

Connecticut Health Insurance Exchange Outreach and Education Program Introduction and Project Update

Mintz & Hoke Communications Group is tasked with developing a public outreach and education program for Connecticut's Health Insurance Exchange, through a partnership with the Consumer Experience and Outreach Advisory Committee. The enclosed materials provide an introduction to the outreach initiative, as well as current progress and next steps.

1. Mintz & Hoke Credentials and Relevant Experience

- Introduction to Mintz & Hoke as a communications partner.
- Provides background on related experience, capabilities and approach.

2. Communications Outreach Process Model

- Schematic of process for foundational, community and consumer learning phases of program.
- Details work completed, in progress and proposed.

3. Outreach Discussion Forums and Market Exploration report

- Findings, implications and conclusions from foundational learning phase.
- Identifies need and recommends interim educational communications strategy.
- Provides guidance for consumer research design.

4. Summary of Key Findings of Audit of Existing Research

- Identifies key learning and best practices from experiences of other States.
- Informs strategy, message development, research modeling and communications approach planning.

5. Bridging Communications Plan

- Rationale, strategy and tactical recommendations for bridging informational campaign to generate understanding and support for exchange program status and progress.

6. Consumer Outreach Research Proposal

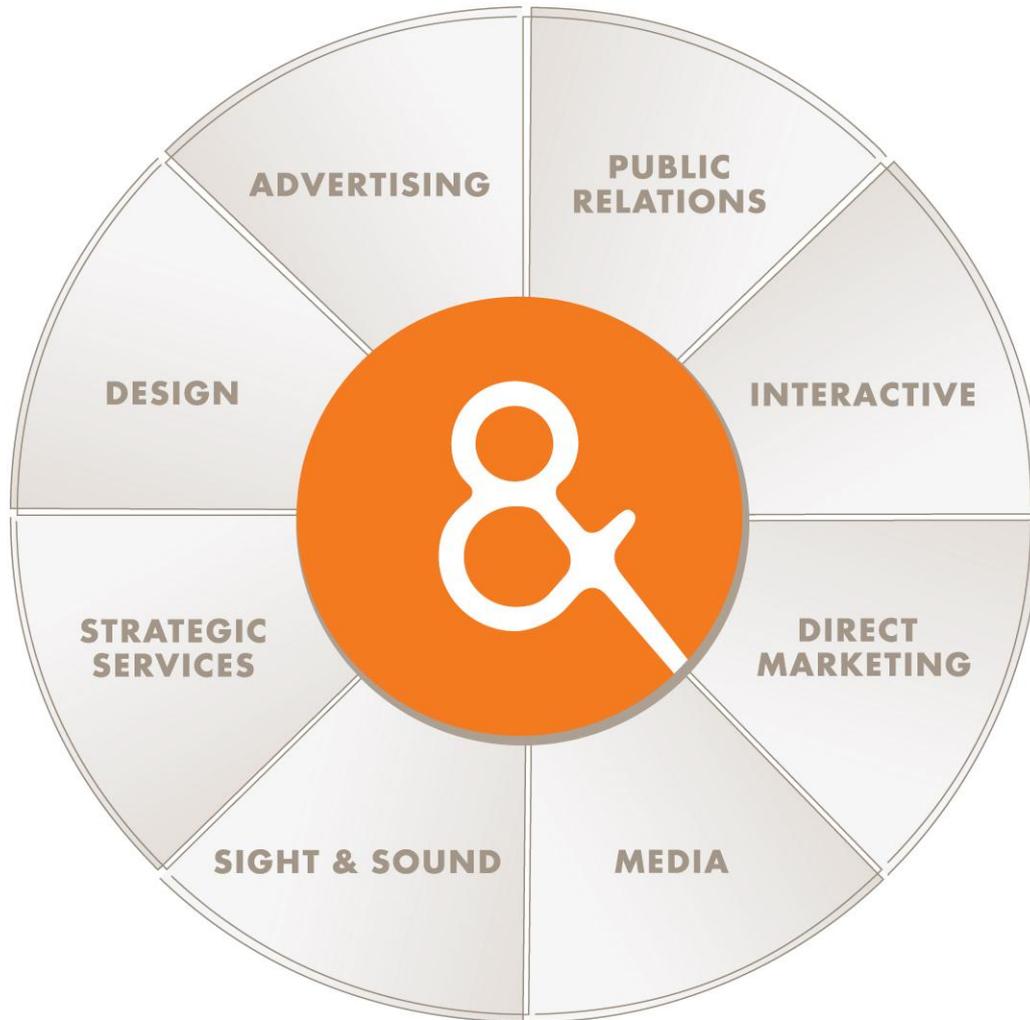
- Proposal for consumer message development study.
- Identifies methodology for outreach and recruitment of representative samples of all statewide consumer groups. Introduces role of multi-cultural agency and research partner.
- Provides description of phase one of consumer research approach.
- Sets basis for creative development and subsequent quantitative consumer research study.

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Help clients win.

Mintz & Hoke At A Glance

- Founded in 1971. Independently held.
- \$50 million billings/50 employees
- Business-to-business and business-to-consumer concentration.
- Help make the complex sale happen.
- Health and wealth of category acumen.



Three Decades of Healthcare Experience

Aetna Health Plans

Community Health Center

Connecticut Children's Medical Center

Connecticut Department of Public Health

Connecticut Department of Social Services

Nashua Hospital

Partnership for Long Term Care

Saint Francis Hospital

Saint Vincent's Medical Center

Waterbury Hospital Health Center

AIDS Prevention Programs

Community Health Plan

Connecticut Department of Mental
Health & Addiction Services

Kaiser Permanente

New Wellesley Hospital

Pilgrim Health Care

Saint Joseph Medical Center

UConn Health Center

Winsted Memorial Hospital

Areas of Expertise

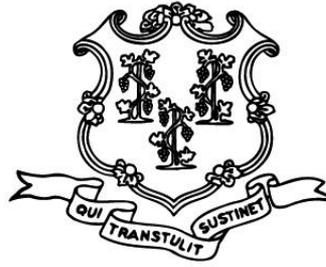
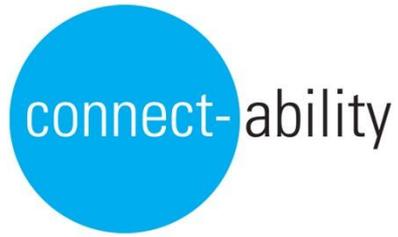
Social Issues

Anti-Stigma/People With Mental Illness
Special Olympics
Elder Care
Domestic Violence
Teen Pregnancy
Compulsive Gambling
Breast Cancer Awareness
Child Abuse
HIV/AIDS Education
Teen Gambling
Skin Cancer Awareness
Children's Healthcare
Children's Nutrition
Mentoring Programs
Homelessness
Traffic Safety/Seatbelt Use
Drug Abuse
Poverty

Constituencies

CEO'S/CFO'S
Legislators
State Executive Branch
Human Resources Managers
Benefits Managers
Health And Safety Committee
Community Leaders
Connecticut Residents
People With Disabilities
Family Members
Latino Community
Care Givers
Non-Governmental Organizations (NGO's)
Opinion Leaders
Connecticut Press Corps
Civic Organizations
Trade Unions
Military

Relevant Experience



Relevant Program Engagements



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By sharing her story about living with bipolar disorder, Attorney Kathy Flaherty is breaking the silence for anyone with a hidden disability. It's all part of helping employers and job seekers with disabilities come together. At Connect-Ability, we offer tools, information and support to do just that. To get connected, call 1.866.844.1903 or visit connect-ability.com. See the ability. See how we can work together.

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Connect-Ability is managed by Connecticut Department of Social Services.
Funded by the Centers for Medicare & Medicaid Services.

Relevance to Connecticut Health Insurance Exchange:
Diverse stakeholders, health disparities, cultural sensitivities,
health and welfare-related, hard-to-reach audiences,
full strategic and multi-media implementation program.

**See the ability.
See how we can work together.**

connect-ability

Find out how Connect-Ability has the resources that bring Connecticut's employers and people with disabilities together. Call 1.866.844.1903 or visit connect-ability.com.



H1N1 Influenza: In a public health crisis, getting word to the whole State. Fast and effectively.

Relevance to Connecticut Health Insurance Exchange: Health and welfare-related, statewide campaign, multi-lingual and multi-media implementation program.

Friends Don't Give Friends the Flu
Tips for keeping the flu from spreading

- Get vaccinated.** The flu vaccine is the single best way to protect yourself and others from the flu.
- Cover it.** When you cough or sneeze, make sure it's into a tissue or your sleeve.
- Wash up.** Wash your hands often, using plenty of soap and warm water. Or use alcohol-based hand sanitizers.
- Stay home.** If you are sick or have a fever, the best thing you can do for yourself and others is to stay home. Get plenty of rest, drink a lot of fluids and use medicine to lower your fever as needed.*

*Never give aspirin to anyone under the age of 20 as it's linked to a life-threatening illness called Reye's syndrome.

