Consumer Education for Medicaid Managed Care Enrollees

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Funded by The Pew Charitable Trusts
Consumer Education
for Medicaid Managed Care Enrollees

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EXECUTIVE SUMMARY

As more and more Medicaid beneficiaries receive their health care coverage through managed care, the need for effective education grows. When enrollees have the information they need to navigate the managed care system, they are more likely to use their plan correctly, to see their provider, and to receive a physical examination. Lacking adequate education and information, Medicaid beneficiaries may have difficulty accessing appropriate care and advocating for themselves.

This study was designed to identify effective elements of a comprehensive education program. Seven different health care education programs were included. Typically, their education efforts consisted of the following strategies:

1. Getting the relevant players involved.

2. Doing research to understand the information Medicaid beneficiaries need and then determining how, where, and when to present it. Study participants stressed the importance of using consumers — through focus groups, interviews, or organized gatherings — whenever possible.

3. Focusing on one or two key messages to include in all education efforts.

4. Providing information and education to those who work frequently with Medicaid beneficiaries (e.g., case workers and staff of community-based organizations).

5. Using more than one method to deliver messages. Verbal strategies (face-to-face or phone conversations) are effective in explaining the complexities of the managed care system. Media and print are helpful in reinforcing basic messages or providing specific details when the consumer needs the information (for instance, when making a complaint).

6. Making education an ongoing, continuous effort.

Other strategies that study participants found particularly effective included telephone helplines, the use of public health nurses to first assist beneficiaries in their choice of plan and then to serve as case managers to teach enrollees how to use the plan, the use of local and regional groups to assist in phasing in statewide efforts, the hosting of consumer education sessions with established groups of beneficiaries, and partnerships with community-based organizations, marketing firms, and the media. The paper highlights innovative ways of implementing these strategies.
ACKNOWLEDGMENTS

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INTRODUCTION: EDUCATING MEDICAID MANAGED CARE ENROLLEES

Outreach is a very important function in assisting Medicaid beneficiaries choose health plans. Studies by the National Academy for State Health Policy1 show that states seek to inform beneficiaries “early and often” and involve many parties in the process.

The next, equally important, step is to educate beneficiaries on how to use their plans. Medicaid beneficiaries are presumed to have fewer of the skills necessary to advocate for themselves in a managed care delivery system. Therefore, developing a strategy and program for the education of Medicaid beneficiaries on any new managed care initiative is key to ensuring the successful implementation of a Medicaid managed care program.2 A survey of over 400 Medicaid beneficiaries in New York City found, “When beneficiaries are knowledgeable about managed care, they are more apt to use their plan correctly. Respondents who reported having been informed about the role of the primary care provider were more likely to have seen their provider, and more likely to have received a physical examination since they enrolled in their plan.”3

This report discusses some newer approaches to consumer education, as well as covering some traditional approaches. It looks at tools proven effective in both Medicaid managed care programs and other health-related education initiatives — such as face-to-face education, hotlines, education sessions, mass marketing campaigns, and print materials — and how these pieces fit together to create a comprehensive education strategy.

1 These include:
- A Snapshot of Seven State Medicaid Managed Care Enrollment and Disenrollment Systems by Neva Kaye and Cynthia Pernice, October 1998.
- Enrollment and Disenrollment in Medicaid Managed Care Program Management by Jane Horvath and Neva Kaye, December 1996.

For more information, contact the National Academy for State Health Policy at 207/874-6524 or www.nashp.org.


What Do Enrollees Need to Know?

In order to navigate their plans effectively, Medicaid beneficiaries need to know how managed care works and have the skills to advocate for themselves and their families. They should understand:

- Basic managed care principles (such as using providers within the plan’s network, the role of the primary care physician, the need for referrals, and restrictions on emergency care) and how managed care differs from the way they received services through fee-for-service

- How to access care within the health plan

- The importance of choosing and making appointments with a primary care physician (PCP)

- The reasons for obtaining preventive care

- How and when to access specialty care

- How and when to access emergency care

- How to get help if problems or questions arise

- How and when to switch PCP or plan.

Lack of enrollee understanding has utilization implications. For example:

- Beneficiaries are likely to continue to use hospital emergency rooms inappropriately and to ignore their managed care plan if they do not understand how their plan works.4

- One study found that one-third of the managed care patients who sought care in emergency rooms and were denied authorization by the plan never saw their primary care doctor for their problem after the denial; one-fourth told interviewers that their problems were the same or worse; and nearly half expressed dissatisfaction with the gatekeeper process.5

- The New York City survey conducted by Community Service Society found that 15% of adult respondents who had been enrolled in a plan for over two years had never used it; 21% of respondents’ children who had been enrolled two years or more had never used the plan.

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4 Medicaid: States Turn to Managed Care to Improve Access and Control Costs, by General Accounting Office (GAO/HRD-93-46), March 1993.

Twenty percent of all the managed care enrollees responding reported that they had no primary care physician.  

PROGRAMS STUDIED

This study sought to determine the elements of a comprehensive education program which Medicaid managed care officials believe would be effective in their state. This involved a two-step process.

In the first phase, NASHP staff conducted 60-minute telephone interviews with representatives of active education programs (for more details on the particular programs, see Table 1) during July through September, 1998. Three of these programs — Baby Arizona, Utah’s Baby Your Baby, and Nebraska’s Back to Sleep (to prevent SIDS) implementation — are not specific to Medicaid managed care. The others — New York City Office of Medicaid Managed Care’s education efforts, and the Medicaid Managed Care Education Project conducted by the Community Service Society of New York City (CSS) — focus on an urban population in a highly concentrated area.

The second phase involved conducting an one and one-half hour conference call with the Medicaid staff in the three states where the non-Medicaid managed care-related education programs are operating (Arizona, Nebraska and Utah). The conference call probed for information on:

- Which of the education strategies practiced by these programs would work for Medicaid managed care? Which would not?
- Who needs to be involved? What do their roles look like?
**Education Programs**

Table 1 provides brief profiles of the five education programs studied (more detail is provided in the Appendix). All except one began within the last four years. All except Baby Arizona began before mandatory Medicaid managed care (New York City, the site of two programs, is still enrolling voluntarily). One is conducted by an independent advocacy agency (Community Service Society). All use multiple client education strategies.

**Table 1: Education Programs**

<table>
<thead>
<tr>
<th></th>
<th>Start</th>
<th>Brief description/ goals</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona - Baby Arizona</td>
<td>1994</td>
<td>Statewide (phased in by county) public-private streamlined eligibility campaign designed to increase the % of healthy babies by increasing the % of Medicaid-eligible pregnant women getting prenatal care starting in the first trimester</td>
<td>Last 2 years, 6% increase in early prenatal care; increases in calls to toll-free hotline; satisfaction survey of 300+ consumers found 88% very satisfied and 12% somewhat satisfied</td>
</tr>
<tr>
<td>Nebraska - Back to Sleep Implementation</td>
<td>1995</td>
<td>A nationwide program supported by the American Academy of Pediatrics and the National SIDS Foundation to reduce the risk of SIDS by placing babies on their backs to sleep, brought to NE by the NE SIDS Foundation and the Nebraska Health and Human Services Perinatal and Child Health Program (Title V)</td>
<td>50% decrease in SIDS over a 2-year period</td>
</tr>
<tr>
<td>Utah - Baby Your Baby</td>
<td>1988</td>
<td>Statewide outreach program (which includes presumptive eligibility program) to decrease infant mortality and low birth-weight babies, and increase prenatal visits in the first trimester; education campaigns have also worked to increase numbers of well-baby visits, promote breast-feeding and child nutrition, and increase numbers of WIC and EPSDT referrals</td>
<td>Independent survey found 90%+ awareness of BYB throughout state; increased numbers of women enrolling (6,651 in '97)</td>
</tr>
<tr>
<td>New York City - Office of Medicaid Managed Care</td>
<td>1996</td>
<td>Citywide effort to educate Medicaid beneficiaries on enrolling and utilizing managed care, and prepare them for mandatory enrollment phase-in. Two step process: 1. educate providers 2. educate consumers directly</td>
<td>People are aware they have choices (message of PSAs); helpline calls increase after certain strategies</td>
</tr>
<tr>
<td>New York City - Community Service Society</td>
<td>1995</td>
<td>Citywide project to develop and demonstrate a replicable model to provide Medicaid beneficiaries with information and skills to effectively navigate within a managed care system</td>
<td>Independent evaluation found: workshop participants more knowledgeable about how to negotiate managed care, and use information from workshop and handbook to solve problems</td>
</tr>
</tbody>
</table>

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7 Since this report was written, the Office of Medicaid Managed Care has become the Division of Health Care Access of the New York City Department of Health. Its responsibilities are the same.
Statewide Medicaid Managed Care Programs

Table 2 describes the Medicaid managed care programs in Arizona, Nebraska, New York and Utah. (New York State was included because New York City’s Office of Medicaid Managed Care implemented the managed care program for 1.9 of the 2.4 million Medicaid beneficiaries in the State.\(^8\)) All cover primary and acute care. Three have carve-out programs offering specialty services: Arizona and Nebraska have behavioral health programs, and Utah has a mental health program.

