Marketing Medicaid and CHIP:

A Study of State Advertising Campaigns

October 2000

THE HENRY J. KAISER FAMILY FOUNDATION

THE KAISER COMMISSION ON
Medicaid and the Uninsured

Marketing Medicaid and CHIP:

A Study of State Advertising Campaigns

October 2000

Prepared by

Michael Perry

Lake Snell Perry & Associates
Washington, DC

Vernon K. Smith
Catherine N. Smith

Health Management Associates
Lansing, MI

Christina Chang

Kaiser Commission on Medicaid and the Uninsured
Washington, DC

ACKNOWLEDGEMENTS

This study is the product of the information, experience and expertise of Medicaid and State Children's Health Insurance Program (CHIP) directors, outreach coordinators and other State officials who took the time to respond to our survey and follow-up questions. We are grateful to them for the hours of time they took to describe their initiatives to promote enrollment in their programs. We can truly say that these officials are blessed with an enthusiasm and commitment to the goal of finding and enrolling uninsured children and adolescents. We would venture to say that this level of enthusiasm and commitment ─ widespread among this group ─ is a significant factor in the success these programs have enjoyed in enrolling so many children and adolescents into health coverage so quickly. The keystone to this study was their willingness to share their experiences and lessons learned, as well as their promotional materials, audio and video tapes, and we thank them for this major contribution.

Many thanks also to Janet Lee and Keith Veal of Lake Snell Perry & Associates for their assistance in organizing and reviewing the state promotional materials for analysis.

We also acknowledge the significant contributions of the Kaiser Commission on Medicaid and the Uninsured, for whom this study was conducted. We especially thank Rakesh Singh for his help in preparing this report, and Barbara Lyons, Deputy Director of the Kaiser Commission on Medicaid and the Uninsured and Vice-President of the Kaiser Family Foundation, for her counsel and ongoing interest in this important subject.

TABLE OF CONTENTS

Executive Summary i

Introduction 1
- Background 2
- Study Approach 3

How States Are Promoting Children's Health Coverage Programs
- Overview 4
- Key Findings 5

Approaches to Marketing Children's Health Coverage Programs
- Overview 17
- Common Messages in Children's Health Coverage Ads 18
- Common Approaches to Promoting Children's Health Coverage Programs 19
- Differences between Television and Print Ads 26

Next Steps for Marketing Children's Health Coverage Programs
- Ideas for Marketing Children's Health Coverage Programs 27
- Key Components for Children's Health Coverage Ads 34
- Marketing Alone is Not Enough 36

Conclusions 39

EXECUTIVE SUMMARY

Most states across the country are currently engaged in marketing campaigns to raise awareness about ─ and enrollment in ─ their State Child Health Insurance Programs (CHIP) and children's Medicaid programs. These campaigns have been spurred by the availability of new administrative funds under CHIP to support outreach and marketing activities. States are using a mix of television, radio, and print advertising to put forth compelling images and messages about these programs to motivate parents to seek out enrollment for their children. While these campaigns are still relatively new ─ although CHIP is two years old, many states did not implement their programs immediately, and promoting Medicaid is still a new notion since welfare reform ─ enough time has passed to begin to analyze different state approaches to marketing their children's health coverage programs.

This study, sponsored by The Kaiser Commission on Medicaid and the Uninsured, is the first nationwide analysis of states' advertising campaigns for children's health coverage programs. To conduct this study, officials from 48 states (including Washington, DC), who are responsible for CHIP and Medicaid outreach, were interviewed in June and July 2000. In addition, 37 print ads, 24 television ads, and 15 radio ads from 38 states were reviewed and analyzed.

The purpose of these efforts is to create a baseline of information about states' marketing efforts for children's health coverage programs, and to identify common approaches and messages states are using as well as innovative approaches and ideas. This report also contains suggestions, based on interviews with state officials and past survey and focus group research, for pushing these campaigns further and for increasing CHIP and Medicaid enrollment.

Highlights from the Interviews with State Officials

Most states gave CHIP an appealing name so that it does not sound like a government program. New, friendly names have emerged like *Healthy Families* in California, *PeachCare for Kids* in Georgia, *CubCare* in Maine. While most states have renamed their Medicaid program for children, 15 states have not.

Most states promote their CHIP and Medicaid programs jointly. Regardless of whether the state has implemented CHIP as a Medicaid expansion, a separate program or a combination plan, 35 of 48 states promote their program(s) jointly. Thirteen states indicate they promote only CHIP, or CHIP and Medicaid separately.

Most states use a combination of television, radio, and print ads to promote their children's health coverage programs. Thirty-seven of 48 states use all three media ─ television, radio, and print ─ to promote CHIP, and all 48 states indicate that they use at least one of these media.

Nearly two-thirds of states (31 of 48) are making efforts to target specific geographic areas and/or populations. Targeted groups include younger women, low-income families, Hispanic families, and African-American families. Most states have at least one of their television, radio or print ads translated into Spanish, and a number of states translate materials in other languages as well.

All states are working with diverse community-based organizations in their outreach efforts. The most common partnership is with schools.

Most states use a mix of paid and unpaid television and radio ads. State officials agree that paid ads are more effective because they give the state more control over when the ads run. Of the states using either radio or television ads, most report that they pay for advertising, while seven states report that they air only unpaid ads. Almost all states receive time that the stations matched, enabling states to air more ads for their dollar.

Most states use a variety of print promotional materials and have placed these materials in an array of venues. Ads in local newspapers are often a preferred way to reach eligible parents and specific language groups. Nearly every state uses flyers, pamphlets, posters, or some sort of informational booklet to educate people about the programs.

Almost half of the states conducted some market research to develop and test their ads. The other states did not, but wish they did. Twenty-two of the 48 responding states conducted either formal or informal market testing with focus groups as the most common method. A few states also conducted telephone surveys or used HCFA studies to help develop their ads. Several states worked with outside marketing firms to design and run their Medicaid and CHIP campaigns.

Most states have tried to assess their outreach efforts, although their methods vary. Over two-thirds of the states reported that they conducted some form of evaluation of their ads. Most states did this by tracking the volume of calls or applications coming in and asking callers to an 800 number where or how they learned of the program. Others have a question on their application asking applicants how they heard about the program. A handful of states surveyed program enrollees for their feedback. Some states are now also asking callers what they think could be changed about the ads or application that would make the ads more effective and the application process easier.

Key Findings from the Analysis of States' Ads

This analysis is based on the primary print, television, and radio ads, submitted by 38 states, that were created to promote their children's health coverage programs. These materials are necessarily brief and to the point, and so provide snapshots of the approaches states are using to advertise the programs. The goal of this study is to identify themes that cut across states' outreach materials and to reveal common messages, themes, and images states are using to promote greater enrollment in CHIP and Medicaid.

Common Messages in Children's Health Coverage Ads

We identified the following four core messages that most states use to promote their children's health coverage programs in their ads:

"It is affordable"

"This is for working parents like you"

"Children need health coverage"

"You will have peace of mind"

A number of other messages appear in many states' ads. These secondary messages emphasize concepts such as the importance of health coverage to children's development; the high cost of health coverage today; the availability of a new alternative, different from the 'old' Medicaid program; the ease of enrollment; and the many benefits of coverage for children.

Common Approaches to Promoting Children's Health Coverage Programs

Notwithstanding some subtle but important differences among the ads that reflect the particular emphasis of a state's approach to outreach, states are generally using many of the same approaches to encourage enrollment.

- **Children's health coverage ads have the look and feel of ads for commercial products**. The ads are universally appealing and polished-looking, with a commercial feel. It is not immediately evident that the ads are for a government health program at all. Indeed, some ads make no direct reference to the state ─ or, if a reference is made, it is often subtly done.

- **Most ads provide only limited information about the program itself.** While states may use a program name in their ads, virtually none use the term "Medicaid" in their television or radio spots. Details about how the program works, who qualifies, how to enroll, how much it costs, and what services are covered are often missing from state print, television, or radio ads.

- **Most children's health coverage ads have a child-friendly, optimistic feel.** They use bright colors and images of happy, healthy-looking, and diverse children. Television ads ─ because they are able to show multiple images ─ also show families, parents, homes, and physicians. Print ads, on the other hand, tend to show only children. The ads typically show children of different racial and ethnic backgrounds ─ mostly African-American, Latino, and white.

- **Most ads clearly target working families.** They picture middle class neighborhoods with mothers in business suits, or families in front of the business they own. They show no scenes of poverty. Urban settings are less prevalent than suburban locations.

- **The ads stress the affordability of the program.** Most ads prominently say that the program offers "no cost or low cost health coverage" ─ this usually appears in the headline of the ad, or in the first seconds of a television or radio ad. However, states are less specific about the costs families may incur. Ads do not mention actual dollar amounts that parents may earn to qualify, and only a few states explain that parents may have to pay copayments and monthly premiums.

- **Most states emphasize that the coverage is just for children.** However, a few states' ads promote CHIP and Medicaid as coverage for the whole family.

- **Many ads claim that enrolling in these programs is simple and easy.** A number of ads imply enrollment can occur over the telephone.

- **Some ads feature the services that CHIP and Medicaid cover ─** such as check-ups, medication, hospitalization, and dental care. A few ads mention other services, such as vision, speech and hearing services.

- **Age limits, telephone numbers, catchy slogans, and the program's name and logo are staples of most children's health coverage ads.**

Conclusions and Next Steps

The results of this analysis show a great deal of similarity in the messages that states are using to promote their children's health coverage programs. The main message that most states use is that CHIP/Medicaid is affordable health coverage for uninsured children in working families. Previous focus group research with parents suggests this message has much appeal. Parents of uninsured children say they worry about their children, and feel vulnerable without coverage. Obtaining coverage is a high priority, but parents often cannot afford coverage on their own, or work for employers who do not offer dependent coverage. This message, therefore, will gain the attention of most working parents with uninsured children.

However, these ad campaigns face two important challenges:

Lack of detail. Focus group research shows that some parents feel that the current wave of ads is missing key information. They want to know specific facts about the program, such as what services are covered, whether they qualify, and how much they would have to pay, before they call a toll free number.