For more information on preventing the flu, go to www.ct.gov/ctfluwatch.

DPH up your FLU IQ

Cuidados en el hogar Home flu care

aumente su up your
FLU IQ **FLU IQ**

Un ser querido tiene gripe: ¿cómo cuidarlo en casa? Someone you love has the flu: how to care for them at home.

Ingrese en www.ct.gov/ctfluwatch o llame al 211 DPH www.ct.gov/ctfluwatch or call 211 DPH



Breast Cancer Prevention: Overcoming the fear factor to save lives.



Relevance to Connecticut Health Insurance Exchange:
Diverse stakeholders, hard-to-reach audiences, health and welfare-related.



Bringing together complex and occasionally contentious constituencies.



Relevance to Connecticut Health Insurance Exchange:
Multiple stakeholders, health disparities, health and welfare-related, major change in healthcare delivery, full strategic and multi-media implementation program.



HIV Awareness and Prevention: Reaching the unreachable with sensitivity and understanding

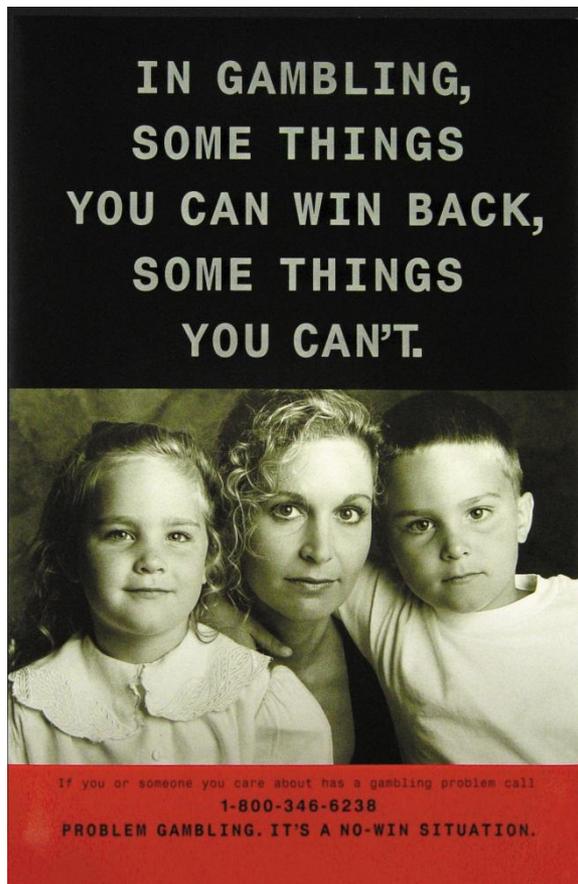


Relevance to Connecticut Health Insurance Exchange: Diverse stakeholders, health disparities, cultural sensitivities, hard-to-reach audiences (including GLBT, IV drug users, etc.), multi-lingual, full strategic and multi-media implementation program.





Problem Gambling: Breaking down unbreakable barriers.



Relevance to Connecticut Health Insurance Exchange: Research and messaging with diverse and hard-to-reach audiences, health and welfare-related, statewide campaign and multi-media implementation program.

Teen Pregnancy & Statutory Rape: Changing dangerous behavior by the innocent, and the guilty.

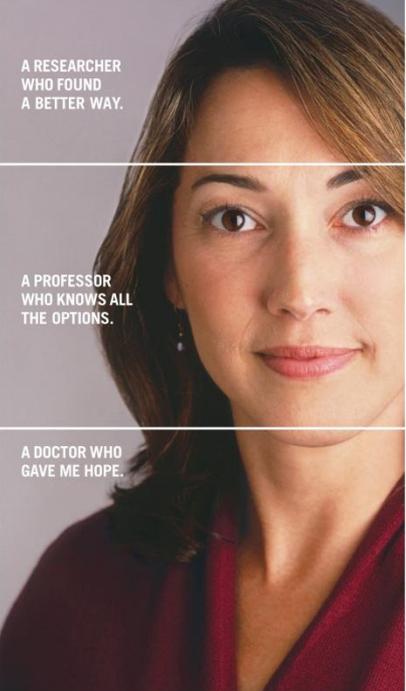


Relevance to Connecticut Health Insurance Exchange: Health disparities, cultural sensitivities, diverse and hard-to-reach audiences (including urban under-privileged, teenaged girls, Hispanic), tailored messages, full strategic and multi-media implementation program.



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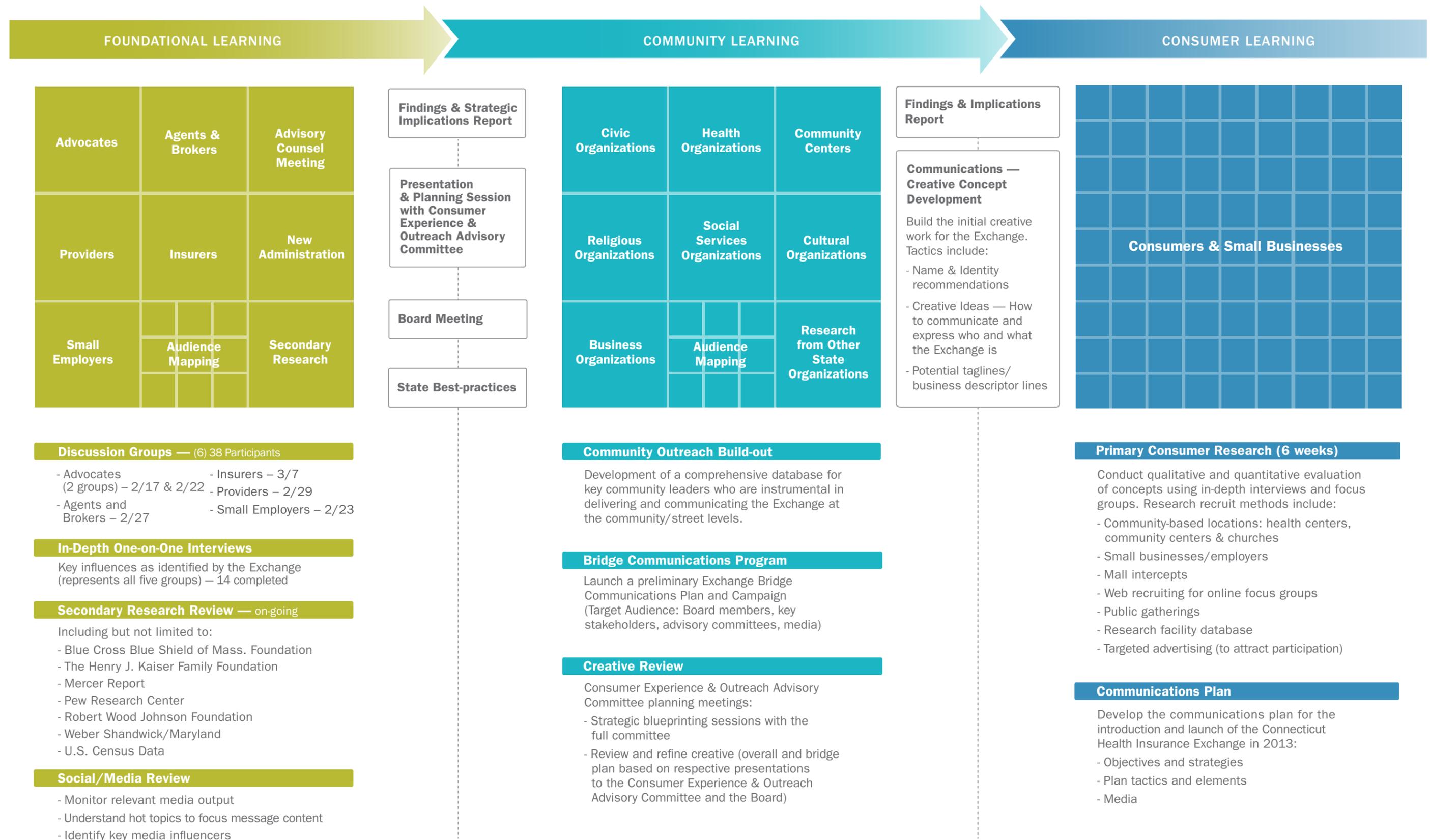
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Relevance to Connecticut Health Insurance Exchange:
Health and welfare-related, research with diverse stakeholders, full strategic and multi-media implementation program.