<table>
<thead>
<tr>
<th></th>
<th>Arizona Health Care Cost Containment System (AHCCCS)</th>
<th>Nebraska Health Connection</th>
<th>New York Partnership Plan</th>
<th>Utah Medicaid Managed Care Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Waiver</strong></td>
<td>1115</td>
<td>1915(b)</td>
<td>1115 (granted in 1997)</td>
<td>1915(b)</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>All categorically eligible</td>
<td>All categorically eligible</td>
<td>Primarily AFDC/TANF and related populations, some non-elderly SSI, “Home Relief” beneficiaries</td>
<td>All categorically eligible, medically needy</td>
</tr>
<tr>
<td><strong>Mandatory/voluntary enrollment in risk-based care</strong></td>
<td>Mandatory</td>
<td>Mandatory</td>
<td>Voluntary, phasing-in to mandatory (for cash assistance populations)</td>
<td>Mandatory in urban areas (4 counties), voluntary in rural areas where MCOs exist</td>
</tr>
<tr>
<td><strong>Benefit package</strong></td>
<td>Primary, acute, mental health (long-term care provided through separate program)</td>
<td>Primary and acute (behavioral health provided through separate program)</td>
<td>Primary, acute, mental health, substance abuse</td>
<td>Primary, acute, substance abuse detox (mental health provided through separate program)</td>
</tr>
</tbody>
</table>

\(^8\) Since this report was written, the Office of Medicaid Managed Care has become the Division of Health Care Access of the New York City Department of Health. Its responsibilities are the same.

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INITIAL STEPS

Understanding the Target Audience

Understanding the audience allows planners to hone in on the types of information wanted and how/when/where to present it. Effective education efforts use a variety of sources to determine consumer profiles, information needs, and ways to present information.

Ideas that Work

Medicaid managed care programs  New York City’s Office of Medicaid Managed Care (OMMC) held focus groups with over 200 Medicaid beneficiaries. Groups have been conducted in each borough, in a variety of cultural communities. Although the majority of group members have been participants in the City’s job readiness program, others include people on SSI and other cash assistance programs. OMMC also worked with advocates, community-based organizations, State welfare office case workers and helpline staff.

Community Service Society (CSS) conducted interviews with over 400 Medicaid beneficiaries in the South Bronx and Harlem about their health care service utilization and their knowledge of managed care. They also gathered input from community-based organizations.

During its design phase, Nebraska’s Access Medicaid⁹ conducted community forums to obtain feedback from all key informants (beneficiaries, physicians, community advocates, local office staff, and health plan representatives). The program incorporates focus groups in its Quality Management Plan as well as telephone and mail surveys to provide ongoing feedback.

Other education programs  Baby Arizona determined localities for extra marketing emphasis through a census track analysis, seeking communities with high rates of pregnant women receiving no prenatal care or care only during the third trimester, prematurity and low birth weight babies, and pregnant adolescents. Information needs were determined through focus groups and community-based organizations.

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⁹ Access Medicaid provides education and enrollment services for Nebraska’s Medicaid managed care program. While technically an enrollment broker, its service delivery model is unique in that it used public health nurses for enrollment and care coordination. It is a partnership of the local health departments and local medical societies in each of the state’s mandated areas. The health departments provide client outreach and education as well as the public health nurses; the medical societies provide marketing support and materials development as well as physician and provider education and outreach.
Developing a Message

Effective education strategies frequently have one or two themes included in all components. Presenting the same themes repeatedly will result in stronger audience retention.

Ideas that Work

Medicaid managed care programs In order to move away from the “Medicaid” stigma and increase name recognition and response to materials from the program, Nebraska’s Access Medicaid designed (incorporating marketing expertise and client feedback) a logo for Nebraska Health Connection’s education and enrollment services. The logo — a Band-Aid with the message “Make Sure You’re Covered” — also provides the program name and helpline number.

All of New York City Office of Medicaid Managed Care’s efforts included the theme “You have a choice” (encouraging beneficiaries to choose a plan upon enrollment) and promoted use of the helpline.

All of Community Service Society’s Medicaid managed care workshops encourage participants to refer to their workshop handbook for advice when they need it.

Education Strategies

Multiple education strategies reinforce the message and impact a wider audience. Table 3 (on the following page) lists the multiple strategies used by the studied programs. After the Table, some of the more innovative and successful ways these strategies have been employed are highlighted.
Table 3: Education Strategies

<table>
<thead>
<tr>
<th></th>
<th>Baby AZ</th>
<th>NE - Back to Sleep</th>
<th>UT - Baby Your Baby</th>
<th>AHC- CCS</th>
<th>NE Access Medicaid</th>
<th>NYC- OMMC</th>
<th>NYC- CSS</th>
<th>Utah MMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV campaign</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Radio campaign</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Newspaper campaign</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Video</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print ads (brochures, billboards, etc.)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print educational materials</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hotline/ helpline</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ed. sessions for providers</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Ed. sessions for consumers</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Face-to-face education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

* Health plan member handbooks (& possibly newsletters)

Verbal Education: Explaining Complex Processes

Given the complexity of managed care, and the high levels of functional illiteracy among Medicaid beneficiaries, verbal education is an essential component of any education effort. One Medicaid official noted that anything presented through the media has to be reinforced one-on-one, adding “When you talk to a mom about emergency room use for her child in a particular situation, it has a much stronger impact.” To provide this component:

- Most of the programs have made significant efforts to educate staff of entities in close contact with Medicaid beneficiaries, and to participate in health fairs and other public gatherings.
• Before or at the time of the beneficiary’s enrollment, some Medicaid agencies hold educational sessions. These sessions are given by the Medicaid agency, enrollment brokers, and/or health plans.

• Education around the time of enrollment has limits; enrollees can be presented with so much information that they hit “overload” and may not remember the information when they need it. Toll-free hotlines/helplines give current (and potential) enrollees the opportunity to ask questions about their specific situations at any time.

Informal Face-to-face Education

Successful consumer education occurs in places where beneficiaries live, work, and shop. Therefore, many education campaigns and health plans participate in health fairs and other public gatherings. For example, Utah’s Baby Your Baby staff attend 10 to 20 health fairs annually. Staff choose among the large number of invitations by examining each fair’s potential turnout of the target population and how recently BYB participated in a fair in that particular area.

All the Medicaid officials agreed that the most successful educational campaigns are carried out through community-based organizations support of the program, including social service providers and volunteer groups (such as PTAs and the March of Dimes). Meetings with these organizations to educate them about the managed care program and obtain their support has been highly effective in reaching their clientele. ¹⁰ This is particularly true for organizations serving populations with different cultures and/or languages, who may not pay attention or trust education efforts made by mainstream entities.

Enrollment brokers, health plan personnel, and network physicians are all obvious sources of information on accessing care through particular plans.