Different target audiences. Although most states are targeting working families at the higher end of the income eligibility scale, some families, particularly those without experience with government health programs, may not believe that they now qualify for assistance. At the same time, few states seem to be reaching out to former welfare beneficiaries with their ads despite the fact that many children in these families still qualify for coverage. States must therefore simultaneously appeal to both types of families in order to reach children eligible for Medicaid and CHIP.

As states consider their next phase of advertising, several lessons can be gleaned from this and other studies:

Incorporate key program features in new ads. Parents in focus groups have said that they would like CHIP and Medicaid ads to contain program details, specifically:

- A dollar amount that families can earn and still be eligible;
- Key services covered by the program; and
- A description of the enrollment process as easy and quick.

Target ads to specific populations. As states move into their next phase of promotional efforts, they should consider identifying populations of potentially eligible families that may be harder to reach, including specific racial or ethnic groups or families with certain income levels or living in particular geographic regions. These groups may require customized messages and images to inform them about the programs and encourage them to apply.

Use a variety of media and outlets. Studies confirm that parents want to hear these messages in a mix of ways ─ television, radio, print, through their employer, at schools, from providers, in local papers, in their native languages, and from people they trust such as friends and family.

Consider whole family coverage. Research also shows that parents want to hear that the program covers all family members who are uninsured. States could consider using their options under Medicaid to expand coverage to families, including parents. Short of this, parents would appreciate any ideas on how to obtain coverage for uninsured family members not covered under CHIP or Medicaid.

Enhancing and refining children's health coverage ads are only part of the solution. As states work to improve the image of their children's health coverage programs with new names and better marketing, they need to ensure that once contact is made, processes are in place to help parents successfully navigate the system. States need to develop efficient and family-friendly screening and enrollment procedures to create a seamless system of health coverage that guarantees that eligible children are enrolled in the appropriate program.

In addition, without a clear and manageable enrollment process, frustrated parents will fall out of the process and eligible children will not be enrolled. The suggestions captured in this report – having trained assistants to help parents complete the application, using mail-in or phone-in applications, shorter application forms, giving parents choices in where they apply, reducing the amount of paperwork required ─ offer states a blueprint of the sort of enrollment process parents want.

Developing attractive and compelling ads is only the first step to increasing children's coverage. The next phase is developing an accessible enrollment process, so that the ultimate goal is achieved: covering uninsured children.

INTRODUCTION

Most states across the country are currently engaged in marketing campaigns to raise awareness about ─ and enrollment in ─ their State Child Health Insurance Programs (CHIP) and children's Medicaid programs. These campaigns have been spurred by the availability of new administrative funds under CHIP to support outreach and marketing activities. States are using a mix of television, radio, and print advertising to put forth compelling images and messages about these programs to motivate parents to seek out enrollment for their children. While these campaigns are still relatively new ─ although CHIP is two years old, many states did not initiate their programs immediately, and promoting Medicaid is still a new notion since welfare reform ─ enough time has passed to begin to analyze different state approaches to marketing their children's health coverage programs.

This study, sponsored by The Kaiser Commission on Medicaid and the Uninsured, is the first nationwide analysis of states' advertising campaigns for children's health coverage programs. The purpose is to create a baseline of information about states' marketing efforts for children's health coverage programs and to identify common approaches and messages as well as innovative ideas. This report also contains suggestions, based on interviews with state officials and past survey and focus group research, for pushing these campaigns further and for increasing CHIP and Medicaid enrollment.

The first section of this report, *How States Are Promoting Children's Health Coverage Programs*, includes information regarding CHIP and Medicaid outreach efforts, gained through interviews with state officials conducted by Health Management Associates of Lansing, Michigan. The next section, *Approaches to Marketing Children's Health Coverage Programs*, is based on an analysis conducted by Lake Snell Perry & Associates in Washington, DC, of states' children's health coverage promotional materials, including television, radio, and print ads. The following section, *Next Steps for Marketing Children's Health Coverage Programs*, includes ideas gleaned from the states as well as other research for taking program outreach to the next level. This section includes practical suggestions for enhancing existing campaigns and for developing new ones. The final section, *Conclusions*, sums up the main findings from this analysis and offers advice for encouraging greater enrollment in CHIP and Medicaid.

Background

Since Congress enacted Title XXI of the Social Security Act as part of the Balanced Budget Act of 1997, states moved quickly to initiate their State Child Health Insurance Programs (CHIP). CHIP was created to broaden coverage to low-income uninsured children who do not qualify for Medicaid. In implementing CHIP, states could expand coverage through either a separate state program (18 states) or by building on their Medicaid program (15 states) or both (18 states).[1] States began to enroll children in their newly established programs in early 1998. By the end of 1998, over 800,000 children were enrolled. Just one year later, in December 1999, almost 1.8 million children were enrolled.

The CHIP legislation provided administrative funds that can be used toward marketing and outreach to enroll children in CHIP or Medicaid. Prior to this, there was little expectation for states to actively market enrollment in Medicaid or any other public health coverage for adults or children. For almost all states, promotion and outreach to find and enroll eligible children in CHIP and Medicaid were new activities. States had little experience in developing materials and advertising campaigns for publicly financed health coverage. Over the past two years, states have shown great enthusiasm, and have quickly gained skill and expertise in the promotion of their child health programs.

When families and children fill out the application for CHIP, they are screened first for Medicaid eligibility, then CHIP eligibility. Federal law prohibits enrollment in CHIP if the child is eligible for Medicaid. These outreach efforts have resulted in an increase in enrollment of children in both the CHIP and Medicaid programs.

[1] Health Care Financing Administration, October 2000, http://www.hcfa.gov/init/chip-map.htm.

Study Approach

To find out how states are promoting the enrollment of children in their children's health coverage programs, Health Management Associates conducted telephone interviews during June and July of 2000. Phone calls were made to all 50 states, and the District of Columbia and were directed towards the Medicaid or CHIP director first, then the CHIP outreach coordinator, then consultants who have worked closely with the program. Interviews were actually conducted with 55 people from 47 states and the District of Columbia. In each of the three states for which an interview was not completed,[2] several attempts were made to contact people who may have been able to share information about CHIP and Medicaid. In some cases, contact was made but not in the time allowed for the project. The 48 states (the District of Columbia is included in this count of states) whose responses are included in this report do, however, provide an overall picture of how states are promoting their children's health coverage programs.

Each interview began with a brief introduction explaining that Health Management Associates was conducting this interview on behalf of the Kaiser Commission on Medicaid and the Uninsured, with the goal of learning how states are promoting the enrollment of children in CHIP and Medicaid. Respondents were informed that this survey would be used to create a comprehensive marketing analysis report that would be available to all whom participated in the interviews.

Upon completion of the interview, states were asked if they would be willing to share their promotional materials such as audio or video tapes, print materials, evaluation reports, etc. Materials were received from 38 states, including the District of Columbia.[3] These materials were then sent to the research firm of Lake Snell Perry & Associates (LSPA) for analysis. LSPA reviewed all television, radio, and print materials sent by the states looking for common themes and approaches as well as innovative ideas. The findings from their analysis are included in this report.

[2] Non-responding states include Louisiana, New Hampshire, and South Dakota.

[3] Materials from Alaska, Arizona, Arkansas, Delaware, Idaho, Massachusetts, Nebraska, New Hampshire, South Dakota, Tennessee, Vermont, West Virginia, and Wyoming were not reviewed for this study.

HOW STATES ARE PROMOTING CHILDREN'S HEALTH COVERAGE PROGRAMS

The findings in this section emerge from interviews with state officials from 47 states and Washington, DC, regarding their outreach efforts for their children's health coverage programs and broadly describe what states are currently doing to encourage the enrollment of eligible children.

Overview

State officials interviewed for this project express positive and optimistic feelings about CHIP and Medicaid outreach and enrollment and exhibit a high degree of commitment to what they are doing. Officials clearly believe in the purpose of the programs ─ to provide health coverage to uninsured children ─ and point to increasing CHIP and Medicaid enrollment numbers as proof that their outreach is successful. Most also say that Medicaid enrollment has increased as a result of their CHIP outreach, and that they coordinate their enrollment efforts to enable children to be enrolled in whichever program they are eligible.

State officials also say they have learned much from their initial outreach campaigns, and want to learn more to improve their efforts. Some states report that while their efforts initially focused on raising general awareness of the programs throughout the state, they are now moving toward greater targeting of eligible families. Other states say they are concentrating on evaluating their outreach efforts to improve upon them. All states seem interested in learning from each other.

Among the 48 study states, roughly equal numbers are implementing CHIP as a Medicaid expansion (16 states), as a separate program (14 states), or as a combination plan (18 states).

Key Findings

Most states gave CHIP an appealing name so that it does not sound like a government program.

Many states have created a name for their program to make it sound appealing to potentially eligible families, and to help alleviate some of the stereotypes historically associated with publicly funded programs like welfare. Most states give their programs a new name like *Healthy Families* in California, *Partners for Healthy Children* in South Carolina, and *PeachCare for Kids* in Georgia. Some of these states went further and chose names that are child-friendly and fun sounding, such as *CubCare* in Maine, *Dr. Dynasaur* in Vermont, and *BadgerCare* in Wisconsin. While most states have renamed their Medicaid programs for children, 15 states continue to call their program Medicaid or Medical Assistance.

Most states promote their CHIP and Medicaid programs jointly.

Regardless of whether the state has implemented CHIP as a Medicaid expansion, a separate program or a combination plan, 35 of 48 states promote their program(s) jointly. Thirteen states indicate they promote only CHIP, or CHIP and Medicaid separately; most officials from these states report that while they may not promote Medicaid independently, their outreach for CHIP draws in Medicaid eligible children and thereby increases Medicaid enrollment. See Table 1 for details.

35 of 48 states promote Medicaid and CHIP jointly.

