustworthy way to find, compare and purchase health coverage • Address anxiety around finding coverage – complicated, hidden pricing, no clear way to compare, limited choice • Need a straightforward way to figure out what is right for me

MARYLAND

Title: Under Development

<p>ONLINE/BRAND POSITIONING</p>	<p>UNDER DEVELOPMENT but options include:</p> <ul style="list-style-type: none"> • Educator rather than enforcer • Completely new way to get health insurance, simple
<p>PRODUCT POSITIONING</p>	<p>UNDER DEVELOPMENT but options include:</p> <ul style="list-style-type: none"> • Not stigmatized as an assistance product/program but a destination for choosing from qualified health plans
<p>MESSAGES</p>	<p>UNDER DEVELOPMENT but options include:</p> <ul style="list-style-type: none"> • “Now covered” campaign • Communicate the value of coverage, culture of health care • General public <ul style="list-style-type: none"> - Easier and more affordable for all resident to get the health insurance - Expanding choices available and requiring participation by individuals - Health security – regular doctor visits and preventive care - Health insurance provides you protection from financial risk - Take your coverage with you if you lose or change jobs • Uninsured <ul style="list-style-type: none"> - Health insurance will help you, provide preventive care (women) and protection from financial ruin (men) - The marketplace is making health insurance more affordable and easier to get - You may be eligible for subsidies that would lower the cost of health insurance - Everyone is required to have health insurance - Tailor your plan to meet your own needs and budget, get the information you need to compare coverage and make a decision that works for you, your family • Small Business <ul style="list-style-type: none"> - A new way to offer health insurance to your employees that is easy and more affordable - Health insurance is one of the best ways to recruit and retain talent - You can choose from a variety of plans and coverage options that will suit your budget and keep your employees protected

Centers for Medicare and Medicaid

ONLINE/BRAND POSITIONING	UNDER DEVELOPMENT <ul style="list-style-type: none"> • All in one place • Affordable • Simplicity - comparing, shopping, purchasing • Unbiased counselors
PRODUCT POSITIONING	UNDER DEVELOPMENT <ul style="list-style-type: none"> • Variety of coverage levels • Financial assistance, tax benefits • For businesses: bypass brokers, ability to offer more than one plan, one bill for different insurers, more control for employers and employees and plan meets minimum standards (approved)
MESSAGES	UNDER DEVELOPMENT <ul style="list-style-type: none"> • Value of coverage is peace of mind, security • Interest in affordable coverage is high • Provide basic information to consumers with little or no experience with health insurance, plain language

KAISER PERMANENTE

Thrive

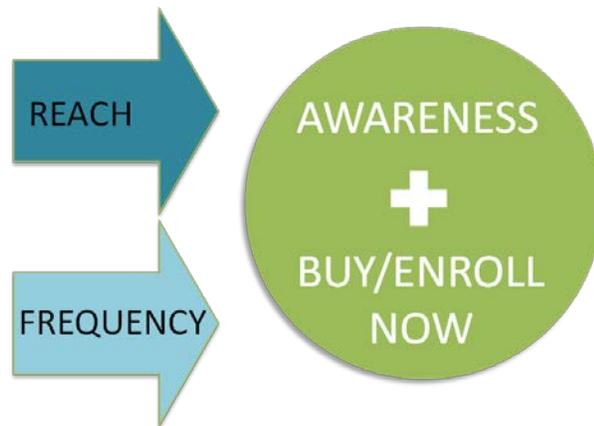
ONLINE/BRAND POSITIONING	<ul style="list-style-type: none"> • Total health • Commitment to prevention – ensuring greater health, not just treating illness
PRODUCT POSITIONING	<ul style="list-style-type: none"> • Integrated care <ul style="list-style-type: none"> - Adequate coverage - Capable doctors • Personal partnership with health care team that cares for and respects physical, emotional and spiritual well-being
MESSAGES	<ul style="list-style-type: none"> • Live well and thrive • Proactive health care – prevention

APPENDIX II –MEDIA PLAN EXPLANATION

High reach and strong frequency are required to meet the enrollment objectives in a short amount of time

1. Marketplace paid media plans require both a high rate of reach and frequency because we are introducing and building awareness of the marketplace but also asking the target to purchase/enroll now.
 - Reach plans are generally used when branding or awareness-building are the focus.
 - Frequency plans are generally used for more immediate response or a limited time offer.