• One Medicaid official noted that health plans serving both Medicaid and commercial populations sometimes have a hard time adjusting to the different information needs and learning styles of Medicaid populations. To facilitate this adjustment, one plan has made a significant effort to provide diversity training to its employees.

• In New York City, the enrollment broker will be responsible for both group and one-on-one counseling, and for running the helpline (currently run by the welfare administration). New York’s Medicaid agency is withholding five percent of the value of the enrollment broker’s two-year contract depending on how company representatives perform in: auto-assignment

¹⁰ After hearing from focus group participants that they get much of their information about managed care from providers, New York City Office of Medicaid Managed Care’s focused its efforts on educating providers before educating beneficiaries directly.
rate, beneficiary attendance at orientation meetings, answering the helpline and number of calls lost.\textsuperscript{11} Some education efforts will be subcontract to community-based organizations.

- Primary care physicians’ understanding of health plan access procedures may be limited, especially if they belong to multiple networks. For example, a recent study found that much of the criticism of health plans not providing easier access to medical specialists results from primary care physicians not understanding how the referral processes works, and therefore not being able to fully explain the processes to their patients.\textsuperscript{12} Providing education to physicians and/or their staffs through structured sessions and exhibits at conferences for health professionals may help.

**Ideas that Work**

**Medicaid managed care programs** Nebraska’s Access Medicaid uses public health nurses to educate and assist all beneficiaries mandated to enroll.\textsuperscript{13}

- During the enrollment process, they assist 120-150 clients per month in choosing a plan that best fits individual health needs. As part of this process, each nurse conducts a health assessment to identify medical and social risks which may impede the client’s ability to access care. Meetings between nurses and beneficiaries occur in a variety of settings, including in the home and in the offices of high-volume providers.\textsuperscript{14}

- Once the beneficiary has enrolled, the nurse serves as a transitional case manager, helping the enrollee learn how to navigate the system, as well as serving as a liaison to providers and health plans.

- After the enrollee has become more familiar with managed care (or has a plan case manager, if one is warranted), the enrollee can call on the nurse for advice and ongoing advocacy. These nurses also help beneficiaries access non-medical services.

Medicaid staff report that clients appreciate this interaction.


\textsuperscript{13} Since moving from the enrollment broker to this model, auto-assignments have decreased from 60% to 30% and client-initiated transfers/disenrollments have decreased from 60-70% to 20-25% on average.

\textsuperscript{14} Public health nurses are outstationed at these sites.
Utah has two related projects to educate Medicaid managed care consumers:

- "Making Managed Care Work for Case Managers and Support Consumers" is funded by Medicaid and a grant from the Utah Interagency Outreach Training Initiative Steering Committee. The first year of the project focused on educating case managers from managed care organizations and state agencies. The training sessions were designed so that state agency case managers could learn about the various managed care products and processes and the managed care case managers could learn about state and local programs which provide community and wrap-around services to Medicaid beneficiaries. A resource handbook was developed and continues to be updated. Ongoing informal networking meetings reinforce these training sessions. Case managers (all) may attend a meeting focused on a specific topic (e.g., Medicaid eligibility). The second year of the project continues these networking sessions, but extends the training sessions to providers. Training sessions designed for consumers will also be offered.

- Funding for the second project, "Redesigning Medicaid", is provided through the Center for Health Strategies (CHCS). The grant was made possible through a separate grant to CHCS by the Robert Wood Johnson Foundation. One piece of this project is focused on educating Medicaid beneficiaries who are enrolled in managed care plans on how to become "self advocates".

New York City Office of Medicaid Managed Care (OMMC) decided to train providers before training Medicaid beneficiaries directly, after hearing from beneficiary focus groups that they get most of their information about managed care from providers. Their provider training strategy had multiple components:

- They first trained approximately 5,000 cash assistance program administration personnel — both caseworkers and helpline staff — on the managed care program and the phase-in of mandatory enrollment. Members of this staff then served as educators in the provider sessions described below.

- They held two three-day intensive trainings for health plans, hospitals, health centers, community outreach workers, day care center staff, job training staff, religious organizations, settlement houses, social service agencies and other community-based organizations. Trainers/topics included:
  - The State Department of Health, discussing changes in the program as a result of the recently approved 1115 waiver
  - OMMC, discussing overall program goals and the phase-in schedule for mandatory enrollment
  - The enrollment broker, discussing the enrollment process

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15 CHCS is affiliated with the Woodrow Wilson School of Public and International Affairs in Princeton, New Jersey.
• The Human Resources Administration (which administers cash assistance programs), discussing eligibility, exemptions and exclusions.

• They held two-hour sessions weekly, cosponsored by local hospitals and community-based organizations which encouraged their staffs to attend. The discussion included descriptions of the types of questions heard by helpline staff and the tools used to monitor plan marketing activities. The sessions targeted physicians with Medicaid patients, providers in areas scheduled to move to mandatory enrollment soon, and special needs providers.

• All marketing representatives of contracted health plans were required to participate in OMMC’s plan-focused workshop and refresher sessions covering basic points of the program.

Over 400 community-based organization staff have participated in Community Service Society’s three-hour workshops. These describe: managed care basics, how the shift to mandatory enrollment will affect these entities’ clientele (including those with special health care needs), how to help clients navigate the enrollment process and managed care system (including dispute resolution processes), and consumer rights and responsibilities. An accompanying manual covers rules, regulations, and consumer protections (both those currently in effect, and those that will be in effect when enrollment becomes mandatory). The fee is $25 for one person and $300 for an organization’s entire staff.

**Other education programs** Baby Arizona provides $10 per hour stipends to volunteer outreach workers, most of whom have participated in the program themselves. In addition to participating in health fairs, Baby Arizona staff and volunteers provide information at job fairs, fiestas, large celebrations, neighborhood events, and kids’ clothing swaps (sponsored by a Medicaid-contracted health plan).

Utah’s Baby Your Baby staff coordinate with EPSDT, WIC and immunizations staffs to rotate participation in health fairs.

**Education Sessions**

Structured sessions can walk the target audiences through complicated procedures and provide opportunities for questions. However, many Medicaid beneficiaries find it difficult to attend these sessions, due to such issues as child care and transportation. Another potential problem is information “overload”.


Idea that Works

Medicaid managed care program Community Service Society (CSS) has run over 550 workshops — teaching over 9,000 Medicaid beneficiaries — since 1996. The free, one-hour workshops\(^\text{16}\) have been held at over 170 community-based organizations in zip codes targeted to soon move to mandatory enrollment. Often through stories, the workshops cover:

- Basic managed care concepts (capitation, provider network, primary care provider, referrals, 24-hour phone line, and true emergency)
- Factors to consider in choosing a plan
- Participants’ roles as health care consumers and how taking an active role can help determine the quality of care received
- Strategies to advocate for one’s self or family if difficulties arise
- What is covered in the Handbook accompanying the workshop (see Print Materials section) and how to use it as a future resource.

CSS holds nearly all its workshops for Medicaid beneficiaries already gathered for another purpose, such as English as a Second Language (ESL) and WIC classes.\(^\text{17}\) Workshop size runs from five to 25 participants.\(^\text{18}\) Most are held during the day.

Peer educators are typically more effective than educators perceived to be “different” from audience members. Nearly all CSS’ educators are audience peers; some are volunteer participants from a City ESL and job readiness program, who work with CSS as part of their field placement assignments.\(^\text{19}\) Nearly all are either African-American or Latino. Each educator receives an 18-hour training on the City’s managed care program, facilitation/presentation skills, and workshop script. Periodic two-hour lunch-and-training sessions afterward allow educators to discuss issues arising in workshops, and to keep up-to-date. Each educator commits to

\(^{16}\) Finding the one-hour sessions to be long for Medicaid beneficiaries, CSS is piloting a half-hour version in WIC classes. These sessions cover the basics, emphasize use of the handbook, and point out available resources if problems arise.

\(^{17}\) These classes have the advantage of a familiarity among members, making them more comfortable in discussions, as well as more predictable attendance rates.

