



## Media Kit: Planning and Promoting a Community Forum on the Medicare Prescription Drug Discount Card Program



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This toolkit is designed to assist state and local agencies in planning and promoting community forums in coordination with *Aging Network Medicare Rx Outreach Month* campaign from November 1 – 30, 2004.

The Media Kit includes:

- Helpful hints on organizing an event,
- A one-page description of the outreach campaign,
- Sample media advisory for events,
- Fact sheet designed for media contacts,
- Sample press release to follow the event,
- Sample editorial piece for local newspapers,
- Fact sheet on Medicare Rx drug benefit basics for consumers, and
- Six tip sheets on outreach to hard-to-reach populations.

## **Introduction**

The Aging Network has a long-standing track record of successfully providing assistance, benefits counseling and easy-to-understand information to millions of older adults, especially those with low incomes. But with the increase in Medicare beneficiary options under the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA), there is a greater need for beneficiary assistance and education.

As aging agencies continue their efforts to outreach, educate, and enroll beneficiaries in Medicare's prescription drug discount card program and \$600 transitional assistance credit, n4a and NASUA have designed the following media kit to assist agencies in meeting the demand for information on the complex new changes in Medicare. The media kit provides some helpful hints on planning and promoting community forums to educate seniors and their families on the Medicare prescription drug discount program.

## **Why Community Forums are Needed**

In order to supply beneficiaries with information on the Medicare prescription drug discount card and transitional assistance program, an intensive outreach effort on Medicare discount card enrollment is planned for during November 2004. This campaign *Aging Network Medicare Rx Outreach Month* is timed to involve State and Area Agencies on Aging across the country in maximizing the prescription drug discount program outreach, education, and enrollment assistance available to low-income beneficiaries before December 31, 2004.

***SUAs and AAAs are asked to organize community outreach events during November utilizing the theme of Aging Network Medicare Rx Outreach Month.*** To make sure your outreach and education events during November are included as part of the campaign, please fill-out the "Campaign Sign-On" available on the Medicare Rx outreach web site ([www.medicarerxoutreach.org](http://www.medicarerxoutreach.org)).

As part of this national campaign, a focused media effort will take place in 10 targeted media markets to highlight the Aging Network's key role in providing information on the Medicare prescription drug discount program. The target site events will be held in Atlanta, Georgia; Baltimore, Maryland; Buffalo, New York; Columbus, Ohio; Detroit, Michigan; Jackson, Mississippi; Phoenix, Arizona; Raleigh, North Carolina; Rio Grande Valley, Texas; and Seattle, Washington.

## **The Goal**

The ultimate goal of the communications strategy for *Aging Network Medicare Rx Outreach Month* is to generate media attention for the local events which will raise awareness about the December 31 deadline to sign-up for the \$600 credit for 2004. The second tier goal for the campaign is to support the efforts of state and local agencies and show the value of the Aging Network in informing older adults of the changes in Medicare.

## **The Message**

Millions of low-income seniors nationwide are at risk of losing their \$600 prescription drug credit through Medicare if they don't act by December 31, 2004. During November, *Aging Network Medicare Rx Outreach Month*, there will be a nationwide effort to sign up seniors led by State and Area Agencies on Aging and Title VI Native American aging programs. The organizations are working with other groups to organize community educational forums targeted at low-income areas where for a variety of reasons, seniors have not signed up for the Medicare prescription drug discount cards and transitional assistance credit.

Events on the Medicare Rx drug discount program can help do the following:

***Generate Public Awareness***

Community educational events are an opportunity to generate public awareness and discussion on issues. An event educating seniors and their families on the Medicare prescription drug benefits will provide a forum for seniors to hear knowledgeable individuals talk about the Medicare discount card and \$600 transitional assistance credit available in 2004 and 2005 and the Part D benefit set to begin in 2006.

***Increase Your Agency's Visibility***

Holding an event in your community will increase awareness of your agency's work on educating seniors on Medicare. Your event will help people understand how the new Medicare law affects seniors in your community.

***Develop Leaders and Reach Out to New Individuals***

Holding an educational forum in your community can develop leadership skills, recruit new volunteers, and reach out to diverse groups in your community who may not be aware of all the services your agency provides.

The goal of the community forum is to draw attention to the new benefit options under Medicare with particular focus on reaching, educating, and enrolling low-income beneficiaries in the \$600 transitional assistance credit. Even if every question can not be discussed, your education event will encourage seniors in your community to learn more about the important changes to Medicare that affect them.

Events are an opportunity to make the initial contact with seniors who need assistance in sifting through the complex changes in Medicare and determine if there is help with their prescription drug costs.

## Planning Step-by-Step

**Appoint an event organizer and planning team.** Put together a team of interested key groups – coalition partners – to help decide details and share workload. The event organizer will be the key motivator and strategist behind the event. Delegating pieces of the process to the planning team will keep the project manageable for everyone involved.

**Recruit coalition partners.** Invite diverse groups to co-sponsor the event.

**Design your forum with the audience in mind.** Everything about your forum, including the discussion topics, co-sponsoring organizations, speakers, location, date and time, should be designed with the audience in mind.

**Set a budget.** While forums can be held for very little money, you may have expenses such as location or speakers' fees, handouts, refreshments, advertising and postage for visibility, and postage for follow-up letters. In-kind contributions and donations from co-sponsors and other organizations can help stretch your resources.

**Choose a location.** Choose an accessible site that will attract a wide range of attendees, preferably a well known and wheelchair accessible site such as a government building or senior center.

**Schedule the event at a convenient time.** Avoid business hours, religious or government holidays, or dates when other community events are scheduled.