CONNECTICUT HEALTH INSURANCE EXCHANGE— COMMUNICATIONS OUTREACH MODEL



FOUNDATIONAL LEARNING

Advocates	Agents & Brokers	Advisory Counsel Meeting
Providers	Insurers	New Administration
Small Employers	Audience Mapping	Secondary Research

Discussion Groups — (6) 38 Participants

- Advocates (2 groups) – 2/17 & 2/22
- Agents and Brokers – 2/27
- Insurers – 3/7
- Providers – 2/29
- Small Employers – 2/23

In-Depth One-on-One Interviews

Key influences as identified by the Exchange (represents all five groups) – 14 completed

Secondary Research Review — on-going

- Including but not limited to:
- Blue Cross Blue Shield of Mass. Foundation
 - The Henry J. Kaiser Family Foundation
 - Mercer Report
 - Pew Research Center
 - Robert Wood Johnson Foundation
 - Weber Shandwick/Maryland
 - U.S. Census Data

Social/Media Review

- Monitor relevant media output
- Understand hot topics to focus message content
- Identify key media influencers

Findings & Strategic Implications Report

Presentation & Planning Session with Consumer Experience & Outreach Advisory Committee

Board Meeting

State Best-practices

COMMUNITY LEARNING

Civic Organizations	Health Organizations	Community Centers
Religious Organizations	Social Services Organizations	Cultural Organizations
Business Organizations	Audience Mapping	Research from Other State Organizations

Community Outreach Build-out

Development of a comprehensive database for key community leaders who are instrumental in delivering and communicating the Exchange at the community/street levels.

Bridge Communications Program

Launch a preliminary Exchange Bridge Communications Plan and Campaign (Target Audience: Board members, key stakeholders, advisory committees, media)

Creative Review

- Consumer Experience & Outreach Advisory Committee planning meetings:
- Strategic blueprinting sessions with the full committee
 - Review and refine creative (overall and bridge plan based on respective presentations to the Consumer Experience & Outreach Advisory Committee and the Board)

Findings & Implications Report

Communications — Creative Concept Development

- Build the initial creative work for the Exchange. Tactics include:
- Name & Identity recommendations
 - Creative Ideas — How to communicate and express who and what the Exchange is
 - Potential taglines/business descriptor lines

CONSUMER LEARNING

Consumers & Small Businesses									
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Primary Consumer Research (6 weeks)

- Conduct qualitative and quantitative evaluation of concepts using in-depth interviews and focus groups. Research recruit methods include:
- Community-based locations: health centers, community centers & churches
 - Small businesses/employers
 - Mall intercepts
 - Web recruiting for online focus groups
 - Public gatherings
 - Research facility database
 - Targeted advertising (to attract participation)

Communications Plan

- Develop the communications plan for the introduction and launch of the Connecticut Health Insurance Exchange in 2013:
- Objectives and strategies
 - Plan tactics and elements
 - Media

Consumer Outreach Discussion Forum & Market Exploration Initial Findings, Conclusions

Connecticut Health Insurance Exchange

April 10, 2012

ALL GROUPS

Findings

- *Lack of information about the ultimate configuration of the Exchange is reinforcing an atmosphere of negativity.*
- Lots of skepticism within all groups. There is doubt that the Exchange will fulfill anyone's expectations.
- Fear of the disruption to the status quo cuts across all groups – consumer advocates, healthcare providers, small employers, insurers and agents/brokers.

Findings

- The word “Exchange” is very confusing. When coupled with the word “Insurance,” for consumer advocates, it’s a double negative.
- What is the Exchange physically? A web site, brick and mortar, face-to-face interaction with real people?
- Interpretations of who and what a navigator is are infinitely varied. This creates more confusion and frustration.

Conclusions

- Develop a bridge communications campaign to start the process of building trust and confidence in the short-term effectiveness and the long-term viability of the CT Health Insurance Exchange.
 - Tactics to include:
 - Regular email periodical to key stakeholders.
 - Public relations outreach.
 - Social listening and strategy.
 - Build-out of an interim microsite.

Conclusions

- Develop an alternative name that is less confusing and off-putting than *CT Health Insurance Exchange*.
- Communications need to be clear, simple, welcoming and inclusive. We cannot over claim or overpromise. We cannot put forth information that will change in the future.

CONSUMER ADVOCATES

Findings

- The overwhelming negative perception of health insurance casts a dark shadow over the Exchange.
 - Insurance paperwork and jargon is too confusing and coverage perceived as too restrictive – leading to frustration, uncertainty and ultimately mistrust.
- Pervasive fear that the Exchange will not be adequately inclusive (will my constituents have access?).
- Major concerns about the Exchange’s ability to deliver true affordability.
- Access to healthcare providers remains a critical concern. “How do we go beyond the emergency room?”

Findings

- Consumer advocates insist on a “No wrong door” approach to enrollment.
- Universal belief that the only way to reach consumers is to engage influential community leaders/trusted advisors.
- Fear of disruption to existing support channels within advocacy networks and community organizations.
- Will my constituents who have providers be able to continue seeing their doctor?

Conclusions

- The Exchange needs to evolve beyond an unknown, faceless concept into a living, breathing entity with a better name, and a more forthright statement of purpose.
- The following positioning concepts are potentially powerful approaches for Exchange communications:
 - Ability to provide care for family and loved ones (potentially far stronger than people's self-regard).
 - Personal dignity that choice now affords.
 - Ability to avoid financial catastrophe.
 - A sense of civic duty – join your friends, family and community to help improve everyone's health.

SMALL BUSINESSES

Findings

- The number of employers offering insurance is shrinking. Worry that if they can't afford to offer health insurance, they won't retain employees.
- Small employers in minority communities are just as distrustful of the insurance industry as individuals. Need to know someone they trust from within their community endorses the program.
- Getting employers to take action will be a challenge. They will open the door to check out rates, but taking the purchase step and offering insurance is a bigger challenge.

Findings

- Many rely on agents and brokers to help them understand their options. There is a desire for brokers to have a role with the Exchange offering, but “If agents want to be viable, they will have to evolve.”
- Decisions about health insurance are based heavily on cost. “They want to know what the best health benefits are that they can offer their employees without breaking the bank.”
- Since 45% of small employer plans do not reach the bronze level, there will be hesitance to join the Exchange due to real or perceived cost increases.

Conclusions

- “Keep it local.”
 - Partner with community leaders and chambers of commerce who have the trust of their neighbors to engage hard-to-reach small employers, and deliver messages in culturally appropriate ways.
 - Leverage existing relationships between brokers and employers. Empower the broker with information about the Exchange, to help those employers who choose to use a traditional broker better understand their options.

Conclusions

- Possible message approaches that would resonate with small employers:
 - Take control of healthcare for your employees.
 - Offers the ability to shop and compare.

AGENTS AND BROKERS

Findings

- Perceive lack of incentive for a wide group of consumers to participate. Penalties are not enough to encourage enrollment.
- Question what their financial incentive (commission) is going to be.
- Worry about heavily weighted enrollment numbers from high-cost consumers with pre-existing conditions, leading to adverse selection and a financially unsustainable program.
- Insurers and agents/brokers see lots of choice and options as a desirable characteristic of insurance plans. This runs counter to how consumers and providers regard insurance. To them, excessive options equal complexity, which breeds distrust.

Conclusions

- Need clear definition of role and purpose.
- Need to know how they fit in with navigator role.
- Need assurance that this is an economically viable pursuit.
- Need assurance that their interests are respected.

PROVIDERS

Findings

- Information about patients' health benefits is not available to their providers, who are often approached as an information resource.
- Concerned that a surplus of new patients without enough primary care physicians or specialists will lessen the Exchange's ability to deliver on access to care.

Findings

- Exchange needs to avoid the stigma associated with public health plans like Medicaid. “Am I going to get the ‘leave-behind’ care?”
- Patients are diverse and do not trust mass media billboards from insurance companies. They trust their own experience, their families, their providers and their organizations.

Conclusions

- Use common, jargon-free language, so consumers and providers can clearly understand their benefits. “You don’t mind being a partner to your patient if you truly can understand their benefits.”
- Exchange brand must clearly convey its offering without looking like an insurance carrier. “Are we going to call it the same thing and say it’s different?”
- Deliver messages in culturally appropriate ways through local community channels that consumers are comfortable with.

Conclusions

- Message points and approaches to consider:
 - Importance of primary care in staying healthy and keeping costs down.
 - Pride associated with obtaining health insurance for individual or family.
 - Assurance of access to a substantial, organized, reliable provider network.

INSURERS

Findings

- Believe that uninsured individuals and small employers often don't understand the options available to them.
- Recognize that language and lack of understanding of how insurance works are barriers for communication.
- Feel that success hinges on providing a lot of choice in products that individuals and small employers can purchase.
- Massachusetts fought the existing distribution model, not recognizing the relationships between brokers and small employers, which led to smaller penetration.
- Believe people will be looking for information from someone they trust, who is neutral, who can explain in words they understand.

Conclusions

- Fight the natural tendency of insurance people to overcomplicate and fall back on jargon.
- Focus on simplicity, (reasonable) choice, and ease of access.
- Deliver information through established channels – respect the relationship between the individual and their community leader, and between the small employer and their broker or trusted advisor.