Chart 7: Reach and Frequency to Increase Awareness and Motivate Action



DEFINITION:

Reach refers to the total number of different people exposed **at least one time**, to a medium during a given period. It is the number of people who are **exposed** to the medium and therefore have an opportunity to see or hear the ad or commercial. It is not a measurement of if they actually watched or heard the commercial.

Frequency is the average number of times they are exposed.

2. Additionally, several messages will be required since the target market is so diverse, with different acculturation levels, multi-generational with very different lifestyles and motivations for purchase.
 - Multiple messages, with varying benefits fragment the schedule's frequency to each individual target.
3. It takes time for reach to build to effective levels. Effective reach is considered to be exposing 50%+ of the target 5 or more times. Effective reach may need to be higher (50% 7+) since we are introducing the marketplace.

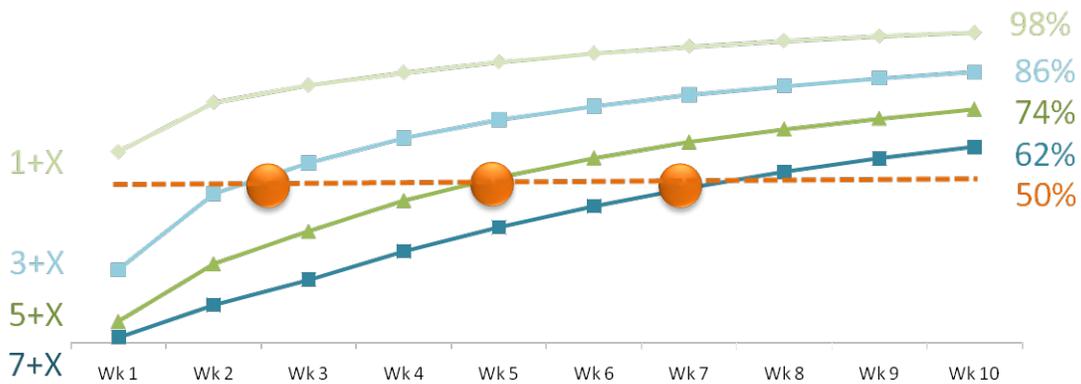
The chart below illustrates how the television reach and frequency will build over the fall open enrollment period at the proposed weight levels in Plan 2 and 3 (the medium and high

level). It shows that the schedule reaches the 50% 5+ time exposure in week 5 and the 50% 7+ exposure in week 7.

Please note that this is based on one creative message, multiple executions would reduce exposures to each individual message.

- For example, 74% could see at least one spot 5 or more times. If they were exposed to two messages the reach of each message could be reduced by as much as half.

Chart 8: Message Exposure



In the case of the high level recommended plan, we would expect to have three targeted messages (women 18-34, young men and adults 35-64) rotating through appropriate programming.

Layering radio on top of the television buy will increase reach more quickly reaching the 5+ and 7+ reach levels at a faster pace. Layering media will also help continue to build reach at the highest levels. For example, radio layered on top of the proposed television buy will increase the 5+ reach to 89% and the 7+ reach to 82%.

- Media scheduled (Plan 3) between open enrollment periods will do double duty; keeping awareness of the marketplace top of mind and retention of current enrollees. When off air for long periods of time awareness and recall generated are lost and therefore must be rebuilt from scratch on plan options without retention flights between open enrollment periods.
 - Approximately 10% of the previous week's awareness is lost each week without advertising (AMIC/Telmar).

Reach & Frequency

The following charts show the broadcast reach and frequencies for the three plans. Delivery for other mediums included in the proposed plans is shown in the impressions/exposures chart.

Table 14: Level 1 Broadcast Reach & Frequencies

2013	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 26	4 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30
TV & RADIO												
	TV Only											
1+X	87.0/6.0											
3+X	67.1%											
5+X	47.9%											
7+X	31.7%											
	93.4/23.0											
	83.8%											
	73.2%											
	63.4%											
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 29
TV & RADIO												
	Radio Only											
1+X	51.6/7.7											
3+X	33.1%											
5+X	24.4%											
7+X	18.9%											
	93.4/23.0											
	83.8%											
	73.2%											
	63.4%											
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 14 20 27	3 10 17 24 31	7 14 21 28	5 12 19 28	2 9 16 23 30	7 14 21 28
TV & RADIO												
	Radio Only											
1+X	56.4/26.6											
3+X	43.6%											
5+X	37.5%											
7+X	33.4%											