**Decide on a format.** Will your event be a briefing? Panel discussion? Community fair?

### First Steps in Depth

As an event convener, you are the key motivator and strategist behind the event. Delegating pieces of the process will keep the project manageable for everyone involved. The following are some steps to follow:

#### Delegate work to a planning team.

Appoint a planning team to divide and oversee the following responsibilities:

- ❖ Programming
- ❖ Coalition outreach
- ❖ Community promotion and media visibility

#### Share the timeline and checklists.

Give each member of your planning team a copy of the appropriate timeline and checklist.

#### Develop a budget.

Work with your planning team to develop a budget. You may have expenses such as location or speakers' fees, handouts, refreshments, advertising and

### SAMPLE TIMELINE

#### 4 Weeks Before Event

- Choose planning team.
- Decide on audience.
- Plan Budget.
- Decide on location, format, and speakers/panelists.
- Invite moderator and speakers.

#### 3 Weeks Before Event

- Finalize date, location, and speakers.
- Begin advertising event:
  - Compile list of media contacts.
- Send invitations to coalition partners and other important guests.

#### 2 Weeks Before Event

- Re-confirm speakers.
- Increase audience recruitment.
- Prepare on-site handouts and media packet.
- Choose spokesperson(s).

#### 5 Days Before Event

- Fax media advisory.
- Finalize media packets.
- Call coalition partners to assess attendance.

#### 2 Days Before Event

- Make media reminder calls.

#### Day of the Event

- Fax news release
- Be prepared to answer media questions before and after the event.

#### After Event

- Follow up with media.
- Thank participants.

postage for visibility, and postage for follow-up letters. In-kind contributions and donations from co-sponsors and other organizations can help stretch your resources.

### **Strategies for saving money:**

- ❖ **Trade ads for copies.** Create relationships with local copy shops and discuss the possibility of getting free copies in return for advertising their name on the back of your brochure or flyers.
- ❖ **Ask co-sponsors to help.** Offer local businesses and coalition partners the opportunity to co-sponsor events in exchange for free meeting locations, phone line use, copy privileges, and advertising expenses.
- ❖ **Use the media for public service announcements.** Ask a local radio or TV station to facilitate a forum in exchange for free news coverage and some public service announcements regarding the event.

### **Next Steps**

**Invite moderators or speakers.** Choose non-partisan, credible panelists who will bring media attention to the event. A well-known, non-partisan moderator who is respected in the community will generate interest in the event and give your work added credibility.

**Plan media outreach and designate a spokesperson.** Outreach to the media will help advertise your event and gain visibility.

**Promote your event in the community.** Circulate fliers and post notices at places seniors frequent such as senior centers, meal sites, grocery stores, churches, and other community venues with bulletin boards.

**Choose a location.** Work with your planning team to determine a location that will accommodate the size crowd you are expecting and will attract a range of people from the community.

**After the event, follow-up on action strategies.** Work with your coalition partners to follow-up on any action strategies that result from the event.

**Follow-up with attendees.** Use the registration list as a mailing list for future meetings and to contact participants.

## **Programming Checklist**

Tailor your event to the following goals: generate public awareness and discussion on the issues; provide a forum for people to hear key individuals talk about Medicare prescription drug benefits; give participants an opportunity to discuss options; and enable them to strategize with others about action to be taken.

### **Decide on an audience.**

Determine the audience you would like to reach. For example, seniors, activists, general public, elected officials and coalition partners.

### **Suggested messaging points.**

Medicare has provided temporary discounts cards in 2004 and 2005, before the Part D prescription drug benefit takes effect in 2006, which offer seniors potential savings on their prescription drug costs.

A transitional assistance credit of \$600 is also available to eligible low-income seniors both this year and in 2005, which can be put toward beneficiaries monthly drug costs.

New preventative health benefits will soon be covered under Medicare starting in January including a "Welcome to Medicare" physical exam and diabetes and cardiovascular screenings.

### **Develop an agenda/format.**

Choose the most appropriate format to achieve your goals and accommodate the people you want to attract. You may want a briefing, panel presentation, or discussion groups.

Alternatively, you may decide a discount card enrollment fair is the way to go. This approach will give seniors the opportunity to speak one-on-one with knowledgeable staff, who can assist with them with their questions and step them through the process of enrolling in a discount card.

If you decide on a panel of speakers with discussion, the following is a sample agenda:

- ❖ Forum leader/organizer introduces moderator and key coalition partners (5 minutes)
- ❖ Moderator introduces panelists (5 minutes)
- ❖ Three panelists each speak for 10 minutes (30 minutes)
- ❖ Moderator leads discussion session with audience (40 minutes)
- ❖ Forum leader wraps up with key messages and thanks all for participating (10 minutes)

### **Select panelists or discussion leaders.**

Choose non-partisan, credible individuals who will bring media attention to the event. They could include a coalition partner, legislators (as long as you invite one from each party), heads of publicly funded departments or organizations, or someone with a personal story about how a Medicare discount drug card and the \$600 transitional assistance credit helped them save on their prescription drugs.

### **Invite a familiar face to be a moderator.**

The moderator could be a media personality, activist, or coalition partner. A well-known, non-partisan moderator who is respected in your community will generate interest in the event and give your work added credibility.

### **Recruit note takers.**

Recruit volunteers to record the proceedings, especially action strategies and next steps.

