

**Washington Health Alliance  
Consumer Education Committee Meeting  
May 20, 2021**

**SUMMARY NOTES**

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| <b>Location:</b>                            | Remote                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Committee Members in Attendance:</b>     | Sondra Earley, Earley Insurance Solutions<br>Michelle George, <i>Washington State Health Care Authority</i><br>Michael Garrett, <i>Mercer</i><br>Sarah Greene, <i>Strategy Consultant and Advisor, Committee Chair</i><br>Andrew Radolf, <i>Retired, UNESCO</i><br>Dayna Weatherley, <i>Proliance Surgeons</i>                                                                |
| <b>Committee Members Not in Attendance:</b> | Gloria Brigham, <i>Washington State Nurses Association</i><br>Van Chaudhari, <i>University of Washington</i><br>Nancy Kokenge, <i>Gallagher Benefit Services</i><br>Carolyn Martin, <i>National Libraries of Medicine</i><br>Matt Munson, <i>King County</i><br>Milana McLead, <i>Washington State Medical Association</i><br>Sherry Reynolds, <i>Consumer Representative</i> |
| <b>Guests/Staff:</b>                        | Megan Aukema, <i>Aukema and Associates</i><br>Leslie Bennett, <i>Washington Health Alliance</i><br>Girma Demissie, <i>Washington Health Alliance</i><br>Karen Johnson, <i>Washington Health Alliance</i><br>Theresa Tamura, <i>Washington Health Alliance</i>                                                                                                                 |

Sarah welcomed members and asked for any changes or additions to the minutes from the March meeting, none were offered and the minutes were accepted. She reviewed our last meeting with guest Kelly Bantle from Northwest Health Communicators. We discussed that even though we call ourselves the Consumer Education Committee, reaching consumers is a challenge. It is clear that even though we are called the Consumer Education Committee, reaching consumers means reaching them through a conduit, like a broker, a purchaser, an open enrollment event. And so it really means a re-calibration or an opportunity for us to discuss this idea about how we educate consumers via these vehicles that we have like Own Your Health.

As much as it's an attractive idea to hit the streets with the message "Hey, consumers, get involved in your health care," that isn't going to happen. With that as a backdrop, we reviewed the ideas raised in our last meeting:

- Target audiences include purchasers, brokers, HR managers, health & wellness, chief financial officers, chief medical officers

- Providing support opportunities for navigating the Community Checkup website, either webinar or open house forum
- CCU video
- Button on CCU for questions and feedback
- Making communication relevant to target audience
- Using different modalities that are audience-specific
- Open enrollment guide
- Vertical navigators
- Individual plan holders through brokers, particularly during open enrollment
- Nonprofit, health policy, and advocacy organizations
- Washington state health care advocacy association
- Reach out to spiritual populations, case management, and health advocacy organizations
- Marketing campaign

We reviewed progress made on some of these ideas:

1. We are looking at holding a Community Checkup (CCU) website webinar to help people learn how to navigate the website better. First we needed to make some updates and remove some outdated information from the website and those are in process.
2. For the Community Checkup video, we have a videographer and a script, thanks to Andrew for his review of that. We have budget approval and are waiting for all of the changes to the Community Checkup website so we can use the most current version before we move forward.
3. As part of the Community Checkup revisions, we are looking into opportunities for questions and feedback.
4. For making communication relevant to target audience and using different modalities that are audience specific, we are looking at guidance for purchasers starting with the Quality Composite Score.
5. Following up on contacting Washington State Health Care Advocacy Association (HealthAdvocateX) and Washington Case Management Association) and HealthAdvocateX's board is going to consider our materials.

We discussed the CCU website webinar being open to all members rather than geared to a particular group, such as purchasers. We have 1,200 member contacts and 800 non-member supporters. In terms of other organizations, the Washington Health Benefit Alliance manages the Washington Health Plan Finder and might there be a partnership opportunity between the Alliance and the Exchange, as it relates to quality and making choices of plans?

That suggestion cross-walks between possibilities for increased revenue outside of membership and using convenings to give groups the opportunity to reach consumers and have an opportunity for feedback. Certainly that is a possibility for Board member Pam MacEwan who runs the Health Benefit Exchange. The Alliance has a very active relationship with the Benefit Exchange in addition to Pam being on our board. They put their carriers through a rigorous quality review process and we have a meeting to talk about evolving their quality requirements coming up as there are some untapped opportunities to translate the quality of their carriers in a way their enrollees can understand. A review of the

Exchange website has a customer resources pages, but it doesn't have anything about choosing a provider or consumer education topics. There is an opportunity there.

We discussed how looking at these issues through a diversity, equity, and inclusion lens, it would be helpful to think about:

- making the webinar disability-inclusive, so having closed-captioning and making a transcript available afterwards
- how can we accommodate participants with limited English proficiency?
- is there outreach that we want to do so we get a full spectrum of folks participating?
- how can we make it accessible to people with vision impairment and vision loss?

And in terms of the website itself:

- what is the reading grade level for the website content?
- how is it for readability or health literacy?
- are the images on the website reflective of Black, Indigenous, and People of Color, LGBTQ families, people with visible disabilities like wheelchair users?