\(^{18}\) CSS is firm about the 25-participant maximum, in deference to their volunteer educators.

\(^{19}\) Staff of other community-based organizations also serve as educators, a strategy that has been particularly effective in reaching the clientele of organizations serving populations who do not speak English, Spanish or Chinese. CSS is in constant contact with these educators to monitor numbers trained and additional materials needed. Some workshop participants also become educators.
facilitating two workshops per week for at least six months. Working in two-person teams, each receives a stipend of $5 per workshop (to cover transportation). For quality monitoring, staff test new educators at the end of their training on accuracy, and periodically sit in on sessions.\textsuperscript{20} Workshop participants also have the opportunity to discuss their own experiences with managed care and learn from each other.

Toll-free Hotlines/Helplines

A survey conducted by the National Academy for State Health Policy found that as of June 30, 1996, 31 states had hotlines available for Medicaid managed care enrollees.\textsuperscript{21} Most operate their own hotlines, although some use enrollment brokers in this role.

Most of the studied programs have — toll-free — either a 24-hour hotline or a helpline run during business hours. Most include bilingual operators; for languages not spoken by staff, several use the AT&T language line. In addition to answering questions, many of these hotlines assist consumers in resolving issues with their plans.

Medicaid officials described both pro’s and con’s to using hotlines as education tools. On one hand, these lines allow Medicaid beneficiaries to ask questions about particular situations. On the other hand, hotline operators may be expected to know processes for a number of insurance products within a number of health plans. Even with this limitation, having one phone number which can link the caller with the appropriate person or help in getting to that person, is considered helpful.

Ideas that Work

Medicaid managed care program Using data logged during the initial call, staff at Community Services Society call random helpline consumers to determine if they were satisfied with the service received and the outcome of the issue in question.

Other education programs It is important that phone staff are adequately trained to provide accurate responses and to link callers with issues they cannot resolve to staff who can. Utah’s Baby Your Baby hotline coordinator individually trains new staff for two weeks, to learn not only BYB and other public health education initiatives, but other programs available to callers. Once familiarized, the new hire listens to an experienced operator handle incoming calls, then takes calls while the coordinator monitors.

\textsuperscript{20} If a problem is discovered, the educator is asked to return for additional training. If the problem is not corrected, the person is asked to leave.

Baby Arizona shares the hotline established by the Maternal and Child Health (Title V) office of the Department of Health Services, to maximize efficiencies and coordinate the knowledge within both programs.

**Mass Marketing Campaigns: Building Awareness**

Mass marketing campaigns can include a number of components:

- Media campaigns (television, radio, newspaper) with programs, paid advertisements, free Public Service Announcements (PSAs) and cultivation of news coverage.

- Videos, to be aired on public affairs cable stations and shown in waiting rooms or on closed-circuit TV at hospitals, providers, community-based organizations and welfare offices.

- Direct mailings and newsletters. Populations to target for special newspapers/newsletters include AFDC/TANF/Medicaid beneficiaries and community-based organization clientele. Some programs develop and distribute the newsletters themselves while others write articles for placement in other entities.

Medicaid officials emphasized that as accessing care can vary by health plan, mass marketing campaigns are not the most effective way to teach enrollees how to use their chosen plan. Such campaigns can be used to transmit basic messages, build awareness (particularly of availability of, and eligibility for, programs), and decrease fears (e.g., New York City Office of Medicaid Managed Care’s “You have a choice” message).

**Ideas that Work**

**Medicaid managed care programs** The Office of Medicaid Managed Care (OMMC) used the media in several creative ways:

- They posted a PSA the same time each day on a local public affairs cable station. Topics included: basic managed care concepts, how the change to mandatory enrollment will work, what the enrollment process will look like, and how to work with a primary care physician (PCP). Every spot urged people with questions/concerns to call the helpline.

- Their five-minute video featured a primary care physician (PCP) discussing: “What is a PCP? How do you use your PCP? Why is it important to have one doctor?” The video is shown on the cable spot and on hospitals’ closed-circuit TV networks.

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22 However, one Medicaid official noted that impoverished populations living in extremely rural areas (such as Indian reservations) do not have access to mass media and so are not reached by these campaigns.
• They partnered with a print media sponsor, which allowed them to run four Sunday supplements (including supplements targeting different cultural communities) and obtain space on the editorial page to explain the program. (While few Medicaid beneficiaries may buy newspapers, providers and others in contact with them may see these articles.)

• They submitted articles for inclusion in hospital and community-based organization newsletters.

Arizona’s AHCCCS program ran a series of spots on Spanish-language television and radio featuring the message, “People need health care.” It also worked with McDonald’s and Circle K stores to put the message in the hands of potential enrollees (e.g., on placemats, shopping bags).

Community Service Society (CSS) conducted a consumer workshop live on a local National Public Radio affiliate. Listeners were invited to call in with questions. (While few of the target audience may listen to NPR, providers and others in contact with Medicaid beneficiaries may have heard the show.)

Other education programs Baby Arizona has developed several creative ways to use mass media:

• They ran heavy rotations of ads, PSAs, and news coverage — on TV (Spanish language stations only, as English language stations are more expensive and have fewer of the target population among their audience), radio and print news — at the start of the campaign in each county (the program was phased in by county). Program staff wrote scripts (which included the message “_____ County welcomes a new arrival — Baby Arizona” to emphasize that it was a local-state initiative), which different stations produced, using their own talent.

• They targeted teens by working with school nurses and adolescent-focused community groups, placing billboards near schools, and developing a more “hip” version of ads for radio stations with younger audiences.

• The program pays a flat rate ($2,000 per month) for all unsold radio air time on the top urban contemporary stations in Phoenix and Tucson. Staff estimate this air time is worth approximately ten times the fee.

• Their six-minute video — presenting the campaign’s basic messages of “If you’re pregnant, you need to get prenatal care as soon as possible; we can help regardless of your insurance status” — is shown in waiting rooms of doctors’ offices, welfare offices, and community-based organizations.
Utah's Baby Your Baby has worked with the same statewide TV station since its inception, the winner of a 1987 bidding process. Since the initial contract, BYB staff estimate that the station has provided over $2 million of in-kind services (the state no longer pays for its services). The station has developed and run half-hour specials, PSAs, and tie-ins (mentioning BYB's hotline at the end of any baby-related news story). Ideas for specials and PSAs are created by BYB's advisory group; draft PSAs are reviewed by consumer focus groups. Advise from BYB staff on making this type of relationship work includes:

- Find seed money (the initial contract was worth $250,000 in Medicaid and cigarette tax funds).
- Use an RFP process to select the media partner. Specify in the RFP that the media partner will solicit private partner or contributions, and other in-kind services.
- Develop a public/private partnership.

PSAs announcing Nebraska's Children's Health Insurance Program (CHIP) feature a popular coach from the University of Nebraska. Arizona's AHCCCS program sent over 100,000 pieces in a direct mail campaign to families who had been denied Medicaid eligibility. Nebraska Medicaid included CHIP information in packets distributed to all school children.

**Print Materials: Providing Reinforcement**

Brief messages can be printed on billboards, posters/signs inside public transportation vehicles and waiting areas frequented by the target audience, brochures, magnets and other items. Detailed print educational materials can effectively reinforce the information provided face-to-face if written in a way that the target audience can easily comprehend and if the target audience understands the importance of holding onto them.

Most Medicaid agencies require health plans to provide enrollees with basic information about how to access services before enrollment takes effect. The most common method of informing new enrollees is requiring health plans to mail information (including member handbooks explaining benefits and procedures) to new enrollees.\(^{23}\) However, as Medicaid beneficiaries tend to have lower literacy and reading comprehension levels than the general population, relying solely or heavily on print materials to educate enrollees may have severe limitations.\(^{24}\)

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\(^{24}\) Also, a 1995 national survey by Louis Harris and Associates found that half of insured respondents (of all types, not just Medicaid) merely skim — or do not read at all — the materials about their health plans.