**Provide materials.**

Work with panelists, coalition partners, and other participants to make relevant materials available, including:

- ❖ Sign-in list
- ❖ Medicare materials, fact sheets, brochures, and articles
- ❖ Enrollment Forms for the Medicare-approved Discount Card Program
- ❖ Enrollment Forms for the \$600 transitional assistance credit

## **Outreach Checklist**

It is in the best interest of coalition building to involve other groups as soon as possible. This may lengthen the planning process, and could require more negotiation, but it will build better long-term relationships among organizations.

### **Make a list of existing groups/organizations or reach out to new ones.**

The following are suggested types of organizations to contact:

- ❖ State Health Insurance Assistance Programs (SHIPs)
- ❖ Medicare discount drug card sponsors
- ❖ State Pharmacy Assistance Programs
- ❖ State and local health officials
- ❖ City or state elected officials
- ❖ Regional offices of CMS and AoA
- ❖ Senior housing facilities and senior centers
- ❖ Churches and religious social action organizations
- ❖ Minority advocacy groups representing different segments of the population, e.g., African Americans, Hispanic, women, the disabled, independent living, etc.

### **Contact local groups to co-sponsor the event.**

Contact local groups through e-mail, fliers, newsletters, and phone trees, or attend their meetings. Invite them to co-sponsor the event, help plan it, and/or send participants. The week before the event, call coalition partners to gauge attendance.

### **After the event, thank and debrief coalition partners.**

Follow up to discuss ways to work together in the future on common issues of interest.

## Community Promotion and Media Visibility

Event promotion can be a lot of fun. Your goals are to inform the public of the event in order to increase attendance and to inform the media to heighten awareness of your organization's role in outreach, education, and enrollment efforts on the Medicare discount drug cards and low-income transitional assistance credit.

### Inform the public.

- ❖ Inform organization members and neighboring agencies about your event and recruit them to attend.
- ❖ Work with local service providers to reach out to seniors who utilize support services such as home-delivered and congregate meals, low-income housing, transportation, respite care, in-home services, etc.
- ❖ Work with the coalition outreach chair to send invitations to coalition partners and other important guests.
- ❖ Invite the public using ads, fliers, public service announcements on the radio and cable television, and meeting announcements in the newspaper.
- ❖ Encourage the moderator and other speakers to promote the forum.
- ❖ On the day of the forum, place a sign outside the location.

### Inform the media.

Compile a list of media contacts. Learn which editors and departments at your city newspaper cover health and senior issues, including Medicare and prescription drugs.

- ❖ Designate a media spokesman to be available to the press. Put her/his name on all news releases and mailings that go out to the media.
- ❖ Fax an advisory to your media list five to seven days before the event. An advisory is a concise notice listing the event's purpose, content, time, location, and participants. Fax the advisory again a day or two before the event as a reminder.
- ❖ Call reporters the day after you send the advisory to pitch the story – “Local seniors gather to learn about new Medicare benefits...” Explain that you are following up on your written materials. If they haven't seen the materials, offer to fax them again.
- ❖ Approach the local newspaper's Editorial Board about your agency's efforts to inform local seniors of their benefit options through the community forum, which is part of a national outreach campaign during November by the Aging Network.
- ❖ Send a news release the day of the event and make a final round of reminder calls.
- ❖ Prepare a table with a sign-in list and media kits for all members of the media. Fill your kits with the following items:
  - ✓ Agenda
  - ✓ Statements from the speakers, organizers
  - ✓ Press release
  - ✓ One-page description of the Aging Network Medicare Rx Outreach campaign
  - ✓ Background information on your organization and other co-sponsors
  - ✓ Fact sheets on Medicare prescription drugs
- ❖ During the event, offer reporters a quick interview before or after the program.
- ❖ Identify 2-3 seniors who you believe will do a good job in interviews and who learned about the Medicare Rx benefit and signed up with your agency's assistance. This will help reporters who want to put a “face” on the issue by including personal stories in their articles.
- ❖ Follow-up with reporters until the Dec. 31 deadline: call reporters who did not attend the event to offer information (the media packet from the event), so they can publish an article on your

event. Also contact reporters who attended to ask if they need additional information or quotes to complete their stories.

- ❖ Look for press clips in the newspapers and on television.

### **The importance of Personal Stories.**

Reporters use personal stories to bridge the gap between the policy world and everyday life.

Reporters take a snapshot of someone's life to introduce readers to the issue and demonstrate how policy affects lives while giving their stories a local connection to a national issue.

### **A good story:**

- ❖ Shows the success/failure of a system;
- ❖ Has dramatic, concrete consequences;
- ❖ Is happening now, not six months ago;
- ❖ Features a sympathetic figure; and
- ❖ Features an articulate person.

Reporters work on tight deadlines and often the window of opportunity to provide them a story is pretty short. With that in mind, the most important step in the process is to proactively collect updated stories so that you are ready when a reporter calls. For media requests, it is crucial that the contact information, availability, and concise, accurate story details are complete ahead of time.

### **Distributing the Stories to Reporters.**

Before releasing a name to a reporter, make certain that the person expects the call and knows what to say. Double check their stories to make sure they are completely appropriate for your message. If you have a written summary of the story, double check its accuracy with the individual.

Once the stories are ready, they need to be made available to reporters. All stories should be short, because they are meant only to pique reporters' attention. To protect the privacy of persons interviewed – names and contact information should not be listed – and made available upon request only.



## **The Aging Network Medicare Rx Outreach Campaign**

To ensure that all low-income beneficiaries are informed about and take advantage of the Medicare discount cards and the \$600 transitional assistance credit available in 2004 and 2005, an intensive month-long campaign is being mounted for November 2004, which has been designated *Aging Network Medicare Rx Outreach Month*.