Table 1: How States Are Promoting Children's Health Coverage Programs

State	Type of CHIP Program	Promote Medicaid and CHIP Jointly or Separately?	Name of Medicaid Program	Name of Separate CHIP Program
Alabama	Combination	Separately	Medicaid	ALLKids
Alaska	Medicaid	Jointly	Denali KidCare	
Arizona	Separate	Jointly	Arizona Health Care Cost Containment System	KidsCare
Arkansas	Medicaid	Jointly	ARKids	
California	Combination	Jointly	Medi-Cal for Children	Healthy Families
Colorado	Separate	CHIP only	Baby Care/Kids Care	Child Health Plan Plus (CHP+)
Connecticut	Combination	Jointly	Husky A	Husky B
Delaware	Separate	Jointly	Diamond State Health Plan	DE Healthy Children Program
District of Columbia	Medicaid	Separately	Medicaid	DC Healthy Families
Florida	Combination	Jointly	Florida KidCare	
Georgia	Separate	Separately	Medicaid	PeachCare for Kids
Hawaii	Medicaid	Jointly	QUEST	
Idaho	Medicaid	Jointly	CHIP	
Illinois	Combination	Jointly	KidCare	
Indiana	Combination	Jointly	Hoosier Healthwise Package A	Hoosier Healthwise Package C
Iowa	Combination	CHIP only	Medicaid	HAWK-I
Kansas	Separate	Separately	PrimeCare and HealthConnect	Health Wave
Kentucky	Medicaid	Jointly	K-CHIP	
Louisiana	No response			
Maine	Combination	Jointly	Medicaid	CubCare
Maryland	Medicaid	Separately	Medicaid	Maryland Children's Health Program
Massachusetts	Combination	Jointly	MassHealth	
Michigan	Combination	Jointly	Healthy Kids	MI-Child
Minnesota	Medicaid	Jointly	Medical Assistance	MinnesotaCare
Mississippi	Combination	Jointly	Mississippi Health Benefit	
Missouri	Medicaid	Jointly	MC+	MC+ for Kids
Montana	Separate	CHIP only	Medicaid	Montana CHIP
Nebraska	Medicaid	Jointly	Kids Connections	
Nevada	Separate	Jointly	Medicaid	Nevada CheckUp
New Hampshire	No response			
New Jersey	Combination	CHIP only	Medicaid	New Jersey KidCare
New Mexico	Medicaid	Jointly	NewMexiKids	
New York	Combination	Jointly	Growing Up Healthy	Child Health Plus (state-funded)
North Carolina	Separate	Jointly	HealthCheck	NC HealthChoice for Children
North Dakota	Combination	Jointly	Phase I – Healthy Steps	Phase II – Healthy Steps
Ohio	Medicaid	Jointly	Healthy Start	
Oklahoma	Medicaid	Jointly	SoonerCare	
Oregon	Separate	Jointly	Oregon Health Plan	CHIP
Pennsylvania	Separate	Separately	Medical Assistance/Medicaid	CHIP

State	Type of CHIP Program	Promote Medicaid and CHIP Jointly or Separately?	Name of Medicaid Program	Name of Separate CHIP Program
Rhode Island	Combination	Jointly	RIte Care	
South Carolina	Medicaid	Jointly	Partners for Healthy Children	
South Dakota	No response			
Tennessee	Medicaid	Jointly	TennCare for Children Initiative	
Texas	Combination	Jointly	TexCare Partnership	
Utah	Separate	CHIP only	Medicaid	CHIP
Vermont	Medicaid	Jointly	Dr. Dynasaur	
Virginia	Separate	CHIP only	Medicaid	Children's Medical Security Insurance Program
Washington	Separate	Jointly	Healthy Kids Now!	
West Virginia	Combination	Jointly	WV CHIP – Phase 1	WV CHIP – Phase II
Wisconsin	Combination	Separately	Medicaid	BadgerCare
Wyoming	Separate	Jointly	Medicaid for Children	Wyoming Kid Care
Total Responding: 48	**Medicaid: 16** **Separate: 14** **Combination: 18**	**Jointly: 35** **Separately: 7** **CHIP only: 6**	**Medicaid/Medical Assistance: 15** **New CHIP name: 41** **Same name for Medicaid & CHIP: 23**	

Note: Some states use different names for their Medicaid managed care programs, which may not be listed above.

Most states use a combination of television, radio, and print ads to promote their children's health coverage programs.

Most states (37 of 48) are using all three media ─ television, radio, and print ─ to promote their programs, and all 48 states indicate that they use at least one of these media. The most common medium for promoting children's health coverage is through print materials (46 of 48 states), followed by radio (41 of 48 states) and then television (39 of 48 states).

Nearly two-thirds of states are making efforts to target specific geographic areas and/or populations.

Thirty-one states (of 48) indicate they have made efforts to target specific populations or locations. A number of these states say they are targeting selected urban areas, perhaps running ads for longer periods in these markets than elsewhere in the state. Other frequently mentioned target groups include younger women (ages 18-49), low-income families, Hispanic families, and African-American families. Some states are also directing their efforts towards other groups: pediatricians, migrant workers, pregnant women, organizations

31 of 48 states are targeting specific populations or locations.

working with children, immigrant communities, and rural communities with low enrollment.

Generally, print is the medium in which states are doing most of their targeting. By printing materials in different languages, using innovative distribution methods such as non-English language newspapers, and employing different visual images, these materials seem to give states the most flexibility to customize messages to a particular group or location. Radio, and to an even greater extent television, seem less flexible media. States tend to use these media to reach broader audiences across the state with more general messages.

About a third of responding states say they are not targeting their promotional efforts. A number of these states, however, indicated that they would like to start targeting and plan on doing so in the future. See Table 2 for details.

Most states have at least one of their television, radio or print ads translated into Spanish.

Most states create ads in languages other then English. The most common language is Spanish ─ 38 of 48 states report they have at least one of their radio, television or print ads translated into Spanish. In addition, some states have translated print materials into Vietnamese and Cantonese. A few states are translating materials into less mainstream languages as well, including Navajo, Bosnian, Hmong, Creole, Samoan, and Albanian to name a few.

38 of 48 states report they have at least one of their radio, TV or print ads translated into Spanish.

Based on the interviews, states seem to be doing the most translation with their print materials, and much less with either radio or television ads. About a third of states have radio spots in Spanish and a similar number have television ads in Spanish. However, it is rare for states to have developed radio or television spots in any other languages.

Table 2: Media States Are Using, Target Markets, and Use of Paid and Unpaid Ads

State	In promoting Medicaid/CHIP, are you using radio, television and/or print materials?	Targeting?	With respect to radio and TV ads, are you using paid ads, unpaid ads or both?
Alabama	Radio, TV, Print	No	Radio: Both; 1% paid, 99% unpaid TV: Both; 1% paid, 99% unpaid
Alaska	Radio	No	Pay for slots, get some free
Arizona	Radio, TV, Print	Yes (General Population and Hispanic)	Radio: Both; 30% paid, 70% unpaid TV: Both; 50% paid, 50% unpaid
Arkansas	Radio, TV, Print	No	Radio: Both; Buy one get one free TV: Both. Buy one get one free
California	Radio, TV, Print	Yes (Spanish, Chinese, Cambodian, Vietnamese)	Radio and TV: Both. No data available but contractor must negotiate a 30% bonus weight w/ station
Colorado	Radio (stopped in 1999), TV, Print	Yes (Women ages 18-34, low-income families)	Radio and TV: 100% paid
Connecticut	Radio, TV, Print	No (But would like to target minorities)	Radio: Both; 75% paid, 25% unpaid TV: Both; 80% paid, 20% unpaid
Delaware	Radio, TV, Print	No	Radio and TV: Both; 90% paid, 10% unpaid
District of Columbia	Local Radio, Cable TV, Print	Yes (Parents, employers, communities at large)	Radio: Both. 25% paid, 75% unpaid.
Florida	Radio, TV, Print	Yes (Children and teens, and rural areas)	Radio and TV: Both; "Buy one, get 3 free" (approx.)
Georgia	Medicaid: Non aggressive with radio, TV, print. PeachCare: Radio, TV, Print.	Yes (African American Population)	Radio: Both; buy 1 get 1 free TV: Both; buy 1 get 1 free
Hawaii	Radio, TV, Print	Yes (Ethnic communities)	Radio and TV: unpaid
Idaho	Radio, TV, Print	Yes (Women with children 18 and older, migrant farm workers)	Radio and TV: Both with 1:1 match by the TV and radio stations
Illinois	Radio, TV, Print	Yes (Hispanic statewide, African American in Chicago)	Radio: Both TV: Both
Indiana	Radio, TV, Print	No	Radio: Both. Buy 2 get 1 free TV: Both; but no PSAs
Iowa	Radio, TV, Print (all locally)	Yes (Low income and minorities)	Radio and TV: unpaid; all time was donated
Kansas	Radio, TV, Print	Yes (Statewide, but specifically to the SW part of state with a larger immigrant population)	Radio and TV: Both; 10% paid, 90% unpaid.
Kentucky	Radio, TV, Print	Yes (Hispanic population)	Radio: Both TV: Paid; Station offered comp time (2:1 or 3:1)
Louisiana	No Response		
Maine	Limited Radio, TV (but not in last year), Print	No	Radio and TV: Unpaid
Maryland	Radio, Print	Yes (Families with uninsured children)	Radio: Both; 50% paid, 50% unpaid TV: N/A
Massachusetts	Radio, TV, Print	Yes (Caribbean-based Latinos, Russians, and Cambodians)	Radio and TV: Both, usually "buy one, get one free"
Michigan	Radio, TV, Print	Yes (Women of child-bearing age, families with children in the income range)	Radio and TV: Both. MI Association of Broadcasters offered buy 1 get 6 free.
Minnesota	Radio, Print	Yes	Radio and TV: Unpaid
Mississippi	Radio, TV, Print	No (But plans to)	Radio and TV: Both; 95% paid, 5% unpaid
Missouri	Limited TV, Print	Yes (St. Louis, Boothill area)	Radio: paid. TV: unpaid

