Special Initiatives

Businesses & Other Employers

Involving businesses in the effort to reach eligible children is logical considering that eight out of 10 (79 percent) of low-income, uninsured children have parents who work full- or part-time.[1] *When employers help enroll their employees' children in Health Check/Health Choice, they benefit not only their workers but also their own organizations. They reduce absenteeism and increase productivity, employee loyalty and retention – all at no cost to their businesses.*

Strategies

Three Pilot Counties - **Buncombe**, **Guilford** and **Edgecombe** - designed and implemented strategies to engage businesses and other employers in reaching and enrolling their employees and, to a lesser extent, their customers and vendors in their communities.

The **Buncombe** Pilot's major push to businesses began in the fall of 1999 with a "kick-off" breakfast for human resource and district managers, small business owners, insurance benefits administrators and others. The breakfast featured "Kids will be Kids," a video about Health Check/Health Choice produced by the Buncombe Pilot that profiles healthy, active children, and a presentation by a highly regarded local pediatrician. Coalition members met with small groups during breakfast. Packets of information were distributed about the Program, which included a brochure aimed at employers and suggestions for becoming involved. Outreach staff followed up with those who attended the "kick-off" breakfast and those who could not attend but were interested in learning about Health Check/Health Choice.

In Buncombe County, the Chamber of Commerce was on board very early on: Chamber representatives that did outreach for the Chamber itself carried Health Check/Health Choice messages and materials directly to its members; and the Chamber helped identify businesses for the Pilot to target. Local restaurants and stores from national chains supported the outreach effort in various ways. For example, McDonalds and Arby's used Health Check/Health Choice tray liners; Pizza Hut attached Health Check/Health Choice information to pizza boxes; Wal-Mart sponsored back-to-school coupons promoting Health Check/Health Choice; and Kmart had a bike and helmet give-away as part of a larger Health Check/Health Choice back-to-school campaign.

The **Guilford** Pilot sought input from local businesses, worked with the Chamber of Commerce and an organization of Human Resource Directors, initially targeting larger employers. Strategies included participating in an employee health fair, supplying paycheck "stuffers" with program information, attending special events and sending letters and business resource kits (tool kits) by mail. Many non-profit organizations were reached through a "roundtable" sponsored by the Chamber. Later, the Pilot focused on small business owners by working with an association of health underwriters. This approach used the brokers, who earn their living by creating insurance packages for business, to pass the word about Health Check/Health Choice to their clients.

The **Edgecombe** Pilot's business project, which began in the fall of 1999 with the strong endorsement of two Chambers of Commerce, was twice derailed – first as the result of Hurricane Floyd and then by a loss of critical staff. The project got fully back on track in June of 2000. While many of the larger employers were targeted (e.g., the County, manufacturers, utility companies, fast food chains, banks, motels, KMart and Wal-Mart), the Pilot's primary focus was on small businesses. The approach was largely door-to-door, and shopkeeper-to-shopkeeper. Among those targeted were beauty and nail salons, places that provide cash advances and check cashing services, video shops, cleaners, pharmacies, rent-to-own and realty companies.

[1] Kaiser Commission on Medicaid and the Uninsured. (2000). Health Coverage for Low-income Children: Key Facts. Washington, DC: Henry J. Kaiser Family Foundation.