"Consumers' Information Needs: Results of a National Survey", by Stephen L. Isaacs, Health Affairs. Volume 15,
Medicaid agencies typically review and approve draft print materials (such as handbooks) before health plans can distribute them. Some programs—including Utah, OMMC and Community Service Society—field test materials with consumer focus groups. Most Medicaid programs require that these materials be written at no higher than a sixth grade reading level, and available in multiple languages and in other formats. All the programs studied make print materials available in English and Spanish; the New York City programs also have versions in other languages.  

Ideas that Work

Medicaid managed care programs Community Service Society of New York created a handbook for workshop participants (see above). Health educators, literacy experts and literacy classes reviewed the draft for readability (at the fourth grade level) and relevance (particularly of the stories presented). Available in English, Spanish and Chinese (with a four-page summary available in other languages), the handbook covers:

- What beneficiaries should know about managed care, and how it differs from fee-for-service
- Factors to consider in choosing a plan (including questions to ask plans and issues for people with special health care needs)
- How to use the plan, including the relationship with the primary care physician (PCP)
- The importance of making and keeping appointments
- What to do in cases of sickness or emergency
- How to obtain specialty care
- Getting help with a problem, including worksheets for making complaint calls, writing grievance letters, and important phone numbers
- Timing for switching plans or PCPs, or disenrolling

Workshop alumni told an independent evaluation firm that they have held onto this handbook and used it to help solve problems.

No. 4, Winter, 1996.

25 The draft Medicaid rule implementing the Balanced Budget Amendment (released September 29, 1998) would mandate that all print materials be available in the prevalent languages spoken in the state, be written at a fourth-fifth grade reading level with “easily readable” typeface and multiple headings, and available in alternative formats. It also states: “Use of focus groups and cognitive testing may be beneficial in determining the appropriateness of the information.” See. 438.10.
Other education programs  Utah’s Baby Your Baby provides two types of print education materials:

- The 125-page *Health Keepsake* book, available in English and Spanish, is designed to help women keep track of the health status and the health care services obtained during their pregnancy and their child’s development from birth to age 6 (including well-child visits) to encourage the use of preventive health care services.\(^{26}\) Approximately 25,000 copies are distributed annually to providers and individuals requesting it through the hotline. PSAs advertise its availability.

- BYB also distributes five newsletters to families after the birth of a baby. These age-specific newsletters cover important topics on children from birth through two years. Two are given to parents in the newborn screening packet after the birth of the baby. Three more are mailed, using Vital Records addresses.

Baby Arizona uses the greatest variety of print ads among the programs studied: billboards, ads inside buses, trifold brochures, one-panel brochures/bookmarks, referral cards featuring the hotline number, large and small posters, tear-off pads for groceries and pharmacies (displayed near home pregnancy tests, feminine hygiene products, and baby products), refrigerator magnets, emery boards, and notepads. The program has received commitments from firms owning billboards that when the lease of a particular billboard expires, the firm will leave the program’s message in place until another entity leases the billboard. Some of these items can be customized, for example to include the name and phone number of the physician’s office distributing brochures. Baby Arizona staff have provided “Marketing 101” information to health providers and community-based organizations on how to customize and best use these materials.

Nebraska’s Back to Sleep implementation\(^ {27}\) adapted print materials (with permission) from the National SIDS Foundation and American Academy of Pediatrics (the two entities behind Back to Sleep). There was no cost from the national groups to use the letterhead or other printed materials. Materials have been distributed to health care providers, child care centers, hospitals, Head Start sites, and others. Twenty billboards across the state also carried the Back to Sleep message.

\(^{26}\) There is also a child-only version of the *Health Keepsake* book.

\(^{27}\) Back to Sleep is a nationwide program (supported by the American Academy for Pediatrics and the National SIDS Foundation) to reduce the risk of SIDS by placing babies on their backs to sleep. Its implementation in Nebraska was spearheaded by the Nebraska Health and Human Services Perinatal and Child Health Program (under Title V) and the Nebraska SIDS Foundation.
TEAM EFFORTS

Staffing for the educational efforts of the programs studied ranges from one (Nebraska’s Back to Sleep implementation), to several (Utah’s Baby Your Baby, Community Service Society, and Baby Arizona), to 94 (in New York City, including staff in the Office of Medicaid Managed Care, the welfare agency, and the enrollment broker).

In four of these programs — Baby Arizona, Arizona’s AHCCCS, New York City Office of Medicaid Managed Care and Utah Medicaid Managed Care Program — the education effort is administered by the agency running Medicaid managed care. Two — Nebraska’s Back to Sleep implementation and Utah’s Baby Your Baby — are administered through the Maternal and Child Health program. Nebraska’s Access Medicaid is contracted by Nebraska Health Connection (the Medicaid program). Community Service Society is an advocacy organization independent of state government.

Players

Staff spearhead the education efforts, but a host of other entities are involved in making them succeed. For example, in Arizona nearly 200 community coalitions and volunteers have teamed up with government agencies, health plans, providers, corporations, foundations and media to spread the word about the importance of prenatal care and how to obtain it.28 Table 4 (on the next page) lists the entities involved.

These education efforts often have advisory committees directing a number of areas, including ideas for strategies (such as PSAs and TV specials), and reviewing drafts. Their support for the effort can result in the support of the represented entities’ staff, which can translate into the support of the clientele.

### Table 4: Players

<table>
<thead>
<tr>
<th></th>
<th>Baby AZ</th>
<th>NE - Back to Sleep</th>
<th>UT - Baby Your Baby</th>
<th>AHC-CCS</th>
<th>NE Access Medicaid</th>
<th>NYC-OMMC</th>
<th>NYC-CSS</th>
<th>Utah MMC</th>
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<td></td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Community-based organizations (not necessarily all)</td>
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<td></td>
</tr>
<tr>
<td>Consumers</td>
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<td></td>
<td></td>
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<td>Others</td>
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<td></td>
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</tr>
</tbody>
</table>

*a State Department of Health oversees statewide Medicaid managed care implementation.

*b One plan is a co-sponsor.
Government Agencies

Almost all the efforts studied involve multiple government agencies. Staff of two programs stressed that their programs have equal partnerships between state agencies. Baby Arizona’s partnership is composed of the Arizona Health Care Cost Containment System (AHCCCS, which administers Medicaid managed care, and employs the Baby Arizona director), the Department of Health Services (which runs the toll-free hotline and other outreach initiatives), and the Department of Economic Security (which determines Medicaid eligibility); it is the first such interagency effort. Utah’s Baby Your Baby media campaign, the first joint effort between the Medicaid agency and Maternal and Child Health (Title V) program, has led to collaboration in other areas.

In all but one program, the Medicaid managed care agency either operates, or is heavily involved with, the education effort. Education departments are often involved in print material distribution, due to their role in licensing child care providers and their access to local school departments. Welfare departments also facilitate reaching the target audience; in New York City, some welfare caseworkers and helpline staff served as educators in OMMC’s training efforts. Public health departments are also involved.

Contracted Health Plans

Medicaid agencies require health plans to provide enrollees with basic information about how to access services; they typically mail information to new enrollees. Some programs, such as New York, also require plans to hold face-to-face orientation sessions; OMMC monitored consumer participation in these voluntary sessions. Others require community outreach through such means as health fairs.

Advisory committees frequently include plan representation. Baby Arizona’s Advisory Committee includes three plans as statewide sponsors (with a project support level of $25,000 or more per year) and one regional sponsor (with project support of $10,000 per year).

Enrollment Brokers

Of the study programs, only New York City uses an enrollment broker. The just-hired broker will be responsible for both one-on-one and group counseling, and for the helpline; its performance will be closely monitored. The broker’s draft consumer materials are reviewed by a panel that includes Community Service Society.

Community-based Organizations

As discussed before, participation of community-based organizations is key to the education effort’s success. All these programs have striven to develop relationships with these entities to gain their support and “get the word out”. Many programs include representatives of these
organizations on advisory committees. These organizations also serve as host sites for education sessions, display and distribute print ads, include articles written by program staff in their client newsletters, and actively educate clients.