State	In promoting Medicaid/CHIP, are you using radio, television and/or print materials?	Targeting?	With respect to radio and TV ads, are you using paid ads, unpaid ads or both?
Montana	Print only	No	N/A
Nebraska	Radio, TV, Print	Yes	Radio and TV: Unpaid
Nevada	Print only	Yes (Hispanic population)	N/A
New Hampshire	No Response		
New Jersey	Radio, TV, Print	Yes (Women 18-54; Men 25-54; Hispanic population)	Radio: Both; paid but gets 2:1 TV: Both; Cable and public TV
New Mexico	Radio, TV, Print	Yes (Towns with little to no outreach)	Radio: Both. Either a 1:1 or 2:1 match TV: Both; 1:1 match
New York	Child Health Plus: Radio, TV, Print Medicaid: Print only	Yes (Ethnic populations; Parents statewide)	Radio and TV: Both (primarily paid)
North Carolina	Radio, TV, Print	Yes (Low enrollment areas. African Americans, Greenville area, Raleigh/Durham area)	Radio: Both; local is unpaid. State is paid. Statewide: 50% paid, 50% unpaid TV: Paid (100% paid)
North Dakota	Radio, TV, Print	Yes (Native Americans and General population)	Radio and TV: unpaid only
Ohio	Ran radio and TV during start of program only. Print	No	Radio and TV: unpaid on State level
Oklahoma	Radio, TV, Print	Yes (Low-income working families with children through 17, and pregnant women)	Radio and TV: local efforts have done some paid advertising, but most was unpaid
Oregon	Print only	No	N/A
Pennsylvania	Medicaid: Radio, TV, Print CHIP: Radio, TV, Print	Yes (Younger Spanish speakers, urban areas, women 18-35, African Americans with no insurance)	Radio and TV: Both; 100% match, 25% free in major markets
Rhode Island	Radio, TV, Print	Yes (Latinos and women ages 18-49)	Radio: Paid (100%) TV: Unpaid (100%)
South Carolina	Print only	No	N/A
South Dakota	No Response		
Tennessee	Radio, TV, Print	No (but has pilot program)	Radio and TV: Both, but not recently
Texas	Radio, TV, Print	Yes (English and Spanish)	Radio and TV: Both
Utah	Radio, TV	Yes (Families with incomes greater than 150% of poverty)	Radio: Both; buy 1 get 3 free TV: Both; buy 3 months get 3 free
Vermont	Print only	No	TV: Both; 95% unpaid, 5% paid. Radio: N/A
Virginia	Radio, TV, Print	No	Radio and TV: Both
Washington	Radio, TV, Print	Yes (Hispanics and rural areas)	Radio and TV: Both; 50% paid, 50% unpaid
West Virginia	Print only	No	N/A
Wisconsin	Radio, TV, Print	No (Would like to target minorities)	Radio: only paid for 1 PSA ad (Spanish) TV: Both; more unpaid than paid
Wyoming	Radio, TV, Print	Yes (Parents and employers)	Radio: Both; 80% paid, 20% unpaid TV: Paid
Total Responding: 48	**All Three: 37** **Radio: 41** **TV: 39** **Print: 46**	**Targeting: 31**	**Paid only: 1** **Unpaid only: 7** **Both paid and unpaid: 35** **N/A: 5**

Most states use a mix of paid and unpaid television and radio ads.

Of the states using either radio or television ads, most report that they run a mixture of paid and unpaid ads. Seven states report that they air only unpaid ads, and one state airs paid ads exclusively. Of the 35 states that have paid for advertising, almost all states receive time that the stations matched, enabling states to air more ads for their dollar.

States varied considerably in their airtime strategies. Some states ran their television and radio ads right when they were starting up their CHIP program in order to gain recognition. Others waited until CHIP was up and running before allocating funds to television and radio promotions. Some states ran their television and radio ads in flights: on the air for a few weeks, off the air for a few weeks, in an effort to maximize the effect of the ads. In terms of radio, many states put their ads on radio stations that have a large volume of minority listeners, while others blanketed the state with no particular group or location in mind. Many states created radio ads in more than one language, typically Spanish, and therefore ran those ads on Spanish-language stations.

With respect to the effectiveness of the ads, states indicate that there are many factors that affect an ad's impact. Time of day, length of ad, type of program during which the ad runs, and type of station are all examples of factors to consider when placing ads. Depending on funding, some states purchased ads and therefore were able to choose when their ads ran – state officials say that this helped them reach the intended population.

Many states report that television ads are one of the most effective ways to reach eligible families in their state. However, other states reported that their television ads were not particularly effective. This difference of opinion may have something to do with states' ability to pay for ─ and thereby control ─ when and where their ads were placed.

PSAs vs. Paid Ads:

Most states agree that paid television and radio ads are best – they can control when the ads run and who the ads reach.

All states are working with diverse community-based organizations in their outreach efforts. The most common partnership is with schools.

Every state official interviewed says they are working in some way with community-based organizations to reach eligible families. The most common organization is schools. Many states are partnering with school districts not only to distribute informational material, but also to educate school employees, especially school nurses, to help children and their parents understand the importance of health coverage, and to help fill out applications. Other organizations include day care providers, hospitals, local health departments, county and state fairs, homeless shelters, WIC, employers, and many more. Many states also mention the Robert Wood Johnson Foundation and the funds it has provided through the Covering Kids Initiative to help states promote children's health coverage through community groups.

States have partnered with many community-based organizations to promote CHIP and Medicaid:

Schools
Day care centers
Adoption agencies
Tribal health centers
Country/state fairs
Planned Parenthood
Doctor's offices
Head Start
McDonald's
Women's shelters
Utility companies
Boys and Girls Clubs
March of Dimes
Wal-Mart
United Way
Churches

Most states use a variety of promotional materials and are placing these materials in an array of venues.

Nearly every state uses flyers, pamphlets, posters, or some sort of informational booklet to educate people about the programs. Some states use direct mailings to individuals, while others place materials in health clinics, local health departments, day care centers, schools, libraries, laundromats, and variety of other places. Applications are also available in most of these locations, allowing interested people to also pick up a mail-in application or a phone number if they have questions about the program.

In addition to more traditional print materials to promote children's health coverage, states are also using:

- ✓ decals
- ✓ prescription pads
- ✓ pencils/pens
- ✓ rulers
- ✓ tote bags
- ✓ plastic bags
- ✓ bumper stickers
- ✓ coloring books
- ✓ dental floss
- ✓ highlighters
- ✓ refrigerator magnets
- ✓ 1-pager with outreach and enrollment ideas for community-based organizations
- ✓ folders
- ✓ crayons
- ✓ band aids
- ✓ band aid cases
- ✓ pins
- ✓ safety covers for electrical outlets
- ✓ WIC vouchers
- ✓ movie theater ads
- ✓ large ruler to measure growing children
- ✓ speaker resource kits
- ✓ sample editorials
- ✓ Frisbees
- ✓ counter top brochure holders
- ✓ bookmarks
- ✓ employer bulletins
- ✓ answers to "Most Frequently Asked Questions about CHIP"
- ✓ newsletters
- ✓ Chamber of Commerce ads
- ✓ balloons
- ✓ Post-Its
- ✓ change purses
- ✓ letters to employers asking them to tell employees about CHIP and giving ideas how to do it like payroll stuffers coupons for schools

Ads in local newspapers are often a preferred way to reach eligible parents and specific language groups.

Many states have placed ads in major newspapers, as well as local papers. States report that newspaper ads have varied in success – many officials say that the most effective ads are those placed in local newspapers. They explain that local papers are generally read from cover-to-cover, and are thereby seen by a great deal of people. Officials also say that ads placed in local papers are often in languages other than English, which enables them to target specific ethnic and language groups who may be eligible for the program. Major newspapers, on the other hand, may reach more people in total numbers than local papers, but officials say that ads may be missed amid all of the other ads that generally run in these papers. Some states report that running their newspaper ads concurrently with radio and/or television was, in general, more successful.

Half of the states conducted some market research to develop and test their ads – the other half did not, but wish they did.

Many states indicate they have not done formal or professional market testing of their children's health coverage television or radio ads. Twenty-two of the 48 states conducted either formal or informal market testing in developing their ads. The most common method used was focus groups. A few states conducted telephone surveys or used HCFA studies to inform their efforts. Several states worked with an outside marketing firm to help design and run their children's health coverage campaigns.

22 of 48 states conducted some kind of market research to develop and test their ads. The other states wish they had.

Of the states that did not conduct any market testing, almost all said that they wish that they had, or would like to in the future. Most of these states also said that part of the reason for not conducting market research was because they were trying to get information about the program out to the general public as quickly as possible. Now that some time has passed, however, states are finding more time to concentrate on issues such as market testing. See Table 3 for details.

Table 3: Use of Market Testing and Evaluation of Ads

State	When you developed these radio ads or TV ads, was there any market testing done? If so, to what extent?	Over the past year, have you done any evaluation of the effectiveness of impact of the ads you have used?
Alabama	No	Yes. Two surveys.
Alaska	No	No. But in process.
Arizona	Yes. Conducted a statewide telephone survey and focus groups.	Yes. Telephone survey.
Arkansas	No.	No.
California	Yes. English and Spanish-language focus groups were conducted as well as informal focus groups with community leaders representing other targeted ethnic populations.	Yes.
Colorado	Yes. Focus groups.	Yes.
Connecticut	Yes. Market testing included assembling key messages through focus groups and general input.	Yes. Asked callers to the 1-800 number how they heard of the program.
Delaware	Yes.	No.
District of Columbia	Yes. Focus groups.	Yes. Tracked volume of calls to 1-800 number after ad aired.
Florida	Yes. Originally hired a marketing firm to do testing; Now uses focus groups for input.	Yes. Phoned people already enrolled in program and asked them how they heard about the program.
Georgia	Yes. Worked with a social marketing firm; Conducted focus groups in Atlanta.	Yes. New enrollee survey, asking how they heard of the program.
Hawaii	Yes. Used HCFA's guide on marketing materials.	N/A
Idaho	Yes. A materials work group made up of DHW marketing staff and advocates prepared all printed materials. Ads were adapted from Utah based on their focus groups.	Yes. Tracked volume of calls to 1-800 number after ad aired.
Illinois	No.	Yes. Asked over the phone and on application how they heard of the program.
Indiana	No.	No formal evaluation, but tracking enrollment numbers.
Iowa	No.	Yes. Starting to track calls to the 1-800 number.
Kansas	No.	No.
Kentucky	No.	Yes. Survey and focus groups.
Louisiana	No Response	
Maine	No.	No.
Maryland	No.	No formal evaluation, but tracking calls to the 1-800 number and application requests.
Massachusetts	Yes. Held community roundtables for input.	No.
Michigan	Yes. Used focus groups; marketing firm did targeting;	Yes. Survey on 1-800 number.
Minnesota	No.	No formal evaluation.
Mississippi	No.	No formal evaluation.
Missouri	No.	No formal evaluation, but tracking how applicants heard of the program on application and the 1-800 number.
Montana	N/A	No formal evaluation, but tracking how applicants heard of the program on application and the 1-800 number.
Nebraska	No.	No formal evaluation.
Nevada	N/A	Yes.
New Hampshire	No Response	
New Jersey	Yes. Focus groups.	Yes. Asked residents how they heard of the program on the application.
New Mexico	No.	Yes. Tracked how toll-free callers heard of the program.
New York	No.	Yes. Tracked volume of calls after ads aired.