In November 2003, Congress passed the Medicare Prescription Drug Improvement and Modernization Act (MMA), which contained the most sweeping changes of the Medicare program since its creation in 1965. The legislation provides Medicare beneficiaries with a prescription drug discount card program that includes access to Medicare-approved discount drug cards and \$1,200 of transitional assistance for low-income beneficiaries through 2005, and in 2006 the availability of a new Medicare Part D prescription drug benefit.

The Aging Network has a long-standing track record of successfully providing assistance, benefits counseling and easy-to-understand information to millions of older adults, especially those with low incomes. But with the increase in Medicare beneficiary options under the MMA, there is a greater need for beneficiary assistance and education.

Outreach and enrollment events during *Aging Network Medicare Rx Outreach Month* will be held across the country by State and Area Agencies on Aging and Title VI Native American aging programs. In addition, 10 target site events including media activities and community educational forums will be held in Atlanta, Georgia; Baltimore, Maryland; Buffalo, New York; Columbus, Ohio; Detroit, Michigan; Jackson, Mississippi; Phoenix, Arizona; Raleigh, North Carolina; Rio Grande Valley, Texas; and Seattle, Washington.

In support of this national campaign, n4a and NASUA have developed a web-based clearinghouse or "one-stop-shop" located at [www.medicareroxoutreach.org](http://www.medicareroxoutreach.org) to provide easy access to resources and information on the Medicare prescription drug benefits and outreach and education activities being carried out by the Aging Network.

The campaign is part of a larger effort over the next twelve months that will serve to educate beneficiaries about the new Medicare Part D prescription drug benefit beginning in January 2006 and the new preventive health benefits set to take effect in January 2005. The campaign is being spearheaded by the National Association of Area Agencies on Aging (n4a) and the National Association of State Units on Aging (NASUA) with support from the U.S. Administration on Aging.

For Immediate Release  
November XX, 2004

Contact:

## MEDIA ADVISORY

### DEADLINE APPROACHES FOR LOW-INCOME MEDICARE BENEFICIARIES IN XX TO SIGN UP FOR Rx DRUG DISCOUNT CARD AND \$600 PRESCRIPTION ASSISTANCE CREDIT

**Healthcare and Aging Experts To Host Community Forum to Educate Seniors and Sign Them up For \$600 Drug Credit; December 31 Is The Deadline To Sign Up And Only [#] Of The Total [#] Eligible For Discount Cards In [City] Area Have Enrolled**

Who: The Medicare Rx prescription drug discount card is available to all Medicare beneficiaries. However, for those beneficiaries who have annual income of no more than \$12,569 for a single person and no more than \$16,862 for a married couple immediately qualify for a \$600 credit to help pay for medications in 2004, and an additional \$600 in 2005. Those with slightly higher incomes may qualify for other prescription drug assistance programs.

Only [#] of the total [#] eligible for discount cards in the [city] have enrolled and the clock is ticking. Seniors must sign up by December 31. If they do, seniors will get \$1,200 to pay for medicine between now and the end of 2005.

What: November is ***Aging Network Medicare Rx Outreach Month***. The campaign's main objective is to provide low-income beneficiaries with the information and assistance they need to take advantage of the \$600 credit before that opportunity expires on December 31, 2004.

Local AAA, XX, and XX will host a community forum to educate seniors and help them fill out the paperwork to sign up before it is too late.

Where:

When:

Note: Please call XX for additional information that will be helpful for the public, including a "5 Things to Know About Medicare Rx Discount Drug Card Program" and more local contact information for seniors.

## FACT SHEET

### Seniors Can Get Immediate Financial Help with Prescription Drug Costs!

- Low-income seniors can really benefit from the Medicare Rx drug discount card when they qualify for the \$600 transitional assistance credit.
- To get the \$600 credit, seniors can have an annual income of no more than \$12,569 for a single person and no more than \$16,862 for a married couple. Those with slightly higher incomes may qualify for other prescription drug assistance programs.
- Only [#] of the total [#] eligible for discount cards in the [city] area have so far enrolled in one of the Medicare discount drug cards.
- The Clock is ticking to get it: Seniors must sign up by December 31. If they do, seniors will get \$1,200 to pay for Medicine between now and the end of 2005.
- That is why November is ***Aging Network Medicare Rx Outreach Month***.
- Seniors are confused by the various discount card programs that are available. Some don't have computers to access discount card information on the Internet... for others getting information over the phone is not an option. Many need help understanding the various cards and programs that are available. Fortunately, there is a local resource available to help sort it all out.
- State and Area Agencies on Aging and Native American aging programs have launched a nationwide campaign to help seniors with their prescription drug costs. The campaign's main objective is to provide low-income beneficiaries with the information and assistance they need to take advantage of the \$600 transitional assistance credit offered in 2004, before that opportunity expires on December 31, 2004.
- Trained volunteers will help seniors complete applications in cities across the U.S.
- For information: Go to [www.medicare.gov/maddc/home.asp](http://www.medicare.gov/maddc/home.asp), or call 1-800 MEDICARE (633-4227).