STATE FINDINGS

Lessons from Other Efforts

- Focus on raising mass awareness of the Exchange and driving use of website and other customer service resources.
- The uninsured include working families, younger adults, and older adults facing job-loss. Work in small businesses and seek health services at health clinics and ER.
- Extensive consumer research and ongoing feedback are key for evaluation and refinement of positioning and messaging.
- Messages should focus on personal benefits of health insurance: preventive care and protection from financial risk.
- Use culturally and linguistically appropriate language to present honest, concrete information in a relatable way.

Lessons from Other Efforts

- Partnerships with community leaders are pivotal for engaging head-to-reach audiences.
- “Feet on the ground” approach: public forums, hosted seminars, presence at local community or cultural events.
- In-community collateral: flyers, posters, brochures, paycheck stuffers, bus sides.
- PR/Social: communicate with influencers, manage any negative commentary.
- Broadcast: minimize cost, focus on frequency in targeted local radio and television.

Lessons from Other Efforts

- Communicate that getting coverage is easy and affordable. People need to believe coverage is achievable so they will engage.
- Leveraging mandates or fines has not proven to be effective.
- Have specific cultural programs ready for implementation, e.g., In Massachusetts, a second year focus on young Hispanic males, with custom program.
- To measure success or underachievement requires quantitative benchmarks in place at campaign's launch.

Connecticut Health Insurance Exchange

Consumer Outreach Program Best Practices Lessons Learned from Audit of Existing Research

April 10, 2012

Task Description

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 were signed by President Obama in March 2010, becoming commonly known as the Affordable Care Act (ACA) or health care reform. The laws are intended to improve access to healthcare and coverage, in part by requiring each state to establish a Health Insurance Exchange by January 1, 2014.

In August 2011, Connecticut was awarded a federal Level One Establishment Grant for the planning and implementation of the Connecticut Health Insurance Exchange (Exchange), with a focus on administrative structure, business operations, and a consumer support program.

The Exchange has charged Mintz & Hoke Communications Group with the task of planning and developing a consumer outreach program designed to educate Connecticut residents about the Exchange, and empower them to make informed decisions about their healthcare.

In January 2012, Mintz & Hoke initiated analysis of the efforts made by other states in the development and implementation of their own exchanges, and evaluated studies from subject matter experts and past efforts in Connecticut to identify lessons learned and best practices to apply to the State's initiative.

This research analysis serves as the basis for this report, which is intended to lay the groundwork for a successful and appropriate consumer outreach effort.

Focus on raising mass awareness of the Exchange and driving use of website and other customer service resources.

Much of the challenge faced by Connecticut and other states has been an overall lack of understanding of what health reform entails, and what a health insurance exchange offers. Coupled with an overwhelming distrust of the health insurance industry and a perception that insurance is either unaffordable or inaccessible, the State faces an audience that will be hesitant to participate.

The public needs education about what the Exchange is, how it can be accessed, and where to go for assistance navigating the system. Messaging around the Exchange must clearly indicate how to learn more about the Exchange and the options available. The website is an obvious resource for information, but as indicated by many states participating in the EnrollUX2014 program, people have varying levels of comfort interacting with a website on their own. People must be made aware of who they can turn to as a guide in a traditionally complex decision-making process.

Focusing on these two objectives proved successful in Massachusetts, resulting in the lowest uninsured rate in the country within one year of implementation.

The uninsured include working families, younger adults, and older adults facing job-loss.

In other states and in Connecticut as well, Exchange communications need to appeal to an increasingly diverse audience. This audience has been segmented by other states like Massachusetts and Maryland based on its members' experiences and motivations. Demographics of the uninsured in Connecticut support these segments.

- Working families who understand the importance of health insurance but cannot afford the costs and do not qualify for Medicaid, or have fluctuating income levels that leave gaps in Medicaid coverage. Often face obstacles to accessing the healthcare that range from lack of information, language barriers, and distrust of the system. May suffer from preventable illnesses due to lack of primary care, or live with pre-existing conditions and are newly able to access healthcare coverage.
- Younger, single adults who have aged out of their parents' insurance coverage and work, but are relatively healthy and do not think the benefits of health insurance outweigh the costs. This audience skews male. Often referred to as the "immortals" or "invincibles."
- Entrepreneurs who are self-employed and may or may not have employees. This group makes decisions about whether to purchase health insurance based heavily on cost, and tends to rely on their broker or agent to help them explore their options.
- Recently unemployed older adults who have been accustomed to slightly higher incomes and employer-provided health insurance coverage. May have re-entered workforce at a lower employment level and have less dispensable income. Often referred to as "Tweeners" by other states.

To pursue the Exchange's goal of reducing the number of uninsured within the state, the primary target audience of the consumer outreach program should consist of uninsured individuals who are most likely to benefit and small employers that are least likely to currently offer coverage.

As seen in Massachusetts, there will be a need to follow the initial influx of enrollees by releasing message appeals to younger adults, particularly males, who tend to view health insurance as less important and would be less likely to enroll without a focused message campaign focusing on value.

Extensive consumer research and ongoing feedback are key for evaluation and refinement of positioning and messaging.

With an uninsured and underinsured population as diverse as this, it is important to understand the range of different perceptions, points of apprehension, and needs that exist in order to develop a message that is relevant and inspires action.

That message once developed must be tested, refined and retested with audiences to ensure it is understandable, memorable and well received before public release.

In order to ensure that messages remain effective long term, the Exchange must seek ongoing feedback and evaluation from the public so that information can be refined, repackaged, and delivered differently as needed. Health reform is an ongoing process and the outreach program must be ready to respond to new developments as time goes on.

It is also important to set specific campaign performance indicators prior to launch, in order to quantitatively measure effectiveness and determine how to refine ongoing communications.

Messages should focus on personal benefits of health insurance: preventive care and protection from financial risk.

Across all research participant segments, Massachusetts found that messages focused on the personal value tied to having health insurance were most positively perceived; however, the nature of that value different among participants. They found that men are more motivated by protection from financial risk, versus women who are more motivated by access to preventive healthcare.

While messages about the law and associated penalties were seen as the most likely to produce actual enrollment during research, in execution Massachusetts found that people did not perceive the cost associated with the penalties as reason enough to enroll through the Connector. Communications should focus more on personal benefits than civic duty to be more effective.

Audiences referenced by all states have placed a very high importance on affordability and access. To varying extents, audience members have many things competing for their disposable income. All audiences face barriers to accessing healthcare to different degrees as discussed above. All messaging must communicate that getting coverage is easy and affordable. People need to believe coverage is achievable so they will engage.

Use culturally and linguistically appropriate language to present honest, concrete information in a relatable way.

Research in Massachusetts found that consumers responded better to messages presented in a down-to-earth, relevant fashion. Testimonials by real customers who are a part of the target audience were more successful than those featuring celebrities, since research participants found that real people who have struggled with insurance costs to be more credible.

The objective of the Exchange is to reduce the amount of people in Connecticut who are uninsured, regardless of whether they enroll in a plan offered through the Exchange or otherwise. The information presented in the Exchange outreach program must use an honest, informative approach, rather than a promotional, “sales-y” tone. This will help people to make better, more informed decisions about what option is best for them, and will also help the Exchange to separate its voice from health insurance providers.

All messaging must be tailored to meet the cultural and linguistic needs of a multicultural audience that has traditionally faced major barriers to healthcare access. Materials must be translated and also evaluated for cultural relevance.

Materials must also present information without the use of industry jargon. Consumers and even experienced stakeholders have difficulty deciphering the language commonly used by insurers.

Partnerships with community leaders are pivotal for engaging head-to-reach audiences.

In Massachusetts, it was very important to build relationships with the advocacy groups and local community leaders to keep up public support and encourage two-way communication between the Exchange and the community. Even more importantly, it provides the uninsured the ability to interact with ambassadors of the Exchange who they are comfortable with. Additionally, these community networks serve as natural channels through which the uninsured access information.

The uninsured tend to seek health services at community health clinics, and visit hospital emergency rooms when in need of care. The Exchange will need to take measures to ensure messages get delivered through these resources to reach this audience. Local providers and pharmacies should not be overlooked.

Additionally, the Exchange should look to work with community support networks that may not have a direct connection with health insurance, but serve as everyday information resources for hard-to-reach audiences. Libraries, faith-based organizations, and family centers, serve as examples.

In time, these partners can serve as champions for the Exchange, and could assist with hosting educational seminars within communities, disseminating information, and would be good candidates for a train the trainer program.

Maryland, Kansas and Massachusetts have looked at the following types of partnerships for these reasons:

- Commercial and non-profit organizations to access strategic audiences
- State agencies to access key audiences at minimal cost
- Community leaders and organizations like chambers of commerce, local healthcare providers, faith-based organizations, etc.