State	When you developed these radio ads or TV ads, was there any market testing done? If so, to what extent?	Over the past year, have you done any evaluation of the effectiveness of impact of the ads you have used?
North Carolina	No.	Yes. Tracked enrollment numbers after ads aired and tracked phone monthly phone calls to learn how applicants heard of the program.
North Dakota	No.	No formal evaluation, but tracking volume of calls and application requests after ad airs.
Ohio	No.	No formal evaluation, but tracking volume of calls and application requests after ad airs.
Oklahoma	No.	Yes. Surveyed enrollees on how they learned of the program and how would they like to hear about it.
Oregon	N/A	No.
Pennsylvania	Yes. Focus groups and telephone survey.	Yes. Asked 1-800 callers how they heard of the program.
Rhode Island	Yes. Used a previous study for radio that HCFA developed.	Yes. Tracked volume of phone calls after radio ads aired.
South Carolina	No.	No formal evaluation.
South Dakota	No Response	
Tennessee	Yes. Using a marketing firm.	No.
Texas	Yes.	No formal evaluation, but tracking number of application requests and asking how applicants heard of the program.
Utah	Yes. Ad agency used focus groups.	No formal evaluation, but asking 1-800 callers how they heard of the program.
Vermont	No.	No.
Virginia	Yes. Focus groups by social services agency.	Yes.
Washington	Yes. Partnered with advisory council to develop ads with feedback data. Now using focus groups.	Yes. Tracks on how people heard of the program.
West Virginia	Yes.	N/A
Wisconsin	No.	Yes. Asked 1-800 callers how they heard of the program.
Wyoming	Yes. Currently working on market testing at state level.	No formal evaluation, but monitoring enrollment numbers.
Total Responding: 48	**Market tested ads: 22**	

Most states have tried to assess their outreach efforts, although their methods vary.

Over two-thirds of states conducted some form of evaluation of their ads' effectiveness using methodologies that have ranged from formal to very informal methods. Examples include tracking the volume of calls or applications coming in; asking callers to an 800 number where or how they learned of the program; having a question on the application asking applicants how they heard about the program; or surveying program enrollees. Some states are now also asking callers what they think could be changed about the ads or application that would make the ads more effective and the application process easier.

A few states have not done any formal evaluation but plan to start an evaluation process in the near future. Other states are waiting for results to be compiled but, at this point, the data is not organized.

Most potentially eligible families learn about children's health coverage programs through "Friends and Family."

States with statistics about which methods of advertising have the most impact indicate that word of mouth is the most effective method. "Family/Friends" is the way that most eligible families say they heard about CHIP and Medicaid. In some states, "Television" is mentioned next by eligible families, but in others, television does not even rank among the top 5 ways that people heard about the programs. Consistent across states is people hearing about CHIP and Medicaid through schools.

According to states' evaluations, the way that most eligible families learn about CHIP and Medicaid is through:

- ***Friends and family***
- ***Schools***
- ***Television ads***
- ***Doctors' offices***

Easing the application process and gaining the support of the governor are also key to improving outreach.

State officials volunteer two additional ideas that have positively impacted their outreach efforts. First, some states have designed an accessible application for CHIP and Medicaid that is understandable and not overwhelming. Indeed, some states have redesigned their applications to make it shorter, clearer, and easier to read. Some states also have trained people to assist families with filling out the application, helping to reduce the number of applications turned down because of incorrect information.

Second, some state officials say that it is important to have the support from every person and department involved with CHIP and Medicaid, especially the governor. They say there are still some negative stereotypes of government programs, and that the support of people like the governor or trusted organizations has helped to reduce these negative perceptions. In addition, the partnership of these agencies, working together at every level, has helped many states move the program along successfully.

APPROACHES TO MARKETING CHILDREN'S HEALTH COVERAGE PROGRAMS

This section of the report contains an analysis of the primary outreach materials that states are using to raise awareness about ─ and enrollment in – children's health coverage programs. The goal is to identify common messages, themes, and images that cut across states' outreach materials.

Overview

An analysis of the 37 print ads, 24 television ads, and 15 radio ads promoting children's health coverage programs from 38 states shows that states are using many of the same approaches and messages to encourage enrollment. For example, most states use images of children's smiling faces in their ads. Most ads also stress that these programs are "no cost or low cost" and for "working families." States tend to use diverse faces ─ mixing African-American, Latino, and white children ─ and include young children and babies as well as older children and teens. It makes sense that states would emphasize these themes and use images of children as these concepts tend to resonate with audiences regardless of the product.

There are also some subtle but important differences among the ads, reflecting the particular emphasis of a state's approach to outreach. Some ads mention that the program is state-sponsored, while other ads leave this information out. While ads may use a program name, virtually none use the term "Medicaid" in their television or radio spots. Some materials feature a governor or sports figure endorsing the program, others use personal testimonials of parents who have used the program, and still others use the voice of children who have benefited from the program.

It is clear is that most states have learned important lessons from years of implementing their state's Medicaid program and are now seeking to portray a different image for their children's health coverage programs. For example, many ads mention that enrolling is simple and quick, which addresses the sorts of complaints that parents so often used to make about Medicaid's more difficult enrollment process before improvements were made.

Common Messages in Children's Health Coverage Ads

An analysis of print, television, and radio ads reveals that there are ten key messages that most states use to promote their children's health coverage programs. These messages are persuasive arguments that states use in their ads to motivate parents to call a toll-free number to learn about the program ─ and to ultimately enroll their children in the program. States tend to use a mix of these ten messages in their ads ─ using anywhere from three to five in a single ad ─ rather than focus on just one or two of them. However, there is a core group of messages that appear in most states' ads.

Core Messages

"It is affordable"	This is a prominent message in just about every ad for children's health coverage programs ─ that they are either low cost or free. Clearly, the intent is to tell parents that these programs are different from expensive, commercial health insurance. This message seeks to reassure parents that they can afford coverage for their children.
"This is for working parents like you"	This message often appears in a headline or right below it. It is often supported by the images used in the ads ─ such as a picture of a working mother in a business suit. This message asserts that CHIP and Medicaid are different from other public programs like welfare, which are not perceived to be for working families. Many ads show middle class and suburban surroundings to emphasize that this program is for working people who pay taxes and live next door to you.
"Children need health coverage"	Many ads present health coverage as an inherent right of children. By depicting health coverage as basic human need, this message seeks to raise health insurance to the level of food, clothing, and shelter ─ other basics that parents provide for their children. By doing so, this message attempts to urge parents to give greater priority to obtaining coverage for their children and enroll them in CHIP or Medicaid.
"You will have peace of mind"	This message relates to parents' worries about their uninsured children. Often this theme is accompanied by images like children on skateboards, or falling from monkey bars at the park ─ fears that all parents have for their children's safety. These ads assert that children are curious and active, and are bound to get hurt. Because such childhood injuries are inevitable, the message encourages parents to seek out coverage before accidents happen.

Secondary Messages

"It's easy to enroll"	Almost every ad makes this point and for good reason. Research has shown that the difficult enrollment process for Medicaid has been a significant barrier to enrollment. These ads, therefore, say up front that enrollment is quick and easy. While ease of enrollment is reassuring to prospective parents, states risk losing interested parents if their enrollment processes are not as simple as their ads imply. If parents must submit lengthy and complicated applications, a lot of paperwork, or take time off from work to go to a specific location to enroll, they may well drop out of the process.
"Health coverage is necessary for children to thrive"	This message is often linked to success in the classroom and, by extension, in life. This message stresses that if children are not healthy, they cannot learn or engage in other childhood activities like sports.
"Health coverage is just too expensive today — you are doing the best you can"	A number of ads mention that health coverage is just too expensive today for working families to afford, identifying cost as the main reason some children lack coverage. Ads go to great lengths to avoid implying that parents are to blame for their children being uninsured, rather the ads tend to commend parents for being hard workers and for doing the best they can to provide for their children.
"You don't have to put off getting medical care for your sick children any more"	Some ads target parents who delay medical care for their uninsured children because they cannot afford it. Images like a sick girl on a swing, or a mother nursing a sick child in bed, often accompany this message. The point is clear: health coverage enables parents to bring their child to a doctor as soon as they become ill, rather than postpone medical care until their child's illness worsens.
"Your child will have his/her own doctor"	This message stresses the importance of having a regular pediatrician caring for children, as well as the benefits of preventive care. It speaks directly to the problem of inconsistent and delayed medical care for uninsured children, who often go to emergency rooms or low-cost clinics to receive medical services. This ad presents an appealing alternative to parents with uninsured children — a regular doctor who will care for their children — tapping into a potentially powerful motivation for parents to enroll their children in CHIP or Medicaid.
"This is a new, stand alone program – not the 'old' Medicaid"	This message is often subtly portrayed in ads and emerges not so much in what is said, but what is missing. For example, many ads make no mention of any linkages to the Medicaid program. Most ads use visual images that contrast sharply with stereotypes of welfare recipients, using photos of working people in middle class settings and neighborhoods.