**Marketing Agencies**

Study participants disagreed about marketing agencies, but did agree that with the appropriate supervision, their creativity made a difference. On one hand, they noted that these firms were very creative in locating funding sources, and put out products that were extremely polished. However, they felt that they had to be very clear about the conditions of Medicaid participation, and closely monitor these firms.

Baby Arizona has found using a marketing firm of tremendous value. The firm, which specializes in working with low-income people, negotiates deals and ensures that letterhead, brochures, and other print materials are distributed effectively. The firm negotiated the deals with the radio stations in Phoenix and Tucson for all unsold air time (see the Mass Marketing Campaigns section).

**Consumers**

Most of these programs go to consumers to learn their information needs and the best ways to present information. For example, the Office of Medicaid Managed Care held focus groups with over 200 Medicaid beneficiaries, the majority of whom have been participants in the City's job readiness program. Community Service Society conducted interviews with over 400 Medicaid beneficiaries in the South Bronx and Harlem about their health care service utilization and their knowledge of managed care. Consumers have also been invaluable in reviewing draft materials and education strategies; programs have used focus groups and existing groups (such as literacy or English as a Second Language classes).

**Volunteers**

Several programs involve volunteers. Baby Arizona was “adopted” by Healthy Mothers/Healthy Babies coalitions throughout the state, which led to the program’s acceptance at the local level. Baby Arizona also stipends volunteer outreach workers, most of whom have used the program. Nebraska’s Back to Sleep implementation has involved volunteers from the Nebraska SIDS Foundation (both as educators/counselors and in distributing materials), the March of Dimes and smaller volunteer groups (particularly in distributing materials). Community Service Society uses stipended volunteers as educators.

Several caveats were mentioned concerning using volunteers as educators:

- Quality assurance may be difficult. Monitoring is needed to ensure that information is being presented accurately and without bias.
• Turnover is high, which makes training educators expensive. Community Service Society noted that many volunteers are offered paid jobs after they have completed the 18-hour training and begun leading workshops. Others lose interest after six months.

Other Entities

Other entities involved include: a media partner (involved with OMMC), universities (on CSS’ advisory committee), local foundations (which paid for Utah’s Baby Your Baby videos), corporations (on Baby Arizona’s advisory committee) and Chambers of Commerce (which aided AHCCCS’ mass mailing announcing its CHIP program).

LESSONS LEARNED

Putting Together a Plan

The steps that most of these programs have followed to develop effective consumer education strategies are:

Step 1: Get the relevant players involved.

Step 2: Do the research to understand the information Medicaid beneficiaries need and how/where/when to present it. (Use consumers — through focus groups, interviews, or organized gatherings — in this research whenever possible.)

Step 3: Develop one or two messages to be included in all efforts (e.g., encourage consumers to use the toll-free hotline/helpline).

Step 4: Educate those who come into frequent contact with Medicaid beneficiaries (such as staff at community-based organizations, welfare offices, and case managers) to promote their support of the program and so that they can help educate their clients.

Step 5: Use multiple strategies to educate beneficiaries. Verbal strategies (either face-to-face or by phone) are the most effective in explaining the complexities of managed care. Media and print can reinforce basic messages, or provide details on procedures at the time the consumer needs the information (e.g., in making a complaint).

Steps 4 and 5 can be done simultaneously.

Step 6: Make education an ongoing, continuous effort.
Participants noted that the differences between an education campaign focused on a specific health behavior versus the more complex issue of appropriate use of health care within managed care mean that strategies that work for one will not always work for the other. Medicaid officials stressed that verbal education strategies are the most effective ways of explaining managed care; mass media strategies cannot address many of the complexities.

**Especially Successful Strategies**

Pieces of the education efforts that participants in this study feel have been particularly successful include:

- Having a hotline/helpline available (Utah Baby Your Baby, Nebraska’s Access Medicaid, Baby Arizona)
- Phasing-in a statewide effort by county/community, with the help of local groups (Baby Arizona)
- Using public health nurses to identify health and social risks before the client selects a plan and primary care physician in order to maximize access capabilities and provide coordination and case management services to assist the client understand the managed care system (Nebraska’s Access Medicaid)
- Starting a community-based organization education effort by choosing those entities that have large constituencies and strong outreach abilities (OMMC, Baby Arizona)
- Working with a marketing firm (Baby Arizona)
- Working with a media partner (OMMC)
- Holding consumer education sessions with established groups of beneficiaries (CSS)

**Other Lessons**

Participants mentioned other issues to be considered by an agency developing an educational effort:

- The most effective messages depend on the Medicaid managed care environment (CSS).
- Develop a marketing plan which details how different groups (e.g., consumers, providers, plans, community-based organization staff) will be invited to participate (Nebraska’s Access Medicaid, Nebraska’s Back to Sleep implementation).
- Think about how the project will be evaluated early in the project’s planning (Nebraska’s Back to Sleep implementation).

- Train case managers from other state agencies who work with Medicaid beneficiaries on navigating managed care (Utah Medicaid).

- Develop a strong follow-up tracking mechanism for referrals made by the hotline (Baby Arizona).

- Determine which areas will have a good turnout for health fairs, training sessions, or other forums (OMMC, Utah’s Baby Your Baby program).

- Make education sessions brief and culturally sensitive (CSS).
Appendix
## Education Programs Studied  
*(Interviews July - September 1998)*