Table 15: Level 2 Broadcast Reach & Frequencies

2013	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 26	4 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30
TV & RADIO												
	TV Only											
1+X	92.1%/7.5											
3+X	75.7%											
5+X	59.4%											
7+X	44.2%											
	98.5/26.7											
	95.2%											
	89.4%											
	82.1%											
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 29
TV & RADIO												
1+X	87.0%/12.6											
3+X	67.9%											
5+X	53.0%											
7+X	42.2%											
	98.5/30.4											
	95.8%											
	91.3%											
	85.9%											
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 14 20 27	3 10 17 24 31	7 14 21 28	5 12 19 28	2 9 16 23 30	7 14 21 28
TV & RADIO												
1+X	98.5/30.4											
3+X	95.8%											
5+X	91.3%											
7+X	85.9%											

Table 16: Level 3 Broadcast Reach & Frequencies

2013	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	7 14 21 28	4 11 18 25	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 26	4 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30
TV & RADIO												
	TV Only											
1+X							92.1%/7.5			98.5/26.7		
3+X							75.7%			95.2%		
5+X							59.4%			89.4%		
7+X							44.2%			82.1%		
2014	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	6 13 20 27	3 10 17 24	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24	1 8 15 22 29
TV & RADIO												
	Radio Only											
1+X	87.0%/12.6				55.1%/16.3				98.5/30.4			
3+X	67.9%				40.5%				95.8%			
5+X	53.0%				33.5%				91.3%			
7+X	42.2%				28.7%				85.9%			
2015	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 14 20 27	3 10 17 24 31	7 14 21 28	5 12 19 28	2 9 16 23 30	7 14 21 28
TV & RADIO												
	Radio Only											
1+X	56.4%26.6						98.5/30.4					
3+X	43.6%						95.8%					
5+X	37.5%						91.3%					
7+X	33.4%						85.9%					

Impressions

The chart below summarizes the number of California impressions or exposures for each plan and mediums.

Table 17: Summary of Impressions

	PLAN 1			PLAN 2			PLAN 3		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
TV	318,882,525	182,788,150	0	452,285,133	452,285,133	386,959,833	452,285,133	452,285,133	386,959,833
Radio	272,717,314	334,431,214	272,717,314	272,717,314	396,145,114	272,717,314	483,797,614	461,919,718	356,627,368
Digital	562,826,584	709,349,619	620,503,466	604,741,195	886,373,080	667,872,623	604,741,195	1,040,219,234	898,641,854
Outdoor	18,018,264	18,018,264	52,470,090	64,482,266	64,482,266	52,470,090	64,482,266	64,482,266	52,470,090
Print-Total Circ	33,447,915	22,637,302	22,637,302	33,447,915	22,637,302	22,637,302	33,447,915	22,637,302	22,637,302
TOTAL/YR	1,205,892,602	1,267,224,549	968,328,172	1,427,673,823	1,821,922,895	1,402,657,162	1,638,754,123	2,041,543,653	1,717,336,447
TOTAL 3 YRS		3,441,445,323			4,652,253,880			5,397,634,223	

APPENDIX III - PRODUCT STRATEGIES REGARDING THE NEW MARKETPLACE

Product strategies include:

- Devise a product strategy to bring uninsured consumers an affordable health insurance product. This will include public offerings that already exist (Medi-Cal, Healthy Families, etc.) and new marketplace offerings that include subsidies and new private offerings that are competitively and affordably priced.
- Reinforce the overall brand ideal and positioning through the marketplace and its products.

The following promise has been proposed in initial thinking about the brand and products. However, through additional research we will continue to refine positioning and brand architecture to build the foundation for messaging:

The Marketplace Consumer Promise

- Accessible and welcoming to Californians, including people of diverse cultures, various language proficiencies, and economic, educational and health status.
- The place to shop for affordable, quality health insurance.
- Consumer focused, consumer-friendly simple enrollment experience (e.g., “no wrong door”).
- Simplifying the insurance enrollment/buying process.
- Customer service and care will be delivered with the upmost integrity, while being responsive, transparent, agile, reliable, accountable, and timely.
- The trusted source for insurance needs for eligible Californians.

Insurance Products Support the Marketplace Consumer Promise

- Affordable pricing, discounts (subsidies) and opportunities for insurance no matter your income or current health status.
- Options will include insurance at low or no cost for qualified individuals.
- New Marketplace Product Offerings (name TBD) insurance program with a variety of health plan and coverage options including Medi-Cal and Healthy Families programs – which may be renamed/rebranded.
- Affordable non-subsidized plan offerings from private insurers (e.g., Kaiser, Blue Cross, Blue Shield and more).