Common Approaches to Promoting Children's Health Coverage Programs

This analysis focuses on the primary print, television, and radio ads that states have created to promote their children's health coverage programs and identifies common approaches. These materials are necessarily brief and to the point, and so provide snapshots of the sort of approaches states are using to advertise the programs. Following are the key findings from this analysis.

Children's health coverage ads tend to have the look and feel of ads for commercial products, not a government health program.

Children's health coverage ads are universally appealing and polished-looking, with a commercial feel. States use high quality photography, catchy slogans, bright colors, and appealing, new names. States appear to have deliberately chosen an approach that would resonate with working families, who may not be comfortable with government assistance programs. It is not immediately evident that the ads are for a government health program at all. Indeed, some ads make no direct reference to the state ─ or, if a reference is made, it is often subtly done.

Most ads provide only limited information about the program itself.

It seems that, by design, states are not telling parents much about their children's health coverage programs in their ads. The approach appears to be to grab parents' attention through appealing ads, and hope they call the toll free number to learn more about the program. While states may feature a program name in their ads, virtually none use the term "Medicaid" in their television or radio spots. Details about how the program works, who qualifies, how to enroll, how much it costs, and what services are covered are often missing from their print, television, or radio ads.

While states may be worried that parents might not call to learn more about the program if they knew, for example, that they would still have to pay premiums, or that the program is actually a state program, the risk in this approach may be that some parents do not call because they do not know enough about the program yet, especially if they cannot tell from ads whether their children would qualify or not.

Most children's health coverage ads have a child-friendly, optimistic feel.

The predominant visual images in these ads are that of happy, healthy-looking, and diverse children of all ages. In print ads, there is typically a photo of four or more children of various ages and ethnic backgrounds in a group. Most television ads also use images of children, though these ads also include families, parents, homes, and physicians since they can show multiple images. Some television and radio ads use children's voices to narrate the ad and describe the program. Although images of healthy children are the norm, some states do include photos of sick children. A handful of states also use images of children with special needs or disabilities.

Children's health coverage ads typically show children of different racial and ethnic backgrounds ─ mostly African-American, Latino, and white. Occasionally, Asian children are included. Because states presumably want to reach many populations with their ads, they tend to use multiple photos of diverse children and families, or have a diverse group of children together in one photo. However, some states have developed supporting materials and posters that target ethnic groups which tend to show a single image of a child and/or family of a specific ethnic and racial background. For example, while their primary materials and posters feature many images of children and families of diverse ethnic backgrounds, their Spanish-language materials may just have one image of a Latino family.

A few states' ads feature well-known figures as spokespeople, usually a governor, often surrounded by children. Some also include doctors and nurses examining children. Most print and television ads feature women prominently ─ they tend to show mothers more often than fathers. Many of the professionals shown ─ such as medical providers and teachers ─ are women also. Many radio ads use the voice of a woman to narrate.

Most ads clearly target working families.

Children's health coverage ads directly target working families who lack insurance for their children. Some even start with language such as, "If you are working and cannot afford insurance for your children…" These messages are reinforced by visual images of middle class neighborhoods, working parents, suburban homes with well-kept lawns, and children who are not lacking for sports

Targeting Grandparents

A few states have created ads with photos of grand-parents with young grandchildren. These ads recognize the important role that grandparents can play in caring for their grand-children and that grandparents need to be informed about CHIP and Medicaid too.

equipment or toys. They show no scenes of poverty. Urban settings are less prevalent than suburban locations.

The purpose of these ads appears to be to show that people who lack insurance for their children are like everybody else ─ they live next door to you. Another reason for this targeting is perhaps to reduce negative stereotypes of people who receive government assistance.

Children's health coverage ads stress the affordability of the program.

States focus on informing parents that this coverage is affordable. These states know that the high cost of commercial insurance is a primary reason why many children of working parents lack health coverage, and so they want them to know that CHIP and Medicaid are inexpensive alternatives. Most ads prominently say that the program offers "no cost or low cost health coverage" ─ this usually appears in the headline of the ad, or in the first seconds of a television or radio ad.

However, states are much less likely to be specific about the costs of the program. Ads do not mention actual dollar amounts that parents may have to pay, and only a handful of states explain that parents may have to pay copayments or monthly premiums. The exclusion of these details is probably intentional ─ while states want parents to know that CHIP is affordable, they probably do not want parents to dwell on the fact that they still must pay for this coverage.

Many ads imply that providing health coverage is part of being a good parent.

Many states' ads directly relate providing health coverage to being a good parent. They use slogans such as, "Take care of your children with health care coverage." This idea speaks to parents' desire to be good caregivers to their children, and to provide for their every need. Ads make it clear, however, that having uninsured children does not mean that parents are bad caregivers. Ads do this by acknowledging that working parents are doing the "the best that they can" and that health insurance just "costs too much" for working families. Some television and radio ads stress this theme by using opening questions like, "Is health insurance too expensive?" These ads subtly place

blame for parents' uninsured children on the health system and insurance companies, which charge too much for coverage.

Many ads assert that children's health coverage will give parents peace of mind by guaranteeing them access to medical care when their children are sick or hurt.

Some children's health coverage ads use "scare" tactics to motivate parents to enroll their children. These ads raise fears about children getting hurt. Some states present images of children falling off of skateboards or playground equipment, while others make statements such as "Kids break things." They use words such as "frightening" and "scary" to describe how it feels to be a parent of an uninsured child. They imply that children are bound to get hurt, and that "bad things can happen to children." Some show images of crying mothers. Some television ads, in particular, use images of an emergency room. The point of these ads seems to be to remind parents that their children are vulnerable without health coverage, and to underscore the security that comes with having covered kids.

Many ads portray health coverage as a basic necessity for children — a requirement for children to flourish.

Many print, television, and radio ads stress that children's health should be a top priority for parents. Ads say things like, "After all, what is more important than your child's health." Many of these ads show classrooms and directly link healthy children to success in schools. These ads assert that children need to be healthy to learn, and suggest that children who lack insurance may lag behind other children. The purpose of these messages seems to be to encourage parents to give equal priority to obtaining health coverage as they give to providing other basic needs for their children such as food, clothing, and a good education. These ads may be assuming that health coverage is a lower priority for some parents, who may feel that their children can do without it and that it is not worth the cost.

States seem split on whether to promote CHIP and Medicaid as health coverage for children when they are <u>sick</u>, or as a source of coverage for <u>preventive</u> health services and regular doctor visits.

While many ads stress that CHIP and Medicaid will cover doctor visits and hospitalization when children are ill or hurt, some emphasize the preventive aspects of the coverage such as having a regular doctor, or highlighting services like check-ups and shots. The "sick" ads tend to show images of children being treated for a typical childhood illness, but also for serious medical conditions, such as diabetes, broken bones, etc. The "preventive" ads tend to show happy children being examined by smiling pediatricians. A number of ads mix both benefits of coverage together, trying to appeal to as many parents as possible.

Many ads claim that enrolling in these programs is simple and easy.

Many children's health coverage ads present enrolling in the program as quick and easy. Clearly, these ads seek to dispel images of Medicaid enrollment as a difficult, long process involving a lot of paperwork. A few ads make this point by providing testimonials from parents who have applied saying, "It was just easy, only a few minutes." In fact, some ads imply that by calling the 1-800 number on the ad, parents can enroll over the phone immediately.

Some ads feature the services that children's health coverage programs cover and stress that parents will have a choice in doctors.

Some print, television and radio ads for children's health coverage programs highlight specific health services that the program covers ─ such as check-ups, medication, hospitalization, and dental care. A few ads also mention vision, speech and hearing services. Television and radio ads are more likely than print ads to mention specific services as their format allows for more details about the program.

Some ads also claim that parents will have choices in their children's providers if they enroll them in the program ─ i.e., they will not randomly be assigned to a doctor or insurance plan. These ads also imply that a number of physicians participate in the program, which may dispel some older images of Medicaid as having only limited choices in doctors.

Age limits, telephone numbers, catchy slogans, and the program's name and logo are staples of most children's health coverage ads.

Most print, television and radio ads for children's health coverage include information about the eligibility age of children. A typical statement is, "If your child is under the age of 19, consider enrolling them in CHIP." The print and television ads also make this point by using images of children of various ages.

All ads feature a telephone number in bold, large print where parents will easily see it. Radio ads tend to give the phone number near the end of the radio spot. Since the goal of the campaign is to have parents call a toll free number, this information is prominently displayed. Other contact information, such as a website address, is hard to find if it is included in the materials at all.

Many states' ads also use appealing logos and child-friendly names for their programs, such as *SoonerCare* and *BadgerCare*. This information often is highlighted in the print materials. These names and logos tend to have a commercial feel, which the ads reflect.

Most ads feature slogans such as "Kids need health coverage" and "Every kid should be happy and healthy." Typically, the slogan stresses the importance of health coverage for children. Another commonly used slogan, "No cost or low cost coverage for kids," emphasizes the affordability of these programs.

Differences between Television and Print Ads

States are generally using the same approaches to promote their children's health coverage programs regardless of whether they are using print, television, and/or radio advertising. The core themes ─ that these programs offer affordable health coverage for uninsured children in working families ─ emerge in just about every ad. However, there are some differences, particularly between television and print ads.

Generally, television ads are better able to tell a fuller story about CHIP and Medicaid. Television ads can show multiple images and address many aspects of the program in the 30 to 60 second spots that most states typically use. Print ads, on the other hand, are more limited simply because all images and messages must fit on one page or on a poster. Other differences include:

Television Ads

- TV ads are more likely to mention covered services such as hospitalization, doctor's visits, medications, and dental coverage.
- TV ads are more likely to feature women – as single mothers, as health providers, as educators, as narrators.
- TV ads are more likely to show suburban, middle class settings.
- TV ads try hard to target working parents, showing more images of workers and their children.

Print Ads

- Print ads are less likely to include substantive information about CHIP – such as what services are covered.
- Print ads are more likely to stress that enrolling in CHIP is easy.
- Print ads are more likely to focus on children rather than families.
- Print ads are more likely to be positive and happy-looking, and less likely to use scare tactics or frightening images.
- Print ads are more likely to be vague about the costs associated with CHIP.