<table>
<thead>
<tr>
<th>State</th>
<th>Arizona - Baby Arizona</th>
<th>Nebraska - Back to Sleep implementation</th>
<th>New York City - Office of Medicaid Managed Care</th>
<th>New York City - Community Service Society</th>
<th>Utah - Baby Your Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General information</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brief description/goals</td>
<td>Statewide (phased in by county) public-private campaign designed to increase the % of healthy babies by increasing the % of Medicaid-eligible pregnant women getting prenatal care starting in 1st trimester</td>
<td>A nationwide program supported by the American Academy of Pediatrics &amp; the National SIDS Foundation to reduce the risk of SIDS by placing babies on their backs to sleep - brought to NE by the NE SIDS Foundation &amp; the Perinatal &amp; Child Health Program (part of NE's DHHS - Title V)</td>
<td>City-wide effort to educate Medicaid beneficiaries on enrolling &amp; utilizing managed care, to prepare them for mandatory enrollment phase-in. Two step process: 1. educate providers 2. educate consumers directly</td>
<td>City-wide project to develop &amp; demonstrate a replicable model to provide Medicaid beneficiaries w/ info &amp; skills to effectively navigate w/ a managed care system</td>
<td>Statewide presumptive eligibility program to decrease infant mortality &amp; low birth-weight babies, &amp; increase prenatal visits in 1st trimester; ed campaigns have also worked to increase #s of well-baby visits, promote breastfeeding &amp; child nutrition, &amp; increase #s of WIC &amp; EPSDT referrals</td>
</tr>
<tr>
<td>Year began</td>
<td>1994 (AHCCCS - mandatory Medicaid managed care - began in 1982)</td>
<td>1995 (prior to mandatory Medicaid managed care)</td>
<td>1996 (concerted effort) (Medicaid managed care is currently voluntary, will soon phase to mandatory)</td>
<td>1995 (Medicaid managed care is currently voluntary, will soon phase to mandatory)</td>
<td>1988 (prior to mandatory Medicaid managed care)</td>
</tr>
<tr>
<td>Target population</td>
<td>Primarily, all Medicaid-eligible pregnant women (SOBRA) - secondarily, determined areas to target by census tract analysis; some targeting of where messages are placed in order to reach a younger audience (plus, target teens through school nurses, CBOs)</td>
<td>All new parents, health care providers, childbirth educators, child care providers</td>
<td>Medicaid beneficiaries; determined info needs through: 1. focus groups w/ 200+ participants 2. work w/ advocates/CBOs 3. work w/ welfare office case workers/helpline</td>
<td>Medicaid beneficiaries (determined info needs thru 400+ interviews), community-based organization staff</td>
<td>General public, some targeting of PSAs &amp; other campaign elements (teen moms PSAs won nat'l award)</td>
</tr>
<tr>
<td>State</td>
<td>Arizona - Baby Arizona</td>
<td>Nebraska - Back to Sleep implementation</td>
<td>New York City - Office of Medicaid Managed Care</td>
<td>New York City - Community Service Society</td>
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<td><strong>Strategies</strong></td>
<td>Informal face-to-face education - Attend health fairs, job fairs, fiestas, celebrations, health plan-sponsored clothing swap; also present &amp; exhibit at conferences</td>
<td>Exhibitors at health fairs, conferences, charity bazaars; NE SIDS Foundation volunteer counselors</td>
<td>One-on-one &amp; group counseling to be done by enrollment broker (which will subcontract some group counseling to CBOs); participate in health fairs</td>
<td>Participate in health fairs (both staff &amp; volunteers); have recently developed health fair materials</td>
<td>Attend 10-20 health fairs/year (usually done by hotline staff); other face-to-face done at presumptive eligibility sites by perinatal care coordinators (PCC) for people applying for BYB, &amp; at WIC sites (often same person as PCC)</td>
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<td>Formal training of entities in contact w/ target pop</td>
<td>Conference presentations/exhibits</td>
<td>Conference presentations/exhibits</td>
<td>Heard from focus groups that consumers listen to providers, so starting w/ 2 hr training for providers (PCPs, health centers, hospitals, service organizations, etc.), cosponsored by hospitals, CBOs, etc.; 1wk since June. Speakers: 1. DoH - program changes due to 1115 2. OMMC - overall program goals, phase-in schedule 3. Maximus - process, role of enrollment broker 4. HRA - eligibility, exemptions, exclusions</td>
<td>3 hour sessions; how shift to mandatory managed care will affect clientele, how to help clients navigate system &amp; enrollment process, rights &amp; responsibilities; trained 400+ ($25/person; $300/entire staff)</td>
<td>None</td>
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<td>Consumer education sessions</td>
<td>No, but provide awareness &amp; recruitment materials to community organizations &amp; health centers which do conduct sessions</td>
<td>Both Perinatal &amp; Child Health &amp; NE SIDS Foundation: Conference presentations, presentations at high schools (twice/semester), presentations to &quot;Family Living&quot; classes at University of NE at Lincoln, presentations to 4H groups</td>
<td>Will begin training sessions for consumers as phase 2 of education effort; plans are required to hold new member orientation sessions</td>
<td>1 hour; 2-3/day (544 since Nov '96) in zip codes targeted to phase to mandatory enrollment (focus on: who has to join, when they'll have to join, how they'll find out when they have to join); free to participants; 5-25/group (9,000+ total), do 80-90% in established groups (e.g., adult classes) at host sites</td>
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<td>Hotline</td>
<td>&quot;Pregnancy &amp; Breastfeeding&quot; hotline (established by Title V office of Dept of Health Svcs) dedicated 8 of 13 lines to Baby AZ; 3 bilingual operators; runs during business hours, can leave message after hours; approx. 5,000 calls/year for Baby AZ</td>
<td>Not specifically for this campaign. (However, Healthy Mothers/Healthy Babies Coalition &amp; Perinatal &amp; Child Health Program created 24-hour RN-staffed hotline, supported by Title V; phone number in Yellow &amp; White Pages)</td>
<td>Staffed by Human Resources Admin. (welfare agency); trained by OMMC; languages through AT&amp;T; will be taken over by enrollment broker; OMMC intends to establish info line for providers</td>
<td>Warm line (leave message &amp; call returned during business hours) - 4-6 calls/wk; program assistant &amp; volunteers provide info, help resolve problems, help selecting plan; English/ Spanish/Chinese; all calls logged to track trends</td>
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<td><strong>TV</strong></td>
<td>Ran PSAs &amp; paid ads on Spanish stations (English stations too expensive &amp; not enough target population watching to be effective); heavy rotation at start of campaign in each county in order to get word out (&quot;____ County welcomes a new arrival - Baby AZ&quot;); news coverage from all stations at start of campaign in each county; now, can rely more on personal outreach, word-of-mouth; news releases on success stories led to coverage before Mothers Day 1998; other news &amp; public affairs coverage</td>
<td>Ran ads (National SIDS Foundation set up); TV news programs covered topic in health segments; events (annual statewide retreats w/ national speakers, annual &quot;memory walk&quot;) received coverage</td>
<td>Cable station (which posts job listings, etc.) - runs a different message the same time each day (e.g., how to use a PCP, basic managed care concepts, what enrollment will be like); PSAs' basic message is &quot;You have a choice&quot;; all PSAs promote helpline</td>
<td>No</td>
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<td><strong>Radio</strong></td>
<td>PSAs &amp; paid ads in English &amp; Spanish; have deals w/ top urban contemp. stations in Phoenix, Tucson: pay flat rate ($2,000/mo) for all unsold inventory (on ave., worth 7-10x the fee); put different spots on different stations: a &quot;warm, fuzzy&quot; version &amp; a &quot;more hip&quot; version; interviews on public affairs programs</td>
<td>Interviewed on numerous radio stations (especially after press release)</td>
<td>Call-in shows, PSAs (same messages as TV PSAs); promote helpline</td>
<td>Conducted workshop (live) on local NPR affiliate. Took questions from callers in addition to 4 in-studio Medicaid beneficiaries.</td>
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<td><strong>Newspaper</strong></td>
<td>Ads in Spanish newspapers &amp; TV-guide, community newspapers, Catholic diocese newspaper, Penny Saver; Baby AZ supplies pre-produced ads &amp; articles to CBOs to place locally; did more at start to get word out, but some papers still run, on space-available basis, as free PSAs; news releases led to articles; Baby AZ wrote editorials</td>
<td>Press release, articles &amp; ads (including logo)</td>
<td>Articles (English &amp; Spanish newspapers); partner w/ print media, which has given space on editorial pages for explaining program &amp; schedule; 4 newspaper supplements (including supplements targeted to different cultural communities); articles in hospital &amp; CBO newsletters</td>
<td>Articles (English &amp; Spanish newspapers)</td>
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<td><strong>Video</strong></td>
<td>5-7 min - provides basic messages (&quot;prenatal care is important; you need to get it ASAP; we can help regardless of insurance status&quot;); distributed to CBOs, providers, AZ Dept of Economic Security; shown in waiting rooms; currently working to place on public affairs channel</td>
<td>110 copies will be sent to hospitals w/ cover letter asking to show to all new moms prior to discharge (Perinatal &amp; Child Health Program developed letters, mailing labels, etc.; NE SIDS Foundation volunteers will &quot;stuff&quot; envelopes &amp; send copies out)</td>
<td>5 min - features a hospital PCP who discusses: What is a PCP? How do you use a PCP? Why is it important to have 1 doctor?; distributed in hospitals (shown on close-circuit TV), shown on cable station</td>
<td>No video, but made audiotapes of live radio broadcast (see above)</td>
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<td><strong>Print</strong></td>
<td>All print materials in English &amp; Spanish: Billboards, ads inside buses, trifold brochures, 1-panel brochures, referral cards (&quot;Baby, we've got your #&quot; - w/hotline #), large &amp; small posters, tear-off pads for groceries &amp; pharmacies (displayed near home pregnancy tests, feminine hygiene products, baby products), refrigerator magnets, emery boards, notepads. Some items can be customized (e.g., brochures can include the provider's phone # as well as the hotline). Have commitments that when a billboard lease is up, firm will keep billboard up until someone else leases it.</td>