“Feet on the ground” approach: public forums, hosted seminars, presence at local community or cultural events.

In order to be as accessible as possible to an audience that may be hesitant or unable to leave their communities, the Exchange must bring its message into neighborhoods. Holding public forums or smaller seminars in community centers allows people to easily attend and participate in the conversation.

Presence at community events not only enable the Exchange to reach people in areas where they already are, it also helps people view the Exchange not just as a website but as a network of people who are willing to help the public access healthcare. Additionally, Massachusetts found that this method enabled the Commonwealth Connector to benefit from the media coverage of these events.

In-community collateral: flyers, posters, brochures, paycheck stuffers, bus sides.

In order to effectively reach audiences in a meaningful way, information needs to be made available at the grassroots level. Engaging collateral with clear, concise information should be present at local community centers and provider locations. Employers can serve as ambassadors for their employees, by offering informational materials in the office or enclosed with paychecks. Bus sides and posters within geo-targeted communities serve to inform the working family audience on their commute.

Public Relations and Social Media: communicate with influencers, manage any negative commentary.

Establishing relationships with media influencers in order to disseminate information, secure interview opportunities and earn free media coverage will be key to keeping costs down and managing the image of the Exchange in Connecticut.

Kansas and Massachusetts recommend use of social media as a public relations tactic aimed at generating awareness and engaging with media influencers rather than enticing enrollment. Social can be used as a quick response mechanism for managing negative publicity and building direct relationships with followers. This medium can be particularly effective in reaching younger adult audiences, particularly the invincibles.

Broadcast: minimize cost; focus on frequency in targeted local radio and television.

Kansas acknowledged that broadcast media can be effective, but has a tendency to drive up production and media costs. Consequently, they recommend focusing on frequency in closely geo-targeted local radio and television networks. Simple repetition of the message to key audiences will prove more cost effective than highly produced messages on large, costly networks.

Given the complex subject matter and the sensitivity of the uninsured and underinsured to the industry, it will be more effective to focus on tailored information made available through local communities.

**Connecticut Health Insurance Exchange
Consumer outreach and education program
Bridge Communications Campaign**

April 10, 2012

The Need for a Bridging Campaign

- The lack of information about the ultimate configuration of the Exchange is reinforcing an atmosphere of negativity.
- There are many questions from the Exchange's stakeholder groups and opinion makers. There is a clear demand for tangible information about the program.
- While the program steadily moves toward its developmental goals, providing news and updates will span the gap between this relatively quiet period and the visible launch of the program.

Campaign Objectives

Provide information and updates on progress being made in the creation and development of the Connecticut Health Insurance Exchange:

- Generate confidence that real progress is being made in expedient and responsible ways.
- Allay potential concerns created by perceived lack of news about program progress.
- Provide stakeholders with the opportunity to submit comments and input.
- Give all audiences a chance to feel that their voice is being heard.

Target Audiences

Audiences that the program will address include:

- Board Members.
- Members of Advisory Committees.
- Key program stakeholders who have already been identified.
- Community leaders/influencers/organization representatives will be added to list as contact is made.
- The media.
- The program contact strategy will encourage all people who come into contact with Exchange to subscribe to program updates.

Program Messaging Strategy

The program will base ongoing messaging on the following:

- Provide updates about ACA policy decisions, Exchange development news, key meetings and decisions.
- Become a resource for educational articles – identifying and linking to available research sources.
- Provide a review of accomplishments, preview what's to come and send continual reminders explaining the work being put into establishing a successful Exchange.

-continued-

Program Messaging Strategy

The program will base ongoing messaging on the following:

- Help people understand that this is an ongoing process with many facets that will continue to evolve based on best practices from other states, expert opinion and consumer feedback.
- Explain the timetable and sequence of events and how they interrelate, inform each other and continually improve end result.
- Give audiences a context and frame-of-reference for CT's progress.

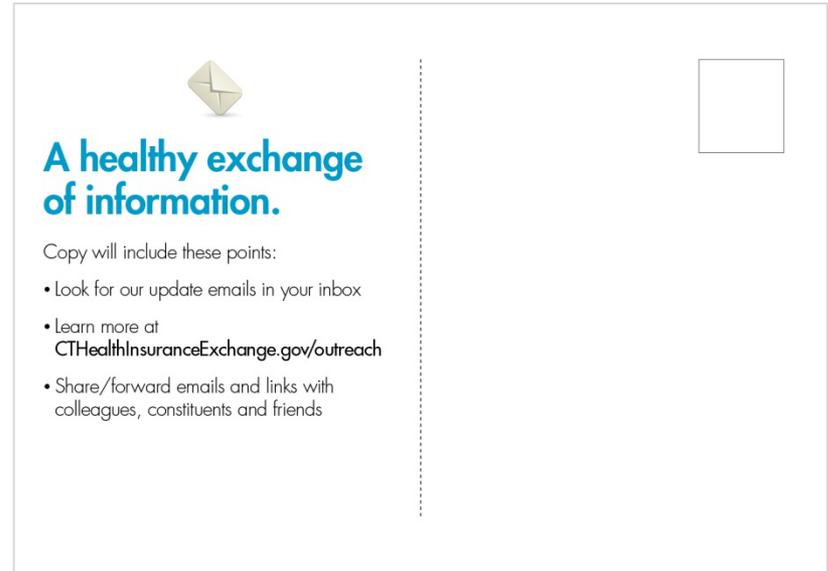
Program Tactical Plan

These communications outreach elements will work in concert to notify audience, generate and update content, and publish updates:

1. Postcard reminder
2. E-mail update
3. Web sitelet
4. Social media presence
5. News media outreach

1. Postcard Reminder

A proven and effective way to open lines of communication, drawing attention to forthcoming updates and program content housed on website.



Two-sided postcard reminder mailed periodically [4 or 5 times a year], alerting people to “look in your e-mail for ongoing news updates.” Provides outreach to those people who do not have e-mail details. Postcard will also encourage people to visit web sitelet to sign up and register for e-mail updates.

-continued-

1. Postcard Reminder

MAKE ROOM
IN YOUR INBOX.



**CT Health Insurance
Exchange eUpdates
are coming your way.**

Copy will include these points:

- Look for our update emails in your inbox
- Learn more at CTHealthInsuranceExchange.gov/outreach
- Share/forward emails and links with colleagues, constituents and friends



WE'RE OFF
TO A HEALTHY START.



**Starting with our
CT Health Insurance
Exchange updates.**

Copy will include these points:

- Look for our update emails in your inbox
- Learn more at CTHealthInsuranceExchange.gov/outreach
- Share/forward emails and links with colleagues, constituents and friends



2. E-mail Update

A snapshot e-mail highlighting latest activity and key events, linking to key documents/reports for additional information.

- Frequency – Biweekly
- Format – Simple text e-mail
- Tone – Informative, rather than promotional
- Sample topics:
 - Comprehensive Work Plan Underway
 - Advisory Committee Meeting Update
 - In The News
 - Upcoming Meetings
 - Did You Know?

3. Web Sitelet

Connecticut Health Insurance Exchange CONTINUOUS COMMUNICATIONS OUTREACH

[CONTACT US](#) > [FORWARD TO A COLLEAGUE](#) >

[OUR MISSION](#)

[THE PROGRESS](#)

[NEWS](#)

[FAQS](#)

[NEWSLETTERS](#)

[SIGN UP](#) >>

Key Headline Event or Announcement

Nulla facilisi vestibulum ante ipsum primis in faucibus orci luctus et ultrices posuere cubilia curae vestibulum vitae magna.



[LINK TO THIS ANNOUNCEMENT](#) →

The Connecticut Health Insurance Exchange

was established as a quasi-public agency to satisfy requirements of the Federal Affordable Care Act. Eleifend aliquam placerat a, ornare eget lorem. Pellentesque consectetur nileifend aliquam placera a ornare eget lorem. Pellentesque consectetur ngue. auctetgue.



[OUR MISSION](#) >

NEWS



Name and title of a person talking recent events.

Nullam lectus erat, placerat id mollis blandit, condimentum blandit sapien. Nulla vel dui id dolor feugiat.

NEWSLETTERS



[Sign up](#) >

Advisory Committee Kick-Off Meeting

March 30 2012

Advisory Committee Kick-Off Meeting: donec in gravida, tortor quis blandit lacinia, dui justo.

KMPG Update: accumsan lorem et quam luctus tempor. Aliquam eu ligula ac neque aliquet.

Education Focus: The Role of Navigators: lorem ipsum dolor sit amet, consectetur adipiscing elit. Nam sit amet eros urna.

THE PROGRESS

Benchmarks and Milestones

Planning Grant

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Level One Establishment Grant

Aenean neque velit, condimentum ac hendrerit volutpat, porta ac justo. Nunc ultricies accumsan.

Early Innovator Grant

Aenean neque velit, condimentum ac hendrerit volutpat, porta ac justo. Nullam dictum dui leo dui ante nulla nunc ultricies accumsan.



