

**NATIONAL MEDICARE & YOU EDUCATION PROGRAM  
CASE STUDY SITES ASSESSMENT:  
MEDIA MONITORING ANALYSIS**

**FINAL REPORT**

**Executive Summary**

**Overview/Background/Purpose/Scope of NMEP:**

**In August of 1997, the Balanced Budget Act mandated significant changes to the Medicare system. Recognizing a need to clarify these changes and better inform the public about Medicare policies and procedures, the agency now known as the Centers for Medicare & Medicaid Services (CMS) created the National Medicare Education Program (or NMEP, subsequently renamed the National Medicare & You Education Program) in 1998.**

**CMS piloted the NMEP in five pilot states – Oregon, Washington, Arizona, Florida and Ohio – and in one non-pilot state, Massachusetts. Since 1998, CMS has tracked NMEP activities through case studies of six communities in those states. Those communities include Dayton, Ohio; Tucson, Arizona; Olympia, Washington; Eugene, Oregon; Springfield, Massachusetts; and Sarasota, Florida.**

**In each of these six study sites, CMS assessed the performance of several NMEP information channels in order to fine-tune communication methods and improve their quality. The channels studied included beneficiary print materials, the *Medicare & You* handbook, the *1-800 Medicare* telephone hotline, the *Medicare.gov* Web site, the National Alliance Network, enhanced State Health Insurance Program (SHIP) counseling programs, the Regional Education About Choices in Healthcare (REACH) campaign, plus national training and support programs.**

**Using a combination of qualitative and quantitative research methods that included telephone interviews, media monitoring and evaluation, site visits to study communities, and a telephone community survey of people with Medicare, the study team set out to accomplish the following research objectives:**

- To gain an understanding of local factors affecting Medicare communication within each of the six communities;**
- To identify key Medicare information intermediaries, their channels of communication, and their perceptions of Medicare;**



- To assess perceptions and experiences of people with Medicare, their information needs and issues of concern, and their patterns of information-seeking; and
- To assess intermediaries' and individuals' with Medicare responses to CMS's national media campaign.

The study team conducted NMEP Community Monitoring Surveys in the case study sites in October 1998, January/February 1999, January/February 2000, January/February 2001 and January/February 2002. By tracking the evolution of NMEP in the six communities, the team identified best practices that could be used in other geographical areas.

A Project Summary Final Report consolidating findings for the NMEP Assessment of Case Study Communities conducted by Ketchum Public Relations and its subcontractors (BearingPoint; Westat; Market Resources International; and Magna Systems, Inc.) during the project's duration will be delivered to CMS. In turn, CMS will continue to monitor the case study sites over time.

#### **Overview/Background/Purpose/Scope of Media Analysis:**

Monitoring and analysis of media coverage played an important role in the NMEP research. Ketchum monitored and analyzed media in order to provide background data about the flow of information in the six target markets.

While the duration of the NMEP research project is five years, Ketchum monitored and categorized all media in the six markets during two recent three-month periods known as Year One and Year Two (October 1, 2001 through December 31, 2001 and October 15, 2002 through January 15, 2003). Ketchum's monitoring encompassed both paid and earned media in local print outlets (daily, weekly and monthly) and broadcast/electronic outlets (television and radio). After collecting the coverage, Ketchum assessed its content and effectiveness.

Complete media monitoring findings from Year Two are reported in this Media Monitoring Final Report, which occasionally references findings from Year One media monitoring, as well. (Note that tables and charts in this document reflect the results of Year Two's analysis, except where indicated).

Media monitoring results will later be fed into the Project Summary Final Report, which will be submitted to CMS by the comprehensive study team. This Final Report will include findings from both the survey and site visits, and will ultimately provide a picture of how well the NMEP is meeting its goals of educating the Medicare population. If media are determined by the site visits or the surveys to be primary information sources for any of the audiences, then this report will reflect how Medicare information has been positioned and covered in the media in each of these markets.



**The purpose of this document is to provide a summary and analysis of the media coverage collected during the afore-mentioned time periods in each of the six sites as well as recommendations for future outreach efforts.**

### **Research Questions:**

**As Ketchum monitored media and as BearingPoint and Westat studied the sample sites, we endeavored to answer the following questions:**

- **How effectively is the media disseminating Medicare information?**
- **Does the exposure to campaign messages increase awareness and favorable attitudes among target audiences?**
- **In which sites were the best examples of local media information on Medicare given? Why?**
- **Was there a particular article or broadcast piece that seemed to be most effective?**
- **What effect does the diversity and unique characteristics of each of the six study sites have on the Medicare information dissemination process in those respective sites?**
- **Do perceptions of Medicare vary from site to site depending upon economic characteristics, population demographics, etc.?**
- **Was there a prevalence of negative Medicare publicity in some sites? Did it primarily come from one source? What issues did it involve? Why?**
- **Are people with Medicare getting information useful in helping them make decisions regarding choosing a health plan, provider, or nursing home?**
- **Do people with Medicare recognize the different ways in which they can access information to help answer their questions?**
- **Are media helping raise awareness of Medicare among people with Medicare or just give them information for a specific topic?**
- **Which placement tactics worked best and least in which locations? Why?**
- **Which messages are consistently appearing in the media and which are not?**