The State and the North Carolina Healthy Start Foundation (NCHSF) targeted businesses on a statewide level. Prior to the freeze on NC Health Choice, the State/NCHSF were actively engaged in outreach to and through business. Early on, the State/NCHSF tried to target smaller businesses and their employees through Caroliance, a partially state-supported health care purchasing alliance for small businesses. Pharmaceutical companies, the March of Dimes, CPAs/tax preparer associations, large discount stores (including KMart and Wal-Mart), and statewide trade associations for the hotel/motel and the restaurant industries were among the partners that assisted with outreach in different and creative ways. (For example, then- Glaxo Wellcome, Inc. helped develop radio public service announcements and paid for printing of materials, Hoffman-Laroche and Sepracor distributed information about Health Check/Health Choice to providers as part of their normal business operations.) The State worked through county coalitions on local business outreach as well. In January 2000, with the support of then-Glaxo Wellcome, Inc. the NCHSF convened a Business Advisory Council to guide the state in the development of targeted business outreach initiatives and materials. Because of the freeze, many of the activities were put on hold. When the freeze was lifted and the program expanded in the fall of 2001, the State once again began to work with the North Carolina Hotel and Motel Association, H&R Block (in conjunction with a national Covering Kids initiative) and others.

Materials and Messages

Buncombe, Guilford and Edgecombe County developed business tool kits to target employers. Buncombe's kit included a brochure, "Pass the Word About Health Coverage for the Kids of Working Families," that delineated the benefits to employees and to the company, e.g., employee loyalty/retention, and fewer missed workdays. The cover letter to Guilford's kit emphasized that an estimated 7,000 children in Guilford County are without health insurance, over 90% have parents who work, employers want their employees to have health insurance, the difficulties employers face in making insurance available to their employees and that now there is an answer. Along with other key pieces, the kit included some "quick start" suggestions to help employees learn about Health Check/Health Choice, a materials order form and Health Check/Health Choice promotional items, e.g., a pencil, post-it notes, and a computer screen cleaner. Edgecombe's kit contained later versions of pieces developed and tried out by Buncombe and Guilford plus some others, e.g., frequently asked questions for businesses. The kit was designed with the assistance of Epley Associates, a communications firm that has worked with us on different aspects of this project, as a possible prototype. As with the other kits, Edgecombe's kit complemented and included materials produced by the State/NCHSF.

Results

In **Buncombe** County, of the 1200 businesses/employers that were initially invited to the businesses breakfast, 200 attended. (Note: approximately 700 had been contacted by phone.) Roughly 300 employers ultimately requested information on the Program, about half of whom had been at the breakfast. Applications for approximately 80 children were coded specifically to the business outreach initiative over a ten-month period. Of these children, sixty-one children were approved for the program, 35 for Health Check and 26 for Health Choice. (Note: It is likely that these numbers understate the impact of this initiative, somewhat, in that they do not capture the applications that were prompted by but not coded to business, e.g., applications obtained through the state toll-free hotline, that resulted from information passed on by a friend or family member [2] or in instances where business outreach was one of several approaches that motivated a parent to apply.[3] This caveat regarding the likely understatement of the effectiveness of initiatives applies to other initiatives described in this report as well.)

[2] One of the key messages Buncombe County uses is: "If not for you, please tell a friend". This is both non-threatening to a potential applicant and considered a successful marketing tool.

[3] This initiative was conducted simultaneously and in coordination with other complementary and reinforcing initiatives.

In **Edgecombe** County, over a six-month period, approximately 330 businesses were contacted; roughly 250 (76%) of those agreed to be involved and took materials (included fifty-five business tool kits). Smaller businesses were more likely to participate in this outreach initiative than larger employers. Twelve businesses agreed to enclose envelope stuffers in payroll statements, prescription bags or shoeboxes. Out of the 1,200 coded applications distributed among businesses, applications for 25 children were traced to this initiative; 21 children were approved (14 for Health Check and 7 for Health Choice).

Although **Guilford** did not track enrollments resulting from this initiative, we do know that five of 30 businesses contacted requested information to share with employees and some took the information to plant managers in other parts of the state. The health underwriters expressed a great deal of enthusiasm for the program and indicated that they would continue to incorporate information into their packages for clients needing help with coverage for children.