NEXT STEPS FOR MARKETING CHILDREN'S HEALTH COVERAGE PROGRAMS

This section offers suggestions to states about next steps to promote their children's health coverage programs. These insights come from interviews with state officials as well as other survey and focus group research on this topic. Because each state's circumstances are unique, a "one size fits all" ad campaign has limited reach. This will hold even truer as states begin to refine their ad campaigns and target hard-to-reach communities. Ultimately, states have to learn from their own evaluations of their ad campaigns to understand what works best, with whom, and why. This section, therefore, raises questions and offers ideas that states may want to consider in their decision-making about next steps. It is broken into three sections: 1) the first section contains ideas for enhancing the marketing of children's health coverage programs, 2) the second section puts all the ideas together to identify key ad components, and 3) the third section addresses issues that go beyond the marketing children's health coverage programs which are vital to successfully enrolling more eligible children in Medicaid and CHIP.

Ideas for Marketing Children's Health Coverage Programs

Following are some specific ideas that states may want to consider when developing new ads for their children's health coverage programs.

Provide actual dollar amounts for eligibility.

In focus groups with low-income parents regarding CHIP and Medicaid, parents say they want to see ads provide actual dollar amounts so that they can determine if their children qualify or not.[4] Specifically, parents want to know how much they can earn and still have children who are eligible for the program. Because CHIP and Medicaid ads do not typically provide this information, some working

[4] There are two primary sources of the focus group findings cited in this report: 1) The Henry J. Kaiser Family Foundation sponsored eight focus groups with low-income parents in May-June 2000 in California to evaluate the Medi-Cal (Medicaid) and Healthy Families (CHIP) programs 2) The Kaiser Family Foundation also sponsored 14 focus groups, eight in California (March 1998), and six in Georgia, New Mexico, and Ohio (Nov-Dec 1998) with low-income parents regarding Medicaid and CHIP.

parents say they simply assumed they earn too much to qualify. Indeed, in a national survey of low-income parents of children enrolled in Medicaid or who are uninsured, more than half of parents (58%) reported that they did not try to enroll their child in Medicaid because they did not think they would qualify.[5]

Because the CHIP legislation encouraged states to raise income eligibility levels for children — in many cases, up to 200% of the poverty level or more — families that have never been eligible for public assistance may now qualify. These newly eligible families are even less likely to know that these coverage options may be available to their children.

Of the states' materials reviewed for this project, only a handful of states appear to provide actual dollar amounts in their primary television, radio, or print ads. For example, Hawaii's television ad tells how much a family of four can earn per month for their children to qualify. Virginia's print ads include a box with information on how much different sized families can earn and still qualify. Other states tend to use actual dollar amounts only in their more in-depth materials and fact sheets — materials that parents receive only after they call a toll free number or pick up an application. Television, radio and print ads, on the other hand, could reach substantially more parents with this information.

Give more details about CHIP and Medicaid.

Low-income parents in focus groups say that they want more information about CHIP and Medicaid than promotional ads tend to provide. They say they want to know more about the program — such as what services are covered, if they can choose their doctor, eligibility information, and if there are any fees they have to pay — *before* they call a toll free number. This preference for more details seems to call into question the approach that many states take in their ads — particularly in their print ads — which gives minimal details about the program in the hopes that parents will call to learn more.

Parents want ads to include more details, specifically:

What key services are covered?

Are there choices in doctors?

How much can a family earn and still have eligible children?

What are the fees I would have to pay?

[5] Perry, M., S. Kannel, R. Valdez, and C. Chang, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, January 2000. The Kaiser Commission on Medicaid and the Uninsured.

Of course, there are limits to the details that states can provide about CHIP and Medicaid in television, radio, and print ads. These formats require that ads be brief and to the point. There may also be a concern among state officials about overwhelming parents with too much information and potentially driving them away. However, a few specific examples of the benefits of these programs may entice more parents to actually call a toll free number to learn more.

One detail that many parents say they want to know about is whether CHIP and Medicaid cover dental care, among other services. Dental coverage continually emerges in focus groups with low-income parents as an important health service for their children as these services can be very expensive for parents of uninsured children to afford out of their own pocket. Other important services to highlight include prescription drugs, doctor's visits, and hospitalization.

Counter negative images about the enrollment process.

States already seem to be doing this in their children's health coverage ads by emphasizing easy enrollment, but they should continue this message in future ads. The reason for this is twofold: first, many low-income parents in focus groups tend to be unfamiliar with the CHIP enrollment process. Because the program is still relatively new, there is not as much firsthand experience or even word-of-mouth about the enrollment process. Second, many low-income parents have experiences with the "old" Medicaid enrollment process ─ or have heard about it from friends ─ and often have strong negative perceptions about that process.

Survey research has shown that the most frequently mentioned barrier to Medicaid enrollment is the enrollment process itself. Specifically, almost three-quarters of parents (72%) cited the difficulty of getting all the required documentation; two-thirds (66%) cited the overall hassle of the enrollment process; and almost as many (62%) cited the complexity of the enrollment process as reasons they did not complete the application process.[6]

[6] Perry, M., S. Kannel, R. Valdez, and C. Chang, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, January 2000. The Kaiser Commission on Medicaid and the Uninsured.

Do more targeting of children's health coverage ads.

The interviews with state officials reveal that 17 of 48 states are not currently directing their children's health coverage ads toward any specific populations, using ads with a more general appeal instead. These states may want to move toward a more targeted approach in their next promotional efforts.

17 of 48 states are not currently targeting their CHIP and Medicaid ads toward any specific populations. This may be an important next step to reach groups that have lower enrollment levels.

Specifically, states may want to identify hard-to-reach populations, and those groups that have lower enrollment levels, and begin developing a new wave of ads that will appeal to these families. For example, if low-income Korean families appear less likely to enroll, then states may want to identify Korean-language newspapers and develop print ads in that language that feature Korean families. States may also want to conduct focus groups with Korean families to understand what aspects of the program would be most important to them.

States' evaluations should help pinpoint which populations may need special attention in regards to outreach. These populations may need to hear new and different messages about CHIP and Medicaid, which research can help inform. Similar campaigns for public programs show that general ad campaigns rarely reach for all eligible individuals, so states may want to start planning more customized approaches to important populations of potentially eligible families.

On a related point, state officials say that placing print ads in local papers enables them to target specific populations. Some officials feel that these ads garner more attention in these smaller papers, whereas they can be lost in the larger, statewide papers. Additionally, states say that one of the best ways to reach specific language groups is to use their local papers.

Direct more ads to former welfare and Medicaid beneficiaries.

Given the images commonly used, most children's health coverage ads seem targeted to working parents at the higher end of the eligibility scale who have never experienced welfare assistance or even Medicaid before. However, continuing declines in welfare caseloads, coupled with the lack of employer-based health coverage for low-wage working families, suggest that former welfare beneficiaries may be an important target group for CHIP and

Medicaid advertising. Also, children that have lost Medicaid coverage may still qualify for coverage under CHIP. However, these parents may believe that since they were dropped from one program, their family must not be eligible for any other public programs.

Only a handful of states make direct appeals to parents who recently received public assistance. For example, a Kentucky ad reads, "Are you off state financial assistance? You may qualify for other programs." Pennsylvania's television ad shows mothers in a doctor's office discussing Medicaid and welfare. The ad told how mothers who no longer receive welfare can still enroll their children in Medicaid. More ads directed toward families leaving welfare or losing Medicaid benefits, informing them that their children may still be eligible for health coverage, may encourage these families to apply.

Educate employers, particularly small businesses, about the availability of CHIP and Medicaid for their workers.

A few states have developed informational materials about CHIP and Medicaid for employers. For example, North Carolina's radio ad uses the voice of an employer who says that he cannot afford to provide insurance to his employees, and so he is glad that his state offers CHIP to eligible families. However, most states are less advanced in this regard.

Small businesses are an important target market for CHIP and Medicaid ads. They are more likely NOT to be providing coverage of their own and may want to help employees enroll their uninsured children in the program.

Employers represent an important target group for messages since employers are still the primary way through which working families obtain insurance ─ in other words, workers are accustomed to looking to their employers for information about health coverage. Small businesses, in particular, are key audiences for these messages as they often cannot afford coverage for employees and their families, or pass on a large portion of the costs to these employees. Although some states have been reluctant to work with employers because of concern that low-income working families may substitute public coverage for private insurance, states could develop ads and flyers targeting businesses, as well as inserts that can be enclosed with paychecks, that serve only to inform families that their children may be eligible for CHIP or Medicaid coverage.

Use the word-of-mouth network to educate about CHIP and Medicaid.

States' evaluations of their ad campaigns and outreach efforts reveal that potentially eligible families are most likely to learn about CHIP and Medicaid through friends and family. This finding may perplex state officials because it does not immediately point to a specific outreach method that would be most effective. The promotional tools that states are already using ─ television, radio, and newspaper ads ─ often end up second, third, fourth, or even lower on the list in terms of how parents are hearing about CHIP and Medicaid.

While this finding implies that states continue to use these ads to raise awareness generally, it may point to other outreach methods as well. For example, state officials could identify "influencers" in the various groups they want to reach with information about these programs. "Influencers" are individuals within communities who command authority and respect, and who have access to large numbers of people. Examples include physicians and nurses, religious leaders, community activists, local politicians, restaurant owners, school teachers, day care providers, civic leaders, and others. Community-based organizations that partner with state officials on CHIP and Medicaid outreach should be able to identify the influencers in their community. Tapping these informal networks through influencers, and providing information about CHIP and Medicaid to these individuals, will complement states' more formal promotional efforts.

Target "influencers" to spread messages about CHIP and Medicaid. These can include:

Doctors
Nurses
Teachers
Elected officials
Community activists
Journalists
Employers
Coaches
Day Care Employees
Non-profit organizations
YMCA
Ministers, Priests, Rabbis…

Continue to use schools as outreach centers.

States are already using schools as a primary site for promoting children's health coverage programs in terms of educating families about the program and enrolling children in them. Their own evaluations indicate schools are one of the top ways that potentially eligible parents learn about the program ─ "Schools" typically come in second behind "Friends and Family." This evidence suggests that states should continue to partner with schools to reach eligible families and find additional ways to enhance this partnership.