Content Last Modified on 4/2/2012 9:59:51 AM

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210 Capitol Avenue, Hartford, CT 06106 • Phone: 860-524-7353



Schematic for program web sitelet that provides updates, information, data and links to other important web sites. Sitelet is designed to provide specific location for people to access information specific to the progress of the program. Will also encourage collection of contact information database (continued on next page).

3. Web Sitelet

Connecticut Health Insurance Exchange				
CONTINUOUS COMMUNICATIONS OUTREACH				
OUR MISSION	THE PROGRESS	NEWS	FAQS	NEWSLETTERS
A mission statement and initiatives are presented here in a consolidated, informative and in a forward-thinking presentation.	The forward movement of the Connecticut Health Exchange is documented here presented as a series of benchmarks.	Main news events are listed and organized to highlight key issues and announcements. Presentations and reports are collected here. Media such as video can be included.	A collection of important information and facts condensed into an organized format. This will inform both the existing board members and a new audience.	Content and information is collected into a series of newsletters made available on the site. Also there will be a sign up to receive information.
<p>LINK TO EXISTING SITE(S)</p> <ul style="list-style-type: none"> • Connecticut Health Insurance Exchange • Office of Health Reform and Innovation • Office of Policy and Management • Legislation • Board Membership • Board Meetings • Subcommittees <p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • Resources for Board Members • Newsletter Sign up <p>PERSISTENT LINKS</p> <ul style="list-style-type: none"> • Contact Us • Forward to a Colleague <p>MANDATORY</p> <ul style="list-style-type: none"> • Disclaimer • Legal 	<p>LINK TO EXISTING SITE(S)</p> <ul style="list-style-type: none"> • Key Milestones • Timelines • Projects • Reports and Presentations • Consumer Outreach • Mercer Health & Benefits <p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • Announcements • Weekly Updates • Meetings/Meeting Minutes • Sign up for Notifications <p>PERSISTENT LINKS</p> <ul style="list-style-type: none"> • Contact Us • Forward to a Colleague <p>MANDATORY</p> <ul style="list-style-type: none"> • Disclaimer • Legal 	<p>LINK TO EXISTING SITE(S)</p> <ul style="list-style-type: none"> • Latest News • Weekly Update • Reports and Presentations <p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • Key Issues • Meetings • Announcements • Archives • Videos and Media • Newsletter Sign up <p>PERSISTENT LINKS</p> <ul style="list-style-type: none"> • Contact Us • Forward to a Colleague <p>MANDATORY</p> <ul style="list-style-type: none"> • Disclaimer • Legal 	<p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • FAQ List • Announcements • Archives • Newsletter Sign up <p>PERSISTENT LINKS</p> <ul style="list-style-type: none"> • Contact Us • Forward to a Colleague • Weekly Updates <p>MANDATORY</p> <ul style="list-style-type: none"> • Disclaimer • Legal 	<p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • Newsletter Sign up (Sign up Form) <p>NEW OUTREACH LINKS</p> <ul style="list-style-type: none"> • Archives <p>PERSISTENT LINKS</p> <ul style="list-style-type: none"> • Contact Us • Forward to a Colleague • Weekly Updates <p>MANDATORY</p> <ul style="list-style-type: none"> • Disclaimer • Legal

Schematic on potential information hierarchy.

4. Social Media Presence

Multi-step approach taken to establish social media presence to understand environment first.

- Social “listening.”
 - Identify and prioritize key influencers in the social sphere and platforms to best engage target audience.
 - Unearth issues that may need to be addressed, such as commentary, public media sentiment, questions and input.
- Develop content strategy to plan/manage the distribution of content.

4. Social Media Presence

- Next steps:
 - Map out response protocols for commentary, and roles for posting.
 - Partner with state agencies that have social presence (e.g., CT DPH) to share select announcements (phase 1).
 - Create social identities after all plans are in place.
 - Ongoing monitoring to evaluate and refine approach as needed.

5. News Media Outreach

Based on input from Massachusetts, it is important that news media outreach stay neutral and informative rather than engaging in opinion-building.

- Quickly establish a content and message library that feeds news media contact (e.g., press releases, announcements).
- Evergreen content can be formatted in various ways to fuel all components of the program (e.g., web content, emails, press releases, social updates).
- These topics will engage media in the bridging campaign progress and serve as speaking platforms for outreach and interviews.

5. News Media Outreach

Samples include:

- *Top Myths & Facts About Health Reform.* Help people understand what health reform is about and provide connection to Connecticut. Myths to be pulled from consumer concerns.
- *Health Reform: A Progress Update.* Quarterly timeline of activities, milestones and deadlines for Health Reform in the U.S. and Connecticut.
- *What Should Connecticut Businesses Know About Health Reform?* Address business owner concerns and discuss opportunities for program to help them attract, retain and protect their employees.
- *Local Businesses Preparing for Change.* Include quotes from local employers who have been active participants in the process and can articulate how this will help their business succeed.

Connecticut Health Insurance Exchange Consumer Outreach and Education Program

Consumer Brand Communications Planning and Message Development

Qualitative Phase I Research Proposal

April 10, 2012

M I N T Z  H O K E

MINTZ & HOKE COMMUNICATIONS GROUP | help clients win | www.mintz-hoke.com

OBJECTIVES:

The objective of the qualitative, exploratory research that is being planned is to:

- Understand the full range of attitudes, beliefs, and perceptions that will impact the success of the Connecticut Health Insurance Exchange program and the success of the communications in creating awareness, understanding, and desired actions.
- Uncover the perceptions that will inform the development of effective motivations to drive enrollment and compliance.
- Identify the underlying beliefs that will guide the development of communication and messaging strategies to address the obstacles to persuasion and enrollment.
- Assess the effectiveness of messaging strategies and creative tactics in achieving communications goals.
- Explore and evaluate alternative branding and naming options.
- Develop and articulate a battery of attitude and belief statements that can be used in a quantitative study to benchmark, and later measure changes in, the target audience's awareness, knowledge, perceptions of and beliefs about Connecticut Health Insurance Exchange.

RESEARCH DESIGN – METHODOLOGIES:

The research design to achieve these objectives consists of several different qualitative studies. It includes diverse and defined target audiences, a variety of recruiting methods and research settings, and a unified interviewing approach. The methodology discussion covers:

Participants (Page 4 - 5)

We will assure that all of the age, income, ethnic, employment, family makeup, and geographic segments of the eligible in Connecticut are included in the study. We do this because we want to be sure that we are hearing from the full range of eligible participants both demographically and in terms of their diverse cultural, life, health, and insurance experiences and perspectives.

Recruitment (Page 6-8)

How we will identify and bring into the study the full range of people who will be eligible to purchase coverage through the Connecticut Health Insurance Exchange. At this qualitative exploratory stage we are not trying to construct a representative sample (that is important in a quantitative study) so much as a fully diverse sample.

Research Setting (Page 9-10)

Where people will be interviewed. We want to create environments where people will feel confident and comfortable expressing their opinions, beliefs and reactions.

Research Design Summary (Page 11)

A snapshot summary of participants, recruitment methods and research settings.

Interviewing Approach (Page 12)

How we will gain understanding and insight that will inform and guide the development of consumer communications strategies and tactics. Specifically, we will go beyond attitudinal exploration and focus on how we will make sure that communications are effective in the “real world” and across the language and cultures of the full range of people who will be eligible to purchase coverage through the Connecticut Health Insurance Exchange.

Deliverables (Page 13)

Timetable (Page 14-15)

PARTICIPANTS: How all target segments in Connecticut are defined for inclusion in the study.

All participants in the study will be qualified for eligibility for the program. Across the types of research projects (Individual Interviews, Focus Groups, On-line Focus Group) that are included in the overall study, minimum numbers of participants will be established for age, income, geography, ethnicity and employment.

It is anticipated that 105 to 132 eligible individuals will participate in different types of qualitative interviews and studies that will be detailed in this research design. Additionally, 32 to 40 small business owners will also be included to cover a range of business sizes, types, ownership and locations.

The data used in the establishment of the audience profile in Charts 1-4 is from Kaiser State Health Facts. County data in Chart 5 is from UMass Medical School-Commonwealth Medicine/Center for Health Law and Economics.