## **5 Things to Know About the New Medicare Rx Discount Card Program**

1. Any senior who has Medicare and is not enrolled in Medicaid is eligible for a Medicare-approved prescription drug discount card.
2. Seniors with an annual income of no more than \$12,569 for a single person, and no more than \$16,862 for a married couple qualify for a \$600 credit in 2004 and another \$600 credit in 2005. Those with slightly higher incomes may qualify for other prescription drug assistance programs.
3. The Medicare discount card program gives seniors many different cards to choose from, however, beneficiaries can only enroll in one Medicare-approved discount card at a time. Seniors should choose the card that offers the best discounts on the medicines they take.
4. For help in making this choice you can call 1-800 MEDICARE (1-800-633-4227), visit the Medicare web site at [www.Medicare.gov](http://www.Medicare.gov), or contact your State Health Insurance and Assistance Program (SHIP). A listing of SHIP programs with toll-free numbers is available at [www.medicare.gov/contacts/static/allStateContacts.asp](http://www.medicare.gov/contacts/static/allStateContacts.asp).
5. The maximum fee for the discount card is \$30 per year.

## Sample Press Release

**FOR IMMEDIATE RELEASE**  
November, 2004

**CONTACT:** Media Contact  
Telephone #

### **[Agency Name] Sponsors Event to Enroll Seniors in Medicare Rx Discount Card Program As Part of Nationwide Campaign to Help Seniors with their Prescription Drug Costs**

**Location** – Today, more than [# of participants] local seniors and their family members participated in a community forum sponsored by the [Agency names] on the Medicare discount drug cards and low-income assistance now available. During the event [# beneficiaries] enrolled in a Medicare discount drug card and [# eligible for low-income assistance] signed up to receive \$1,200 in additional prescription drug assistance over the next 14-months due to their income-level.

The event was designed to get important information to low-income beneficiaries who have not yet taken advantage of drug discounts being offered through Medicare. According to Medicare, only [#] of the total [#] eligible for discount cards in the [city] area have so far enrolled in one of the Medicare discount drug cards.

Insert quote from your agency director and co-sponsors here.

The event is part of an intensive national campaign this month, which has been designated *Aging Network Medicare Rx Outreach Month*, involving outreach and education efforts by the nation's State and Area Agencies on Aging, and Native American aging programs. The campaign's main objective is to provide low-income beneficiaries with the information and assistance they need to take advantage of the \$600 transitional assistance credit offered in 2004, before that opportunity expires on December 31, 2004. The low-income beneficiaries will also be eligible for another \$600 credit in 2005.

In November 2003, Congress passed the Medicare Prescription Drug Improvement and Modernization Act (MMA), which contained the most sweeping changes in the Medicare program since its creation in 1965. This legislation provides Medicare beneficiaries with a prescription drug benefit that includes access to Medicare-approved discount drug cards and \$1,200 of transitional assistance for low-income beneficiaries through 2005, and in 2006 the availability of a new Part D prescription drug benefit.

The Aging Network has a long-standing track record of successfully providing assistance, benefits counseling and easy-to-understand information to millions of older adults, especially those with low incomes. But with the increase in Medicare beneficiary options under the MMA, there is a greater need for beneficiary assistance and education.

Since the Medicare discount card program began in June 2004, state and local aging agencies across the country have worked along with State Health Insurance and Assistance Programs to provide older adults in their communities with quality information and answers on the new benefits.

During *Aging Network Medicare Rx Outreach Month*, ten target sites Atlanta, Georgia; Baltimore, Maryland; Buffalo, New York; Columbus, Ohio; Detroit, Michigan; Jackson, Mississippi; Phoenix, Arizona; Raleigh, North Carolina; Rio Grande Valley, Texas; and Seattle, Washington will also carry out Medicare Rx outreach and enrollment forums.

The campaign is part of a larger effort over the next twelve months that will serve to educate beneficiaries about the new Medicare Part D prescription drug benefit beginning in January 2006 and the new preventive health benefits set to take effect in January 2005. The campaign is being spearheaded by the National Association of Area Agencies on Aging (n4a) and the National Association of State Units on Aging (NASUA) with support from the U.S. Administration on Aging.

###

Include description of your agency and any event co-sponsors here.

## Sample Editorial

### ***“Are you missing out on Medicare Rx Drug Benefits that could help you Save Thousands \$s?”***

Are you a Medicare beneficiary, or do you know someone on Medicare, who needs help with high prescription drug costs? If you answered yes, then you're not alone.

To assist Medicare beneficiaries cover their prescription drug costs, the Medicare Modernization Act enacted last year added a new prescription drug benefit to the Medicare program beginning in January 2006. In the meantime, to assist Medicare beneficiaries with their drug costs during the next 14 months, a Medicare-approved discount card program is available as well as transitional assistance credits totaling \$1,200 for low-income beneficiaries.

All Medicare beneficiaries who do not receive prescription drug coverage through Medicaid are eligible for a Medicare-approved drug discount card. Medicare beneficiaries whose incomes are below 135 percent of the federal poverty limit (\$12,569 for singles and \$16,862 for married couples) and who do not have other types of prescription drug coverage are also eligible for a \$600 credit in both 2004 and 2005.

Medicare estimates that some 7.4 million beneficiaries are eligible to receive the \$600 transitional assistance prescription drug credit this year and again in 2005. Unfortunately, to date only about 1.3 million of these low-income Medicare beneficiaries have signed-up for the cards and the credit.

In addition, nearly 2 million low-income Medicare beneficiaries who automatically qualify for the \$1,200 in credits have received a mailing from Medicare with a national discount drug card they can activate to start receiving savings.

Many seniors will need help in understanding the card options and taking the steps required to receive the \$600 transitional assistance credit offered in 2004, before that opportunity expires on December 31. Any portion of this credit that is unused at the end of 2004 can be carried over into 2005, when they will become eligible for an additional \$600 credit.

Even with those automatically eligible, there are still over 4 million beneficiaries that could qualify for the \$1,200 credit. It is crucial to help them get enrolled in the discount card by December 31, 2004 to get the maximum support they can.