<td>20 billboards across state, stickers &amp; cards developed by national groups, NE letterhead used nat'l logo (w/permission), brochure for professionals &amp; parents (other ways to reduce risk factors of SIDS)</td>
<td>Ads in subways, income support centers, other public areas; brochure for providers (publicizing provider training)</td>
<td>Handbook (in English/Spanish/Chinese - What is Medicaid managed care? How to choose plan; How to use plan; What to do re: problems); 4-page summary in other languages (e.g., Arabic); flyers for host organizations to promote workshops</td>
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<td><strong>Players</strong></td>
<td>1 FTE w/ AHCCCS (Medicaid managed care agency); marketing agency (specializes in social marketing, targeting low income people)</td>
<td>Perinatal &amp; Child Health (Title V) - as needed; NE SIDS Foundation - 1 FTE + volunteers</td>
<td>For education/outreach: 94 FTE (in OMMC, HRA, &amp; enrollment broker)</td>
<td>5.5 FTE (project director, assistant director, outreach coordinator, volunteer coordinator, project assistant, 5 FTE Chinese outreach coordinator)</td>
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<td>Medicaid managed care agency relationship</td>
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<td>Baby AZ Coordinator is employed by AHCCCS; women pre-enroll in AHCCCS contracted health plans while eligibility is being processed</td>
<td>Work with in the Prenatal Care Committee, which is developing quality assurance guidelines to be distributed statewide</td>
<td>OMMC oversees New York City's Medicaid managed care program, contracting 20 managed care organizations</td>
<td>OMMC &amp; Dept of Health represented on Advisory Committee (see below); share info</td>
<td>Media campaign was 1st joint effort between Title V &amp; Medicaid; Title V staff go w/ Medicaid staff on QA reviews, examining MCOs' perinatal &amp; family planning components; one corporate partner also has one Medicaid managed care product</td>
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<td>Baby AZ is equal partnership of AHCCCS, Dept of Health Svcs (which runs hotline), &amp; Dept of Economic Security (which determines Medicaid eligibility); Dept of Education, WIC offices &amp; local public health depts also involved as outreach partners</td>
<td>Dept of Education (which licenses child care providers) involved in distributing materials to its licensees</td>
<td>Dept of Health, Human Resources Admin (HRA - welfare agency) involved in training; HRA staffs helpline</td>
<td>Dept of Health approved handbook, written materials; Dept of Health Intergovernmental Affairs represented on Advisory Board</td>
<td>11 (of 12) local public health depts serve as presumptive eligibility sites; 3 PH depts piloting a service integration project for pregnant women &amp; kids (integrative computer system &amp; application); some local PH depts contract w/ plans, providing some enhanced services; presumptive eligibility sites must work w/ Title V; BYB has Memos of Understanding w/ CHCs; required referring between BYB &amp; WIC</td>
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<td><strong>Relationships w/ Medicaid managed care contracted plans</strong></td>
<td>3 plans are statewide sponsors ($25,000/year &amp; equal partners on Steering Cmte); 1 plan is sponsor in South Phoenix ($10,000/yr); plans very active in promoting to network docs &amp; at health fairs (AHCCCS contract requires each to conduct outreach to pregnant women)</td>
<td>Several involved in the Prenatal Care Committee developing quality assurance guidelines (HMOs may be held to these guidelines once completed)</td>
<td>Contract requirements: 1. Monitor consumer satisfaction, voluntary disenrollment from program, consumer participation in program orientation &amp; marketing encounters between health plan staff &amp; consumers 2. Marketing reps must go thru OMMC training on basic points of program (one workshop + refreshers)</td>
<td>2 MCOs represented on advisory board; some MCOs have approached Project to do new enrollee orientations or train their staffs</td>
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<td><strong>Consumer involvement</strong></td>
<td>6-8 focus groups held, some of which helped develop materials; former participants as (stipended) outreach workers</td>
<td>NE SIDS Foundation volunteer counselors are primarily from families affected by SIDS</td>
<td>Focus groups described what info consumers want, reviewed draft materials &amp; strategies</td>
<td>Literacy classes reviewed draft handbook; focus groups reviewed draft handbook; consumers serve as educators</td>
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<td><strong>Use of volunteers</strong></td>
<td>Steering Committee (inc. representatives of 3 state agencies, providers, health plans, March of Dimes, etc.); Healthy Mothers/Healthy Babies coalitions; women from community (most have participated in Baby AZ) serve as outreach workers (stipend: $10/hr); lay health outreach workers &amp; other CBO staff</td>
<td>NE SIDS Foundation volunteer counselors, nursing home residents &amp; Catholic school students prepared mass mailings, March of Dimes volunteers</td>
<td>None</td>
<td>40 active educators - mostly from welfare-to-work program (Project is job site), some from Project workshops, retirees, professionals; 96% African-American or Latino; stipended $5/workshop (covers lunch, transportation); work in 2-person teams; quality monitoring tools used; 6 mo/2 workshops per week commitment asked</td>
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<td>Relationship w/ other entities</td>
<td>Work w/ providers, CBOs; provide &quot;Marketing 101&quot; info to providers, CBOs on how to use materials (e.g., some print items can be customized); Healthy Mothers/Healthy Babies coalitions in individual communities adopted campaign</td>
<td>Work w/ March of Dimes; provide materials to health care providers, childbirth educators, child care providers, hospitals help present to day care providers (including Head Starts)</td>
<td>Provide 3-day training to plans, CBOs, members of Medicaid Managed Care Task Force, hospitals, health centers, community outreach workers, day care center staff, job training staff, religious organizations, settlement houses, social service agencies, etc. (400+ entities have hosted/cosponsored workshops); encourage using OMMC as technical assistance resource</td>
<td>160 community-based organizations have served as workshop hosts; staff at other organizations have been trained; Advisory Committee includes plan reps, large CBOs, consumer reps, OMMC, Dept of Health, HCFA, other policy people (e.g., Columbia Univ); Project represented on panel to review enrollment broker’s draft materials</td>
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| Results                                                                 |                                                                                          |                                                                                                          |                                                                                                                         |                                                                                                                         |                                                                                                                         |
| Success                                                                 | Last 2 years, 5% increase in early prenatal care; consumer satisfaction survey found 88% very satisfied & 12% somewhat satisfied | 50% decrease in SIDS over a 2-year period                                                               | Use industry standards/practices to measure; people are aware they have choices (message of PSAs); helpline calls increase after certain strategies | Independent evaluation found: workshop participants more knowledgeable about how to negotiate mgd care, & use info from workshop & handbook to solve problems | Independent survey found 90%+ awareness of BYB throughout state; increased #s of women enrolling (6,651 in '97) |
| Especially successful strategies | Marketing firm has provided tremendous value for $; very cost-effective - negotiates deals, keeps track of everything relevant to Baby AZ. Using existing resources as much as possible. Phasing in by county/ community, having local people & groups adopt campaign. Using social marketing techniques. | Ongoing, continuous effort                                                                                 | Using focus groups; radio & direct mail combo (radio built awareness, mailing urged calling helpline) - multiple methods reinforce | Looking at organizations that could offer students &/or teachers; using the welfare-to-work program; holding workshops at existing classes | Media campaign; hotline; presumptive eligibility                                                                 |

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<td>Better tracking mechanism for callers referred to providers by hotline</td>
<td>Plan to integrate evaluation into project early; develop marketing plan/more aggressive way of getting materials out</td>
<td>Learning which neighborhoods have reasonable turnout for health fairs &amp; other forums</td>
<td>1-hour workshop is long (trying 1½-hour version w/ WIC classes)</td>
<td>Would like to streamline the process to have one application; presumptive eligibility would be approved while Medicaid eligibility determination process would already be underway</td>
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| Lessons learned | See "Especially successful strategies". Partnership: all players equal. Adequate funding; have private sources, federal match (no legislative appropriation). | Building necessary relationships takes time/energy; need to work at maintaining these relationships after the initial effort so don't have to start from scratch to rebuild | Focus groups invaluable to understand info needs & design programs. Work w/ CBOs w/ large constituencies & strong outreach abilities to get good attendance. Be selective about neighborhoods in which hold health fairs & other forums. Partnering w/ media is essential. | Offer workshops to existing classes. Consider the nature of the host organization in selection. Do 30 min. workshops. The most effective messages depend on the Medicaid managed care environment. | Combined effort (Title V & Medicaid) in media campaign translated to other issues (e.g., domestic violence, adolescent smoking) |