Chart 1: Income

Nonelderly Uninsured by Federal Poverty Level			
	CT Total	% of uninsured	Minimum in study
Under 100%	124,200	33	35
100% – 138%	35,000	9	9
139% - 250%	95,400	25	27
251% - 399%	55,400	15	16
Over 400%	67,900	18	19
	377,900	100	106

Chart 2: Race/Ethnicity

Nonelderly Uninsured by Race/Ethnicity			
	CT Total	% of uninsured	Minimum in study
White	207,100	55	58
Black	44,900	15	20*
Hispanic	94,200	25	30*
Other	31,700	8	12*
	377,900	100	120*

* Recommend oversampling for smaller audiences

Chart 3: Family Work Status

Nonelderly Uninsured by Family Work Status			
	CT Total	% of uninsured	Minimum in study
At Least 1 Full Time Worker	232,100	61	65
Part Time Workers	62,100	16	25*
Non Workers	83,800	22	25*
	377,900	100	115*

* Recommend oversampling for smaller audiences

Chart 4: Gender

Nonelderly Uninsured by Gender			
	CT Total	% of uninsured	Minimum in study
Female	163,000	43	45
Male	215,000	57	60
	377,900	100	105

Chart 5: Location

Nonelderly Uninsured by County			
	CT Total	% of uninsured	Minimum in study
Fairfield	77,900	35	37
New Haven	62,100	28	30
Hartford	37,600	17	23
Middlesex	4,800	2	
Litchfield	3,500	2	
New London	21,600	10	19
Tolland	8,200	4	
Windham	9,900	4	
Total	225,600	100	109

RECRUITMENT: How all study participants are identified and brought into the study.

1. Broad Reach Solicitation of Points of View: Making sure we are hearing from and listening to all points of view:

Because we want to understand the fullest range of attitudes, beliefs and perceptions, we need to reach well beyond the usual audiences from which market researchers draw the people who are included in studies. To do that, we will conduct a *very broad-reaching and visible* “Call for Opinions.”

We will run ads and make announcements in the press, on radio and TV, on-line, and in social media to invite everyone in the state who has a question, concern, opinion; everyone who likes, dislikes and just doesn’t know if they like or dislike, the pending health care reform to make their voice heard. People will be asked to call or go on-line where they will have the opportunity to tell us what is on their minds. They will also be asked specific questions after they’ve had the opportunity to “speak their mind.” We will use their input to develop creative ideas and hypotheses to explore. Additionally, this broad approach will allow us to hear from the fullest range of people and allow us to build an opt-in database we can use in future quantitative and qualitative research.

2. Targeted Recruiting: Making sure we are hearing from the people who will be the most likely to be affected by or covered by the program:

Because this audience will be both diverse, and at the same time well-defined, we will use *six different recruiting methods*. We will set minimums for identified types of participants to make sure that segments that could be underrepresented or missed completely are represented and included.

We will make sure that the make-up of the interviewed audience includes all of those who it is anticipated will or can participate in the Connecticut Insurance Exchange program.

The six different recruiting methods and the reason for including each method are detailed below:

Community-Based Advocate-Identified: We will find, meet and interview people where they are going for health care and other community services such as health centers, churches and service organizations. Some of the interviews will be conducted as “intercepts,” interviewing while they are at a facility for services. Others will be conducted as scheduled individual depth interviews arranged by a community worker or advocate who identifies the person as someone with an important or different perspective. This source of participants is very important because we believe that the advocates have the trust of, and will be able to identify, qualified interviewees, who might otherwise be difficult to identify and convince to participate in a study.

These organizations will help us engage hard-to-reach groups including low-income adults without dependent children, moderate-income families who will be eligible for tax credits, and immigrant and mixed-citizenship status families. Additionally, they will help identify segments of the small business owner community.

It is anticipated there will be 36 to 48 community-based advocate-identified interviews, including small business owners.

Co-Recruiting with Cooperating Small Businesses: Employers will be asked to make a joint invitation to their employees to participate in individual interviews or focus group session. This source of participants will ensure that the segment of the eligible audience that is defined by their employment will be represented in the study.

Mall Intercepts: To find the people who represent the target groups, we want to cast the widest net. We want to find people where they work, live and play. In many communities malls are today's equivalent of the town square. There are three malls in Connecticut that have facilities that will intercept shoppers in the mall and conduct a short qualifying interview. Once a person is qualified they are brought to a central interviewing room where an undistracted in-depth interview can be conducted. Mall intercepting is an effective technique for recruiting members of the target group who do not have landline telephones (the National Health Interview Survey study reports that 29.7% of US households have no landline) and who have not participated in other market research studies (are not members of pre-qualified opt-in panels).

Web Recruiting: Another way to find the people who represent the target groups is to recruit on the internet where many work and play. We'll use a variety of on-line communities to reach and direct people to a link where they'll participate in a short qualifying interview.

Because of their internet orientation, those who qualify will be invited to participate in on-line focus group sessions, (see page 10.)

Like mall intercepting, on-line recruiting will be used to identify and recruit the segment of the audience that would not be reached through conventional recruiting techniques.

Public Gatherings: Another approach for casting a wide recruiting net is through intercepting at large public gatherings such as the New Haven Festival of Arts and Ideas or Riverfront Recapture. We would use these venues as an opportunity to collect names to include in our opt-in database for groups, individual depth interviews or for later participation in larger scale quantitative studies.

Research Facility Database: This is the traditional, conventional way to recruit research study participants. Recruiters qualify and recruit study participants from opt-in databases (people who have identified themselves as willing to participate in research studies) and random digit dialing (calling to households in the geographic area and conducting a screening interview to find qualified and willing participants). We do not believe this method is the most productive for assuring the broad and diverse population this study demands. We will make limited use of this recruiting method, primarily to fill minimums set for age or geographic distribution.

Small Businesses Owners: We will identify the owners of the businesses with less than 50 employees who will have the opportunity to offer insurance through the Small Business Health Options Program (SHOP) Exchange. We will include companies currently offering and those not offering health insurance to their employees. Participants would be recruited from business lists and recruited by telephone. Some of the minority-owned small businesses will be identified through advocate groups.

We will include a cross section of business types, sizes and locations, as well as business owners' current attitudes toward the program, and the business' current insurance program offering. Groups would be conducted in the counties where there are the largest numbers of affected businesses. Individual depth interviews will be conducted in the other counties and with participants who may be reluctant to participate in a group session.

It is anticipated that there will be 32 to 40 small business owners participating in the study.

RESEARCH SETTINGS: Where interviews and groups will be conducted.

Because it is so important to eliminate barriers to participation and to create environments where participants in the study feel confident and comfortable expressing their true opinions and feelings, we will use:

In Their Community – eligible-individuals, one-on-one depth interviews

These interviews are most productive if the person feels comfortable and secure, so the one-on-one depth interviews and small group interviews will be conducted in the familiar surroundings of their health centers, community centers, churches and living rooms.

Interviews will be conducted by trained interviewers who share the interviewee's culture and language.

It is anticipated that 30 to 40 interviews will be conducted in these settings.

In Central Interviewing Facilities – eligible-individuals, group sessions

Group sessions with 5 or 6 participants will be conducted at three central interviewing facilities where there are the highest number and concentration of eligible participants. Participants will be identified and recruited through a wide variety of recruiting methods outlined in the previous section, assigned to groups based on factors such as age, current attitudes or experiences, and invited to participate in a session for which they will be compensated.

Homogeneous groups are recommended because participants feel comfortable expressing their opinions when they feel they are in a group of people like themselves.

It is anticipated that there will be 8 eligible-individual group sessions distributed across the state with 40 to 48 participants.

In Central Interviewing Facilities – eligible-individuals, one-on-one interviews

Participants recruited in mall intercepts will be interviewed one-on-one in the three mall intercepting facilities. The individual interview setting will allow probing of individual beliefs and experiences, and allow for exploration of understanding and reactions to stimulus without the influence of others.

It is anticipated that 20 to 24 interviews will be conducted in this setting.

In Central Interviewing Facility – small business owners

Participants would be recruited by telephone from database and screened for attitudes toward and concerns about the Connecticut Health Insurance Exchange. To encourage open discussion we would conduct four small homogeneous groups.

It is anticipated that there will be 4 business owner sessions, distributed across the state, with a total of 24 to 32 participants, plus 6 to 8 in-depth individual interviews conducted in the areas of the state not convenient to central interviewing facilities and with business owners who may be reluctant to participate in a group session.

On-line – eligible individuals, on-line focus group

Participants would include primarily those eligible-individuals recruited on line (see Web Recruiting, page 4). Qualified individuals would be invited to participate in a group that is conducted as a series of short sessions that are spread out over several days. In each session a central topic is discussed.

Participants respond to the moderator's questions and to fellow participants' responses. Because the names of participants are shielded from the other participants, responses trend to be very candid and because the responses are in writing, they are often well thought out and detailed.

It is anticipated that there will be 15 to 20 participants in the on-line focus group.

RESEARCH DESIGN SUMMARY

Source/ Research Setting	Broad Reach Solicitation	Community Based Advocate Identified	Co- Recruiting Through Small Business	Web Recruiting	Public Gathering Recruiting	Research Facility Database	Small Business Owners
Focus Groups 40 – 48 (Plus 24-32 business owners)	X		X		X	X	X
Individual Depth Interviews 50 to 64 (Plus 6-8 business owners)	X	X	X		X		X
On-line Focus Group 15 to 20	X			X			

INTERVIEWING APPROACH

The most important thing in conducting these interviews, regardless of setting, is to gain the trust of the participants. They must feel that they are not being judged, that the interviewer is genuinely interested in and values what they feel and say, that there are not right or wrong answers and that the interviewer is attuned to their culture and language.