Lessons Learned

- Employer Barriers. For a number of reasons many businesses may not participate in this kind of initiative. Businesses are sometimes reluctant to admit that they have uninsured employees, and they may not be comfortable involving themselves in their employees "personal" business. Some are uncomfortable displaying or presenting information about "government-sponsored" programs to their customers and employees. Credibility of the program was sometimes a factor (whether one could count on it being continued). In addition, employers who already offer an insurance program may view Health Choice as a competitor. Although we assumed that helping employees secure insurance for their children would be of interest to businesses, for many it was too far removed from their primary concerns to warrant their involvement. This may have been because we were not able to communicate how insurance would make an important positive contribution to their bottom line, or it may have been because they had other priorities. Some believed that all of their employees were satisfied with the insurance the company had for them. Some feared that placing information in their business would open the door for other agencies and programs to do the same.
- Employee Barriers. Employees don't always like to share personal information with their employers and don't necessarily trust information received from their employer. This may account for why enrollment sites at businesses in our Pilots weren't more heavily utilized.
- Major Challenge. It is a major challenge to "get a foot in the door." Introductory letters did not stir much interest. A personal contact by the right person is key. In Buncombe, this person was an energetic outreach worker with experience in sales (insurance) and with public assistance programs. In Guilford, insurance brokers who work with small businesses and are affiliated with a local organization of insurance brokers appeared to be effective (common interest in finding health insurance for employees). The business tool kit helped staff in Edgecombe County to engage employers. It is important to deliver a consistent and effective message.
- Persistence. Outreach to the business community is labor-intensive. Multiple contacts are necessary to reinforce messages and gain trust. Businesses are busy and needs change. One effective technique is to send information to the employer and to ask permission to call back in a couple of months to check in and see if a need might exist. Businesses are accustomed to this practice and it serves to demonstrate a measure of stability to an employer.
- Realistic expectations. Not surprisingly, businesses/employers were most interested in activities that required a minimum of their time and energy such as hanging a poster in a break room and giving out information rather than helping to complete applications. It was important to have a reliable resource where employers could refer employees, to publicize any telephone assistance services on all printed materials, and to ensure that the employer could easily contact knowledgeable program representatives with questions and as needs

arose. These features reduce the burden of the gatekeeper's investment, eliminating the need for frequent retraining and allowing them to "get out of the loop" quickly.

- Useful tools/materials. The most effective tools and materials were: phone, outreach coordinator, business brochure, one-page summary of benefits, applications, posters, and in Edgecombe, the business tool kit. The state-produced materials were particularly helpful when they allowed space to insert a local contact number. See Appendix A1-10 for samples from the Edgecombe Pilot's business kit, which includes state-produced (NCHSF) materials identified by the Health Check/Health Choice logo. A sample of the Buncombe Pilot's business brochure begins this appendix.

Conclusions and Recommendations

Business outreach and enrollment, for us, was not a small, low-maintenance investment with quick, high returns. While we expected that our initiative might have limited success due to the fact that so many of those estimated to be eligible were already enrolled in Health Choice, we thought that it would yield better results than it did. After all, many, many employers were enthusiastic and seemed to quickly embrace the benefits of becoming involved in outreach.

As word has spread and economic circumstances have changed, requests for applications and information by businesses have continued. The initiative is therefore likely to yield more enrollments over time, as credibility for the program and trust in those who support outreach and enrollment are built. Future success will depend on continuing to build and maintain relationships, however this takes time and is relatively labor-intensive. Work should continue to find cost-effective ways to share information and promote the program on an ongoing basis with employers, large and small, e.g., through local chambers of commerce and other professional organizations such as insurance broker groups.

The program has benefited from ties with the business community in several critical ways. Our business partners have provided invaluable advice and other in-kind and financial support for outreach overall, particularly in conjunction with our back-to-school campaigns. As relationships have been built, old barriers and the stigma often associated with government-sponsored programs and departments of social services have eroded. The business community's backing may be key to sustaining public funding for the program as well. Although we would not recommend outreach through business as the primary method of reaching families or as a short-term enrollment strategy, we strongly urge others to cultivate relationships with those in the business community and engage them as principal partners.