*[If available, add local Medicare discount drug card enrollment/eligibility figures]*

Since the Medicare discount card program began in June, state and local aging agencies across the country have worked along with State Health Insurance and Assistance Programs (SHIPs) to provide older adults in their communities with quality information and answers on the discount cards and credit.

In an effort to continue to reach out to Medicare beneficiaries during this critical time and provide them with much-needed information and assistance, state and local aging agencies across the country will sponsor community forums in November during *Aging Network Medicare Rx Outreach Month*.

As part of this “all-out” outreach campaign, the [*state and local agency sponsors*] will hold a community forum on [*date and location*] to assist local seniors as they consider enrolling in a discount card and applying for the \$600 low-income transitional assistance credit.

In addition, beneficiaries will hear about the new health preventive benefits that will be covered by Medicare at the beginning of next year including a “Welcome to Medicare” physical exam and important new cardiovascular and diabetes screenings.

We encourage all Medicare beneficiaries in [*city or region*] to take part in the community forum which promises answers to your questions on the discount drug cards and low-income credit, and could lead to substantial savings on your prescription drug costs.



### **The Medicare Prescription Drug Benefit – Know the Basics**

The *Medicare Prescription Drug, Improvement, and Modernization Act of 2003*, enacted December 8, 2003, creates a new drug benefit as Part D of Medicare. The drug benefit begins on January 1, 2006. Until then, a Medicare discount card and transitional assistance program is available to help beneficiaries with their prescription drug costs.

This brief fact sheet is designed to give beneficiaries the basics on the discount cards, transitional assistance credit, the full Part D benefit beginning in 2006, and new preventive services. For more information, refer to the Medicare.gov web site or call 1-800-MEDICARE, or your State Health Insurance Assistance Program.

#### **The Discount Cards**

From June 2004 through January 2006, Medicare beneficiaries can enroll in one of several Medicare-approved discount cards estimated to offer savings of 10-15%. The cards are voluntary. Enrollees can sign-up for only one discount card per year. You are eligible to enroll in a discount card if you have Medicare and you do not have outpatient prescription drug benefits under your State Medicaid Program. There are no income qualifications for the cards. Each discount card plan sets its annual enrollment fee of up to \$30. There is no monthly fee for the discount cards. Beneficiaries may change discount cards during the coordinated Election Period from November 15 through December 31, 2004.

#### **The Transitional Assistance Credit**

Beneficiaries with incomes below 135% of poverty (\$12,569/single, \$16,862/couples in 2004) who do not have private or Medicaid prescription drug coverage are eligible for a total transitional assistance credit of \$1,200 (\$600 in both 2004 and 2005), and there is no fee for the discount card. Remaining funds from the 2004 credit will carryover to 2005, if the beneficiary is enrolled in a discount card, or changes cards under certain circumstances. For beneficiaries eligible for the credit, it is important to enroll in a discount card by December 31, 2004 to receive the full \$1,200 credit.

#### **The Prescription Drug Benefit**

Medicare will begin to pay for outpatient prescription drugs through private plans under the new Part D in January 2006. Costs under the benefit include: a \$250 deductible, an estimated \$35 monthly premium, 25% of drug costs from \$250 to \$2,250 (Medicare pays 75%), and 100% of drug costs from \$2,250 to \$5,100 (\$2,850 gap or "donut hole"). Catastrophic coverage begins after \$3,600 in out-of-pocket costs when Medicare will pay for 95% of drug costs and the beneficiary 5%.

#### **New Preventive Benefits**

The new Medicare law also provided some additional preventive services beginning in January 2005. These include: an initial physical exam when becoming eligible for Medicare, diabetes screening tests, and cardiovascular screening blood tests.



## Tip Sheet #1

### Steps for Successful Outreach

1. **Get the Facts About Your Target Audience**
  - Use census, demographic and community planning data to identify target audiences.
  - Identify challenges to Medicare Rx education and outreach for the target audience.
  - Assess cultural practices, media preferences, incomes, education levels, etc.
  - Reach secondary audiences including caregivers, nurses, home health aides, home delivered meals staff, peers, adult children, and grandchildren.
2. **Identify Key People, Places, Props and Pathways for an Integrated Strategy**
  - Target the people that come into contact with your target audience on a routine basis.
  - Find places your target audience frequents most to conduct your outreach activities.
  - Use props that are recognizable, interesting and hold significant value to your target audience to educate them.
  - Use communication vehicles that are proven to have significant value and use by the target audience.
  - Work with the state and local SHIP to provide training, one-on-one counseling and enrollment support.
3. **Understand the Needs of Special Populations**
  - Value diversity.
  - Motivate beneficiaries to take action and empower them to make informed choices.
  - Strive to bridge the communication gap across languages.
  - Increase literacy with simple messages and materials that have high visual appeal.
  - Design print materials to attract your target audience.
4. **Design an Outreach Activity Plan**
  - Determine your activities to reach, educate and enroll your target audience.
  - Create a timeline for your plan.
  - Coordinate assignments with partners.
  - Include the state and local SHIP in your training, education and enrollment plans.
5. **Evaluate Your Efforts and Measure Your Success**
  - Assess outreach activities while they are in progress.
  - Determine the number of beneficiaries reached with your message, materials and applications.
  - Determine the number of beneficiaries who completed applications and were successfully enrolled in programs.
  - Evaluate how well you are reaching your target audience.