We will partner with a multi-cultural agency that has particular expertise in transculture (cultural adaptation of marketing communication for culture and language) suitability. They will adapt concept boards and be active investigators in the research studies.

All interviews and groups will follow a guide, but the experienced interviewers will be well-versed in the study objectives and pursue lines of questioning and probing to be certain that understanding is gained of the various audiences that is necessary to guide the development of creative messages and creative strategies. At this stage in research and program development the goal is to uncover the full range of attitudes, beliefs and reactions.

The interview guides will be developed and reviewed with the client before any interviews are conducted. In general interviews will move from the general to the specific. Topics covered will include: experiences with and beliefs about health care and health insurance; awareness and perception of Connecticut Health Insurance Exchange including questions and uncertainties, perceived benefits and obstacles; reactions to and deconstruction of concept boards that present the program or aspects of the program in a form that the consumer can react to; and exploration of product names and descriptors. Consumer reaction to the concept boards will give the creative team the understanding and insight they need to develop creative messages (what to say and show) and creative strategies (how to say and show).

Focus group moderator guides will be designed to keep the interview “on topic” and allow us to hear, and participants to reveal, their opinions, beliefs and reactions. That will be accomplished with a variety of interviewing approaches including conventional direct questioning and written responses, and projective techniques such as story-telling, problem solving and picture sorts.

One-on-one interview guides will start with general discussion but will then focus on the individuals’ beliefs about the special issues that affect them, their friends and families that they believe may differ from the issues that affect the general population.

DELIVERABLES:

- Recruiting screeners for focus groups, one-on-ones and intercepts
- Moderator guides for consumer and small business owner focus groups
- Interview guides for consumer and small business owner one-on-one depth interviews
- Training session for all interviewers
- Consultation with Mintz & Hoke and multi-cultural agency in development of concept boards
- Highlights and top-line summaries for each session and series of on-on-one interviews
- Verbal report of findings
- Creative briefing
- Written report and recommendations
- Development of attitude and opinion battery for quantitative study

- (Optional) Transcripts of all interviews and sessions

TIMETABLE:

Week 1	<ul style="list-style-type: none">• Create Recruitment Ads• Create On-line Recruitment Ads• Schedule Mall Intercepts• Write Mall Intercept Screener• Schedule Advocate Identified Interview Sessions• Write Advocate Identified Qualifying Interview/Screeners• Schedule Focus Group Sessions• Write Moderator/Interviewer Guides
Week 2	<ul style="list-style-type: none">• Create Database<ul style="list-style-type: none">– Recruitment Ad Response Screening– On-line Ad Response Screening– Public Gathering (if available)• Recruit Focus Groups• Brief Moderators/Interviewers
Week 3	<ul style="list-style-type: none">• Conduct Mall Intercepts Interviews• Conduct Advocate Identified Interviews• Recruit Focus Groups
Week 4	<ul style="list-style-type: none">• Conduct Mall Intercepts Interviews• Conduct Advocate Identified Interviews
Week 5	<ul style="list-style-type: none">• Conduct Audience Focus Groups• Conduct On-line Group

Week 6	<ul style="list-style-type: none">• Conduct Focus Groups• Conduct Employer Focus Groups
Week 7	<ul style="list-style-type: none">• Analyze Data
Week 8	<ul style="list-style-type: none">• Top Line Report



INSIGHTS FOR THE CREATIVE ENGINE.

JON CIPES

CREATIVE FUEL, LLC, MARKET RESEARCH COMPANY

Profile

Jon Cipes is founder of Creative Fuel, an independent Connecticut market research company employing a wide variety of qualitative and quantitative study designs to gain actionable insights, audience understanding and evaluate brand communications.

Jon's qualifications include extensive knowledge and experience in healthcare industry and with public issues marketing along with first-hand experience as a United States Public Health Service investigator.



He also designs and manages national and international consumer and packaged goods research, including brand positioning and identity development, extensive audience segmentation studies and communications awareness and attitude tracking studies.

His expertise includes design of studies using audience appropriate research moderation techniques, and the proven ability to manage programs using multiple research partners, including multi-cultural components and direction of major quantitative research partners such as Millward Brown, Nielson, Amerittest, Gfk Custom Research.

Roles

- Design and manage implementation of qualitative exploratory research protocol reaching multiple consumer and small business audiences throughout CT. This will direct development of branding, messaging and program design and provide basis for qualitative benchmark and creative testing research.
- The analysis, reporting and recommendations of findings and subsequent consultation on outreach program design.
- The design and management of quantitative awareness and attitude benchmarking study and program message testing.

Healthcare Experience

His brand experience includes: Hartford Hospital, Yale New Haven Hospital, Yale Preferred One, Anthem Life and Health, CBIA, Thermo Fisher Scientific, Yale Preferred One, Westerly Hospital.

He has also worked in the issues arena on: animal rights, firearms, high fructose corn syrup, acquisitions, and economic and community development.



INSIGHTS FOR THE CREATIVE ENGINE.

CATEGORY EXPERIENCE

Cause Related/Issues Firearms, Medical Research (Animal Research), Cause Branding, Economic Development, National Corn Grower's Association	Health Insurance/Health Care Health care insurance, wellness plans, hospitals, fund raising, medical devices, scientific instrument, laboratory supplies
Packaged Goods Ice cream, fruit juice, frozen treats, pasta, yogurt, hot sauce, salsa, spices and dry seasoning mixes, vodka, energy drink, baby food, dietary supplements	Financial Services Investment Services, Tax Preparation, Trust Services, Retail Banking
Travel and Hospitality Airlines, amusement parks, professional sports, minor league sports, convention and visitors bureau, ski area	Business-to-business Office products, engineered adhesives and sealants, chemicals, automotive components, electrical devices, fire alarm systems, construction, metal forming
Telecommunications/Utilities Wireless/cell, Electric utility coop, electric utility, natural gas utility	Food and Beverage Fast casual, fine dining, fast food (drive-in)
	Gaming State lotteries, casinos
New Product Development Diary products, power tools, building materials, hand gun safety devices, store and menu development, energy drink, vodka	Automotive Aftermarket components, OEM
Tools and Building Materials Paint, stain, wood preservative, caulk, adhesives, contractor grade hand tools, portable power tools, mechanic's tools, pneumatic tools, electrical devices, windows and doors	Construction/Building Construction, Architects



INSIGHTS FOR THE CREATIVE ENGINE.

CLIENT EXPERIENCE

Cause Related/Issues Connecticut Department of Economic Development, Komen Race for the Cure National Shooting Sports Foundation, National Corn Growers Association, US Surgical Corporation	Health Insurance/Health Care Anthem Life and Health CBIA Hartford Hospital Thermo Fisher Scientific UConn Children's Cancer Fund United States Surgical Corporation Yale New Haven Hospital Yale Preferred One Westerly Hospital
Food and Beverage American Restaurant Atlanta Bread Company Cutler's Logan's Roadhouse Sonic Drive-Ins	Financial Services New Alliance Bank H&R Block Springfield Institute for Savings Trust Company of Connecticut Waddell and Reid Webster Bank
Travel, Hospitality, Leisure Connecticut Sun Hartford Whalers Jiminy Peak Kansas City Visitors and Convention Bureau Mt. Sunapee New Haven Ravens Paramount Parks SAS Airline Smith & Wesson	Business-to-business Delphi GE – Electrical Distribution GE – Fire Alarm Systems KBE Construction Konica Copiers and Printers Loctite Permatex Veeder-Root Walton Construction
Telecommunications/Utilities Cellular One Jo Carroll Energy Northeast Utilities Yankee Gas	Retail Acme Auto Build-A-Bear Workshops CITGO hhgregg (appliances) Shoe Carnival Payless Shoe Source Save-A-Lot Whitehall Jewellers

<p>Packaged/ Consumer Goods</p> <p>AIPC: Mueller's, Pasta LaBella Apple & Eve: Awake (energy drink) Beechnut (Baby Food) CITGO Monore Shock Absorbers NV Perricone MD Cosmeceuticals Original Juan's: Pain is Good Hot Sauce and Salsa Pisco Porton Soyuz Victan: SV Vodka Tones: Tones, Durkee, French's, Spice Islands Wells Dairy: Blue Bunny Ice Cream, Blue Bunny Yogurt, Weight Watchers Yogurt, Disney Ice Cream</p>	<p>Tools and Building Materials</p> <p>CertainTeed Dutch Boy GE-Electrical Distribution GE-Edwards Fire Alarm Systems Harvey Industries Hubbell Olympic Stain Rapid Stanley Tool Wiremold/LeGrand</p>