Pay for optimal television ad time.

States say that paying for television ad time is more effective than relying on donated time and public service announcements (PSAs). This gives them greater control over when their paid ads air, allowing them to run them during prime time and other periods with higher viewership. Donated time slots and PSAs mean that the television station ultimately controls when the ads shown ─ usually at odd hours and when viewership is low. If states hope to use television as an effective means of outreach, then they should be prepared to spend some money to control when those ads run.

Key Components for Children's Health Coverage Ads

Below are the specific components of children's health coverage ads that may be most effective in attracting parents. Given the unique circumstances of each state, there is no one ad that will work for every state. However, the components we propose reflect the research on what parents say they want in ads about CHIP and Medicaid.

Based on the analysis of states' ads and insights from focus groups with parents, it seems that states are already doing a good job of creating ads that address parents' primary concerns and questions about CHIP and Medicaid. Print, television, and radio ads reviewed for this project are uniformly attractive and compelling, and use messages that will likely resonate with parents. However, the next phase of ads will have to reach those parents who have not responded to the current ads, and will perhaps need to incorporate new messages while reinforcing some of the original messages. Following is some guidance to states as they develop new ads for their children's health coverage programs:

$ **Continue to use appealing images of diverse children and teens.** Add images of children with disabilities, as a few states have begun to do, to show that the programs are for all children, including those with special needs.

$ **Keep addressing "peace of mind" themes.** Show that CHIP and Medicaid will give parents a sense of security knowing that when their child becomes ill, their medical care will be covered. However, avoid frightening images such as children getting injured or a very ill child ─ studies show that these may turn parents off to the message.

$ **Continue to emphasize that CHIP and Medicaid provide free or low-cost health coverage.** Since cost is a major barrier to parents obtaining private coverage for their children, this program must stress that it is an affordable alternative to commercial insurance.

$ **Identify health services covered by CHIP and Medicaid.** These include comprehensive dental care, medications, doctor's visits, and hospitalization. If possible, consider mentioning other services that children need like vision care.

- **Make phone numbers and websites even more prominent.** Parents should not have to search for this contact information.

- **Stay focused on workers.** Continue using images of working families in suburban settings. Consider mixing in images of less affluent families and neighborhoods so that families in the lower eligibility levels can see that the programs are for them as well.

- **Continue to emphasize that health coverage is important for children to flourish, and that providing coverage is part of being a good parent.** Both strategies reinforce that health coverage should be a priority for parents. Avoid any language that implies blame for parents who have uninsured children.

- **Give an example of how much a family can earn and have children who qualify.** For example, say that a family of four can earn $32,000 and still have children qualify. Parents need to see specific dollar amounts in order to realize that this program is for their family.

- **Keep saying that enrolling in CHIP and Medicaid is easy but make sure the enrollment process is, in reality, easy for parents to access and complete.** If an ad says enrolling is easy but, in fact, it is a lengthy and burdensome process, then parents will fail to complete it. However, if the enrollment process has been streamlined, then this should be included in the ad to reassure prospective applicants.

Marketing Alone is Not Enough

Following are ideas that go beyond marketing and relate to all the other activities that are involved in successfully enrolling families in CHIP and Medicaid. Although marketing strategies have focused heavily on portraying coverage in an appealing manner, negative stereotypes of Medicaid are not reported by parents to be the most serious barrier to enrolling children. In focus group and surveys, parents repeatedly report that enrollment hurdles are the primary barriers to enrolling their children in Medicaid or CHIP. States must continue to simplify the enrollment process and develop additional strategies to broaden coverage if efforts to increase enrollment are going to be successful.

Identify Barriers to Enrollment

As a next step, states may want to consider identifying the reasons why eligible families are not enrolling in CHIP or Medicaid. Focus groups suggest that parents face a number of barriers to enrolling in the program. These include:

Barriers to Enrollment

Do Not Believe the Program Is for Them ➡	Some parents who have heard about CHIP/Medicaid but have not enrolled say they did not think their children would qualify. They just assume that they earn too much because they are workers and believe the program is for poorer families.
Lack of Awareness ➡	Some parents are still not aware of CHIP. While this may be less of a problem over time, it may be a reason why some parents are not currently enrolling their children. These parents are "unconnected" – they are not part of any system where they would naturally learn about CHIP and Medicaid. Another group to consider is parents who do not speak English. Ads in newspapers and on TV are still primarily in English, so these parents may have less opportunity to learn about CHIP and Medicaid.
Not Enough Information ➡	Some parents say that all they know about CHIP or Medicaid is the name of the program. They say ads they see do not provide details about the program – what it covers, income eligibility, fees and costs, etc. Without knowing more of the details, some parents are reluctant to call a toll free number or contact the program.
Difficult Enrollment Process ➡	An important barrier to the Medicaid program is the burdensome enrollment process that parents perceive. They say they must complete too much paperwork, miss time from work, go to the welfare office, fill out a complicated application, answer intrusive questions, and wait for many hours to enroll their children. While many states have made improvements in this process, some parents may not be aware of these changes.
Negative Stereotypes of Medicaid – Not a Major Barrier ➡	While some parents are concerned their children will be treated worse by providers if they are "Medicaid recipients," many parents say this is not a major barrier to enrollment. Rather, parents say they appreciate that Medicaid exists and that they are able to obtain health coverage for their children they could not obtain otherwise. These negative perceptions may be even less of a concern for CHIP because it is marketed more like a commercial health plan.

Source: The Kaiser Commission on Medicaid and the Uninsured, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, January 2000.

Ease the Enrollment Process

With many states advertising a quick and easy enrollment process, it is vital that states have an accessible enrollment process in place for interested parents. Survey research[7] identifies a number of improvements to the enrollment process that would make them more likely to enroll their children in Medicaid. The top ideas include:

- Mail-in enrollment forms or enrolling over the phone;
- Immediate enrollment and providing all forms later;
- Enrollment offices open after work or on weekends;
- Automatic enrollment when the child enrolls in the school lunch program;
- Enrolling at a doctor's office or clinic; and
- Help from someone who speaks my language.

One specific suggestion made by states is to have trained assistants to help parents complete the application at all enrollment sites. State officials claim that this is a successful way to help parents accurately complete the application, thereby reducing the number of applicants turned down because of an incomplete form.

Consider Whole Family Coverage

Of all the state materials reviewed for this study, only Wisconsin's television ad promotes CHIP as a health insurance program for the "whole family." Most states make it clear in their advertising that these programs are just for children.

A recurring theme in a number of studies with low-income parents is the desire for whole-family health coverage. Many parents dislike the notion of insuring some family members while other family members remain uninsured. This seems to be a point of concern for parents about CHIP too ─ that it only covers children. In recent focus groups, some parents objected to CHIP only covering children, and they recommended that the program cover other uninsured family members as well. They assert that parents need health coverage too ─ that sick parents cannot care for their children, nor can they hold

[7] Perry, M., S. Kannel, R. Valdez, and C. Chang, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, January 2000. The Kaiser Commission on Medicaid and the Uninsured.

down a regular job. The whole family suffers when even one member is uninsured.

While some states have expanded coverage to families, most have lower eligibility levels for parents, making the parent unlikely to qualify for assistance. Expanding coverage for parents may help reach more uninsured children as research shows that eligible children are more likely to get enrolled if their parents also qualify for coverage. If possible, states should consider using their options to expand their CHIP and Medicaid programs to cover all family members, including parents.

CONCLUSIONS

The purpose of this review of states' marketing approaches and ads for children's health coverage programs is to inform states of what others are doing, and to look across this information to find common themes as well as innovative ideas. The results of this analysis show a great deal of similarity in the messages and approaches that states are using to promote their programs.

The main message that most states use is as follows: CHIP/Medicaid is affordable health coverage for uninsured children in working families. Focus groups with parents suggest this message has much appeal. Parents of uninsured children say they worry about their children, and feel vulnerable without coverage. Obtaining coverage is a high priority, but parents often cannot afford coverage on their own or work for employers who do not offer dependent coverage. This message, therefore, will gain the attention of most working parents with uninsured children.

However, there are also some important challenges these ads face. Parents feel that the current wave of ads lack specific details. For instance, they do not know what the programs cover, if they would qualify, or how much they would have to pay. Some parents want to know more facts about the program before they call a toll free number. Another challenge might be that some working families cannot tell if the ads are for them or not. These may be families without experience with government health programs, and who do not believe they could qualify for assistance.

As states consider their next phase of advertising, they may want to think about adding some of the information that parents in previous focus groups have said they want to see in ads, specifically a dollar amount that families can earn and still be eligible; some of the key services covered by the program; and a description of the enrollment process as easy and quick.

Parents also want to hear that CHIP covers all family members who are uninsured ─ short of this, they would appreciate any ideas on how to obtain coverage for uninsured family members not covered under CHIP or Medicaid. Finally, they want to hear these messages in a mix of ways ─ television, radio, print, through their employer, at

schools, from providers, in local papers, in their native languages, and from people they trust such as friends and family.

Enhancing and refining children's health coverage ads are only part of the solution. As states work to improve the image of their children's health coverage programs with new names and better marketing, they need to ensure that once contact is made, processes are in place to help parents successfully navigate the system. States need to develop efficient and family-friendly screening and enrollment procedures to create a seamless system of health coverage that guarantees that eligible children are enrolled in the appropriate program.

In addition, without a clear and manageable enrollment process, frustrated parents will fall out of the process and eligible children will not be enrolled. The suggestions captured in this report ─ having trained assistants to help parents complete the application, using mail-in or phone-in applications, shorter application forms, giving parents choices in where they apply, reducing the amount of paperwork required ─ offer states a blueprint of the sort of enrollment process parents want.

Developing attractive and compelling ads is only the first step to increasing children's coverage. The next phase is developing an accessible enrollment process, so that the ultimate goal is achieved: covering uninsured children.

1450 G Street NW, Suite 250, Washington, DC 20005
Phone: 202-347-5270, *Fax:* 202-347-5274,
Web Site: www.kff.org

Additional free copies of this publication (#2213) are available on our website or by calling our publications request line at 800 656-4533.