## Tip Sheet #2

### Facts, Figures and Challenges

#### 2000 Facts and Figures<sup>1</sup>

- Nearly 65% of Medicare beneficiaries had incomes of \$25,000 or less and 25% had incomes of \$10,000 or less.
- More than 29% of all Medicare beneficiaries were living alone and well over half, or 56% have incomes under \$15,000.
- Female beneficiaries are more likely than male beneficiaries to self disclose personal information about disease and chronic conditions.
- Beneficiaries under the age of 65 and over the age of 85 report the biggest knowledge gap about Medicare-covered services.
- When asked, both Black and Hispanic beneficiaries said they most preferred receiving Medicare information by talking with someone face to face, with reading a pamphlet as second and by telephone as the third choice.

#### Challenges for Medicare Rx Education, Outreach and Enrollment

- The Medicare Rx Drug \$600 transitional assistance credit as an enrollment deadline.
- Health insurance terminology and jargon are not always easy to explain or interpret.
- Medicare beneficiaries may be unaware of the new Medicare Rx Drug Card program and \$600 transitional assistance benefit.
- The Medicare Rx Drug Card enrollment process may be confusing.
- The \$600 transitional assistance credit for low income Medicare beneficiaries may be perceived by consumers as having government program stigma.
- There may be fear that enrollment may lead to labeling/discrimination down the road.
- Language, low literacy, visual and hearing impairment may be barriers to receiving news and regular updates on the new Medicare Rx Drug Card program.
- Automatic enrollment packages recently mailed to low-income Medicare beneficiaries may increase confusion about activating current benefits, options and steps to make changes.
- Immigrants and limited English speaking beneficiaries accustomed to different health care delivery systems may have difficulty understanding new health insurance program rules, terms and conditions.
- Traditional health beliefs and practices can influence the way new health insurance information is received.
- Outreach takes time and resources to build relationships and networks.

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<sup>1</sup> Centers for Medicare & Medicaid Services, Office of Research, Development and Information, Baltimore, MD. 2000.



## Tip Sheet #3

### Identify Key People, Places, Props and Pathways

#### People

- Connect with valued and respected state and local leaders and involve them in planning activities.
- Meet the most effective *resource people* in communities (neighborhood advisory group representatives, church committee chairs, local business owners, restaurateurs, bankers, grocers, mail carriers, reporters, barbers, beauticians, booksellers, librarians, musicians, politicians, police, social workers, funeral planners, nurses, teachers) and enlist their support for your activities.
- Recruit volunteers in the community to help with organization, spread the word.
- Ask spiritual leaders and clergy to identify key people in their congregations who are motivators for activities.
- Identify cleaning, food service and maintenance staff in buildings, hotels, hospitals, nursing homes and schools as key people to carry your message.
- Seek bilingual volunteers from colleges and universities and established programs like AmeriCorps, Retired Seniors Volunteer Programs and telephone company language lines to enhance your outreach.
- Allow adequate time for interaction with beneficiaries.
- Utilize older persons as educators.
- Target issue experts like SHIP counselors who can provide one-on-one information, counseling and assistance.

#### Places

- Meet people where they live, work, play, worship, eat and shop.
- Meet people at times that are convenient for their schedules.
- Know the travel habits of your target audience.
- Choose high traffic areas for events and material placement.
- Use health promotion/screening events, walks and runs that focus on health factors (diabetes, high blood pressure) that have a high correlation with your target audience.
- Identify manufacturing companies or industries (carmakers, shipyards, railroads, airlines, utilities, hospitals, etc.) for presentations and recruiting volunteers.
- Identify intergenerational locations like daycare, elementary, middle and high schools and after care programs.
- Focus on culturally specific venues like beauty shops, barber shops, restaurants, community travel agencies and ethnic grocery stores.

- Target traditional locations like places of worship, community centers, senior centers, libraries, nutrition sites, public housing facilities, hospitals, clinics, adult daycare centers, pharmacies, physicians' offices and retirement communities.
- Target high traffic caregiver venues like department of motor vehicles and other government offices, credit unions, movie theatres, pharmacies, dry cleaners, video stores, shopping malls, grocery stores, day spas, diet and exercise centers and support group meetings, post offices, banks and restaurants.
- Have experts at your events, like SHIP counselors, to assist with counseling and enrollment.

### **Props**

- Use props that are recognizable, hold significance, value and significance to your target audience.
- Use color, print size, language and images to attract attention on ads, banners, buttons, brochures, business cards, flyers, magnets, pencils, pens, posters, rolodex cards, stickers, pill boxes, etc.
- Put pamphlets and "give-aways" into the hands of people who will maximize their distribution and circulation, like home delivered meals drivers and utility companies.
- Have case studies and real people illustrate the value and benefit of the Medicare Rx Drug program benefits during presentations.
- Use data to tell a story or illustrate important points.
- Develop resource libraries that are portable and travel to communities.

### **Pathways**

- Pathways are communication vehicles that are proven to have significant value and use by the target audience.
- Traditional pathways are television, radio and print media.
- New pathways for "moving a message" can be the internet, e-mail, mass transit advertisements, mobile health screening vans, discussion/support groups, billboards and movie theatre public service announcement spots.
- Remember that people can be considered pathways for their ability to move through communities and act as trusted communication vehicles.
- Utility companies can be gatekeepers and pathways and have traditionally disseminated brochures and included inserts and stuffers in billings.
- Explore the use of community-based media outlets (minority newspapers, radio, cable television programs, etc.)
- Look for ways to find trusted pathways. Religious broadcasts and Native American Pow Wows use public services announcements as a way of communicating news.
- Contact national associations of minority physicians, nurses, media professionals, and attorneys to set up booths and make presentations at meetings and conferences.

Work with your local Chamber of Commerce to reach small businesses to offer educational workshops.