If we want this to be inclusive, then having an eye not only to the event, but also to the website. In terms of content for OYH, our more recent articles were drafted with grade level in mind, but it would be a good idea to do a sweep of everything to lower the grade level. Some of the topics are really hard to get down to the right level. There is more that we could do on that. Certainly the imagery has been updated, but we could diversity representation. We can do an audit for ADA compliance and decide if we would need to do a more comprehensive revision of the site.

If we went through and took a look as to what is and isn't accessible is important. And there may be some improvements that would be good to do. Particularly in light of the recent attacks on Asian people, it would be good to have Asian American representation in images is important. And having LGBTQ families, as well.

The growing anti-trans health care legislation across the country is frightening. The Trevor Project just came out with a study that shows 50% of trans youth have contemplated suicide in the last year. There is interest by some clients who are asking to change health care benefits for trans individuals.

In terms of the Community Checkup website, it's more related to data, while the Own Your Health website is more geared to individuals. It is good to raise the question of accessibility for the Community Checkup website and look at what it would mean to improve it. If we are going to provide this resource, is it really available to everyone and what do we need to do to make it available to everybody?

This is part of a much broader discussion than a webinar. How do we infuse all of that thinking regarding representation and accessibility as the Alliance moves forward in that work? Rather than an afterthought, it would be best for it to be part of what we think about that as we do our work.

For example, would the Alliance consider coming out on all of the anti-trans legislation, make bold statements around that or other issues? Some members expressed support for the Alliance to take a stand. Typically, the Alliance doesn't weigh in on political issues, given our membership, but in our last Member Update we raised the issue of disparity and equity in the context of the events of the last year. Generally, it is the Board that would make decisions relative to weighing in on specific legislation and it is something as a 501(c)(3) that we need to be careful about. There are times when it would be

appropriate for the Alliance to weigh in on those issues. We should have a policy on when that happens. There are differences between lobbying restrictions and issuing a statement. It is worth discussing how the Alliance can reiterate the values of the Alliance and any targeted population and the Alliance taking the position that “we support health care for all, regardless of gender, race, ethnicity, sexual orientation, gender identify, socioeconomic status.”

Earlier this year we drafted a letter with Alliance purchasers to submit to the state supporting better primary care, outlining what we thought was important to make improvements. The question is can we wade into those conversations with our members?

It is important for the Alliance to realize the importance of educating consumers about options, whether it be a flyer, enrollment kits, or on tv, to educate consumers about the outlets that are available. The Health Care Authority is working toward building diversity and inclusion not just into benefits, but communications. The HCA just hired an individual at the c-suite level to do that. The HCA has been working on bringing its website into compliance for the visually impaired and working on diversity and inclusion with transcription services and images on the website and will continue to work on those.

Might need different platforms to reach people, for example, an out-of-pocket expense might be an opportunity to reach some people. Access and language barriers are important to realize for certain populations, such as people with Medicaid utilizing emergency care.

It’s important for the Alliance to be out in front of diversity and inclusion and the board to come out with proactive statements. Having pictures alone comes off as disingenuous, a statement of support is important and communications can reflect the message. Let’s walk our talk. It’s important for messages to be aligned. What do they see on the Alliance’s websites and what do they hear and making sure they are aligned.

We discussed changes being implemented on the Community Checkup website and the purpose of adding a Need Help? button. That would be a place for visitors to get help with navigating the site. The questions and suggestions option would be to take feedback from the public. We reviewed the Community Checkup website for visuals.

We discussed the question of whether it would be appropriate to putting some vaccination-related content for Own Your Health and reviewed the current vaccination information on the website. Given the amount of COVID vaccine information, we wouldn’t want to recreate existing resources and the issue of vaccine hesitancy is a nuanced topic. There is a lot of good content, CDC, King County, it’s a good idea and already vetted language so we wouldn’t need to create original content. DOH also has good resources and they are partnering with HCA on making vaccines more accessible. Access is a big question and incentives. How do we get the word out about vaccines and re-opening? As the state is opening up and the weather is getting warmer, how do we get vaccines in front of people. Look at DOH and how we can support that. We can use resources that we know of to share information that’s already out there.

The New York Times had an interactive feature modeling an interaction with a person who is vaccine hesitant. By plugging and playing, it helps in framing the issue and persuasion. Another creative option could be to reach out to members and highlight what they’re doing. The newsletter could have an article about giveaways and contests. COVID is not the only vaccine that we need to pay attention to, a lot of

people are not up to date with their vaccines because of all of the telehealth visits. There is support for creating vaccine-related content, something like 10 reasons why vaccines matter, given where we are now.

We reviewed the Own Your Health website analytics:

- looking at the last 5 years;
- specific details on the last year with a 86% bounce rate;
- behavior over the last year with most popular pages, average time on page;
- behavior on the site;
- visitor source; and
- visitor locations.

We don't know where visitors go after they drop off. Our visits to the website are counted, but there are ways that you can have URLs identified so they are not counted. Social media is an important component of the website and its reach. The numbers show that we are reaching Washingtonians and there's more that we can do.

In closing, we previewed the ABIM Foundation's recognition of the Alliance in its Building Trust initiative and the Primary Care webinar co-sponsored with the Health Care Authority on June 1<sup>st</sup>. Primary care is a very important issue and the National Academy of Medicine is also doing a lot to reinforce the importance of primary care.

To dos—develop vaccine content for Own Your Health, website accessibility questions, and raising the issue of health-related statements with the board.

