



Health Care for All!

Maryland Citizens' Health Initiative
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October 5, 2010

**Governor's Coordinating Council on Health Care Reform, Education and Outreach
Workgroup
Co-Chair Marilyn Moon, Commission Chair, Maryland Health Care Commission,
Co-Chair Joy Hatchette, Associate Commissioner, Maryland Insurance Administration
and Ms. Alycia Steinberg**

Dear Chairwomen and staff,

The Maryland Health Care for All! Coalition is made up of over 1,200 health care, business, faith, labor, and community groups from around Maryland that have endorsed our Health Care for All! Plan. Our Coalition strongly believes that all Marylanders should have access to quality and affordable health care.

We have appreciated being a part of the Coordinating Council's process for reviewing the new funding, enrollment and coverage opportunities under the Patient Protection and Affordable Care Act (ACA). Based on the comments shared at the last workgroup meeting, we would like to provide input to further focus the group's strategy to maximize awareness of new coverage opportunities and regulations under federal health care reform.

- Community-based nonprofits serve as a trusted hub of information for residents seeking coverage and should be added as a central stakeholder in the workgroup's process.
- Messaging about coverage opportunities and regulations must be clear, concise and culturally appropriate.
- The state should fully utilize federal resources for outreach and education from the healthcare.gov website to grants for campaigns that are well coordinated and accessible to all of the state's residents.

Community-based nonprofits have much to contribute to education and outreach.

Trusted Source

Community-based nonprofits earn the respect of the communities they serve through helping to meet basic needs and serve as a conduit for resources from the local and state government. Members of the workgroup cited the numerous outreach events hosted by the Maryland Insurance Administration, but there was very little mention of the organizations that hosted these events. MCHI would like to encourage the workgroup to look to these partners as the main messengers for the new health care system because they will be the organizations most likely to field questions about it from community members.

Using community-based nonprofits as the messengers can help expedite the spread of timely information about the reformed health care system and help combat misinformation that is all too



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prevalent in our current public discussion. Empowering trusted local leaders to carry this message to their communities can greatly assist in greater participation in the exchange, subsidies and public programs.

Field Experience

Professionals working at community-based nonprofits are experts on what works best in their communities in terms of outreach and education campaigns. For example, on September 23, 2010, our organization hosted two presentations at University of Maryland and Towson University to earn media coverage and raise awareness about the first round of provisions of the ACA to go into effect. These measures included many regulations to end insurance company abuses and a provision to allow young adults to stay on their parents' health insurance until they turn 26. We hosted nearly identical press events at the two schools in 2008 when the state expanded family coverage to young adults up to age 25. Our organization was able to swiftly plan these press events last month using partnerships and the model we had established back in 2008. These events were featured on the front page of the Baltimore Sun and earned many hits from web-viewers.

Our organization rose to the challenge of raising awareness about the newly enacted provisions of ACA and because of our field experience we were very successful. We, like other community-based nonprofits are happy to work with the state to tailor these messages and craft the strategy to disseminate relevant information about newly enacted regulations and coverage opportunities.

Messaging must be clear, concise and culturally appropriate.

Clear & Concise

One of the most insurmountable barriers to coverage for Maryland residents who qualify for coverage under publicly subsidized programs is that the information about the programs are too difficult to understand. Eligibility criteria are complex and the enrollment process demands that applicants be well organized and well informed. MCHI hopes that under the newly reformed health care system, information about new coverage opportunities will be clearly stated and that there will be a place—virtual or physical—where people can turn to for more information about how the new system can meet their individual needs.

We encourage the state to take up the offer from the University of Maryland School of Public Health's Health Literacy department to test promotional messages and materials to ensure a manageable literacy demand of materials for the target audience prior to the full roll-out of the program. We also recommend that the work group consider the excellent work by the National Partnership for Women and Families' Campaign for Better Care to make sure that new structures under health reform are easily described and serve the needs of our most vulnerable residents. This is based on an appreciation for the fact that if the most vulnerable consumers are well-served, so will the rest of the population.

As was also stated in the previous meeting, MCHI agrees that it is important for the workgroup to address messaging challenges around the requirement to purchase health insurance, rather than



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simply sticking to a model of traditional program-based outreach. We are currently working on this issue through the course of our advocacy work with fellow public health advocates in Massachusetts and other states and would appreciate the opportunity to work with the state on further fine-tuning these messages.

Culturally relevant

Participants in the last workgroup meeting stressed the importance of crafting educational messages that are culturally appropriate and relevant to consumers with the example that an approach that works well in Baltimore City may not be successful in Western Maryland. This is also an area where community-based nonprofits can lend valuable insight. It would be excellent to have materials translated in many languages including Spanish, French, Russian, Mandarin, Korean and Vietnamese. We further recommend that resources be allocated to reputable local organizations within a strong educational framework to provide for excellent, culturally appropriate outreach at the local level.

Significant resources should be invested to ensure well-coordinated outreach.

Resources & Coordination

Our organization coordinated two major Medicaid outreach campaigns in Baltimore City with Baltimore HealthCare Access and Prince George's and Charles Counties with the United Way's 2-1-1 hotline; from these campaigns we have learned the value of coordination between multiple players to facilitate improved program participation. We raised over \$350,000 for this effort which included peak radio air-time featuring ads with Governor Martin O'Malley and local NFL heroes Ed Reed in Baltimore and Chris Samuels in Prince George's and Charles Counties, hotline support services and community outreach workers. Since 2008, this model has helped over 15,000 Marylanders get enrolled in the state's program. Samples of our outreach materials are attached for the workgroup's reference. This was a very successful model that is being considered by national groups to be replicated across the country. It could be an effective and relatively efficient model to be replicated across the state. The most important lesson we learned from this is that the up-front investment in outreach and education facilitated many more people gaining access to preventive services, improved continuity of care and more informed and proactive applicants. This is a standard to which MCHI believes the state should strive for all education and outreach relating to the new health care system.

Investment in outreach and education will be directly proportional to the degree to which the state successfully implements federal health care reform. While the workgroup's leadership has indicated that minimal funding will be available for outreach, MCHI encourages the state to maximize current resources and explore new funding strategies to support a powerful outreach campaign. One specific example of how the state could do this would be to save the money that would have otherwise been spent on building and maintaining new website to explain the state's new health care system and instead coordinate with the administrators of the healthcare.gov website to ensure that information posted about for Maryland audiences is up-to-date, accurate and tailored to include state-only programs. The state could benefit from the excellent website administration of the federal site, free promotion from federal efforts, a certain degree of



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consistency for residents who frequently move to and from neighboring states, and an opportunity to lead the nation in tailoring this national tool to the unique needs of our state.

Conclusion

MCHI thanks the workgroup for your hard work in this area. MCHI is a dedicated partner in these efforts to ensure that all Marylanders are fully aware of their new coverage rights and responsibilities. As we move forward, it will be very important to involve more community-based nonprofit partners with the state's outreach work to ensure that all messaging is relevant, understandable and optimally positioned for easy access. We look forward to moving forward with you in this effort.

Sincerely,

A handwritten signature in cursive script that reads 'Vincent DeMarco'.

Vincent DeMarco, President