## Tip Sheet #4

### Outreach Tips for Special Populations

#### Value Diversity

- Take the time to find out what the cultural makeup of a community.
- Recognize that secondary audiences (caregivers, nurses, home health aides, home delivered meal staff, peers, adult children, grandchildren) play an important role in delivering new information and influencing decisions.
- Express interest in learning and incorporating new culturally appropriate ideas.
- Recognize that diversity exists within different cultures.

#### Motivate Beneficiaries

- Encourage beneficiaries to take a look at the options.
- Stress the benefits of the program rather than the requirements.
- Emphasize that programs can help beneficiaries with financial independence.
- Stress the "limited time offer" as an opportunity to enroll and save.
- Reassure beneficiaries that one-on-one help with understanding options is available through the SHIP program.
- Create early awareness and interest in the 2006 Medicare Part D benefit.

#### Enhance Multilingual Access

- Provide native speaking staff as translators and cultural interpreters.
- Provide multilingual signs, reading material and photographs in public places.
- Have native speakers approve written materials before distributing them in other languages.
- Involve consumers, family and advocates in designing and implementing solutions for improved linguistic access.
- Learn a few greeting phrases in the beneficiary's language.
- Emphasize demonstrations, visual learning and use real props.
- Obtain in-put from non-English speaking communities.
- Tips for Using Interpreter Services:
  - Use qualified interpreters who have passed qualification programs.
  - Meet with interpreters in advance to assess services.

Avoid using children as interpreters. Children may not have the knowledge and vocabulary to translate complex insurance language and concepts.

Be aware of confidentiality needs and use of interpreters.

- Tips for speaking through Interpreters:
  - Speak to the beneficiary, not the interpreter.
  - Maintain eye contact with the beneficiary.
  - Allow for time for internal translation in audience groups.
  - Speak slowly, carefully and simply in English when working with a translator.
  - Repeat key words, phrases and points often.

### **Increase Literacy**

- Low literacy can be the result of limited early education, physical impairment and second language factors.
- Communicate with simple, clear, concise, and direct messages.
- Avoid using acronyms, health insurance jargon and medical terminology.
- Outline the assignments for beneficiaries in "step by step" approaches.
- Recognize the value, importance and appeal of visual learning.
- Avoid placing primary focus on written materials, handouts and brochures.
- Include images that are respected, recognized and culturally appropriate.
- Use interesting text to inspire the reader to take notice of your materials.
- Produce a simplified glossary of terms for clear and accurate communication.

### **Design Effective Print Materials**

- Use basic language with short sentences.
- Follow the rules for newspaper articles and communicate "who, what, why, when, where and how".
- Use color to catch the eye and help those with declining vision. Use black on light background and additional color for accent.
- Print should be large and easy to read. Use easy to read fonts like Times, Garamond, Arial or Veranda. Use no more than two typefaces and 14-point font size.
- Align your text to the left (ragged right) for easy reading.



## Tip Sheet #5

### Design an Outreach Activity Plan

#### Determine Activities

- Create an action plan based on getting the facts about your target audience; identifying key people, places, props and pathways; understanding the needs of special populations.
- Make sure there is an infrastructure in place to follow through on outreach.
- Keep your ideas and activities simple.
- Promote your plan.
- Document and evaluate your success.

#### Create A Timeline

- Schedule your events to maximize attendance of your target audience.
- Be aware of cultural traditions and special community events.
- Plan your activities in accordance to Medicare application and enrollment deadlines.
- Make time to evaluate your efforts.

#### Coordinate with Partners

- Share the workload with key partners.
- Maximize opportunities for cross training of staff and volunteers.
- Share staff and volunteers.
- Share training materials and updates.
- Recruit volunteers through joint efforts.
- Host joint community education and media events.
- Share the cost of promotional events and materials.
- Share tools for evaluation.

#### Coordinate and Involve Your State and Local SHIP Program

- Involve SHIP counselors in your outreach activities.
- Ask about opportunities for SHIP training.
- Ensure SHIP presence at outreach events for more detailed one-on-one counseling and enrollment support.
- Remember that SHIPs provide a broad range of services for assisting beneficiaries with health insurance information, counseling and decision support.
- Establish networks for identifying potential volunteers for the SHIP.



## Tip Sheet #6

### Evaluate Your Efforts and Measure Your Success

#### Assess Outreach Activities

- Assess your outreach activities while they are in progress by gauging your ability to provide access to information, customer service, simple messages, follow-up, customized one-on-one support for complex questions and enrollment.
- Evaluate your channels for message delivery and the outreach event's intended effect.
- Get input from your partners on the effectiveness of program planning, development and implementation.
- Evaluate how well you are reaching your target audience.

#### Document Activities and Events

- Count I&R call volume, number of outreach events and educational forums, information and applications distributed.
- Determine the number of beneficiaries reached with your message, through I&R call volume, brochures distributed, one-on-one discussions.
- Determine the number of beneficiaries enrolled in the discount card and transitional assistance credit.
- Share best practice examples of aging network state and local implementation (i.e., Medicare Rx Drug Card benefit program training, promotion, technical assistance, coalition development, website design, telephone hold messages used, data collection, etc.) through web-based collection portals designed for the aging network on [www.medicarerxoutreach.com](http://www.medicarerxoutreach.com).
- Collect anecdotal information from satisfied beneficiaries.

#### Determine Customer Satisfaction

- Use simple forms, postcards and I&R follow-up to get consumer input on the value of your outreach activities.
- Follow-up to determine if enrollment was accomplished.
- Ask beneficiaries for their ideas to improve your outreach activities.