### **Methodology:**

**The Ketchum team monitored and evaluated media messages across the six case study sites, concentrating on the quality and quantity of Medicare coverage as well as the messages to which Medicare residents in the six case study sites were exposed.**

***Monitoring methods.* For data collection, the team relied upon video monitoring services and Burrelle's Clipping Service to conduct daily monitoring of local television and radio stations and newspapers within the six markets between October 1, 2001 and December 31, 2001 and October 15, 2002 and January 15, 2003. We augmented our collection by conducting searches of newspapers' Web sites. (See Appendix A, Figure 2 for a full list of media monitored).**



***Analysis Methods.*** Ketchum developed quantitative and qualitative methods for data analysis, aiming to provide an accurate snapshot of coverage in the six sites. Whenever an information type covered Medicare or health issues relating to seniors, that article, television or radio segment, or advertisement was then analyzed, categorized and captured in a comprehensive database. Each entry was categorized for type of information, tone, messages, sources, resources and subject content. In each category, entries were classified on a micro level. For example, information types were categorized by print, television and radio subcategories and were assigned a monitoring code. (See Appendix A, Figure 1 for a complete listing of monitoring indicators.)

Ketchum fractured its data in a variety of ways, analyzing the overall findings (outlets, tone, messages, sources, resources, topics) across all markets, as well as the results in each individual market.

#### **Key Findings and Trends Identified Across Sites/Markets:**

Ketchum collected and analyzed a total of 577 clips. Generally, Medicare was a sub-topic in most media coverage, used to illustrate larger health-related news stories. Very few media stories served as quality sources of straight Medicare information. That is, very little coverage included Medicare information, messages and resources.

Our key findings are as follows:

##### ***Situational, Issues-Based Coverage.***

Most earned media stories in the six markets were situational, reporting on a specific news topic that happened to relate to Medicare. Only 59 stories (10%) presented resource-rich Medicare information or in-depth options to readers.

##### ***Medicare Messaging Absent in Most Coverage.***

Less than ten percent (8%) of coverage repeated the Medicare messages that were identified for monitoring purposes. Instead, most coverage contained only passing references to Medicare topics. When messages were present, the ones most frequently used were those developed for the Nursing Home Quality Initiative (NHQI) launch: *Medicare is committed to improving quality of care in nursing homes* and *Medicare will help you narrow your choices of nursing homes*. *Medicare will help you help yourself* was used in several stories about the NHQI and about anti-smoking pilots. *The Medicare program offers preventive services* was used frequently in the context of flu shots.

##### ***Medicare Resources Absent in Most Coverage.***

Similarly, less than ten percent (7%) of coverage cited Medicare resources, and when these resources were present, they appeared mostly in paid advertisements, or in stories about Medicare campaigns. The ones most frequently referenced were *medicare.gov* and *1-800 Medicare*. *Nursing Home Compare* was mentioned four



times and *health fairs* were mentioned once. No other resources were cited in the collective coverage.

***Media Are Not Raising Awareness of Everything Medicare Has to Offer.***

Exposure to useful and positive Medicare information is quite limited among people with Medicare. With media coverage seldom citing CMS tools, outlets are not helping consumers make decisions about health care providers or nursing homes.

***Majority Print and TV-Based Coverage.***

Ninety percent of all media coverage in the six markets appeared on major television networks (52%) or in daily newspapers (37%). Less frequently used information types included smaller local papers, online sources and radio.

***Negative Stories Versus Positive.***

Negative stories outweighed positive stories across all markets, 44% to 26%. Neutral and informational coverage accounted for the remaining portion of coverage. The negative tone of much earned media coverage stemmed from an abundance of election-related coverage where candidates criticized the healthcare status quo. However it is worth noting that 30% of coverage was neutral or balanced, which CMS might consider a success since neutral stories are better than negative ones.

***Medicare Initiatives Garnered the Best Coverage.***

The NHQI launch garnered respectable coverage in most markets. The news was covered in five of the six markets (all except Dayton), and in four of those markets (Tucson, Sarasota, Eugene and Olympia), it was a top five story. As noted in the body of this report, this targeted CMS initiative fostered the best, most quality earned media coverage across the six markets – that is, coverage that communicated key Medicare messaging and resources. Other message-rich stories included announcements about Medicare stop-smoking pilots.

***More Coverage in Year Two, but Similar Trends.***

In Year Two, we collected 577 media hits from the six sites, more than three times as many as in Year One (158). The discrepancy is due to the wider search terms used in this year's collection process, and to the fact that CMS launched concentrated Medicare campaigns this year. However, in spite of the difference in volume, major television networks and daily newspapers remained the most popular information types from Year One to Year Two, and the ratio of negative to positive coverage also held steady (around 44% negative to 25% positive). Like last year, most coverage did not cite a Medicare resource; and this year, even less Medicare messaging penetrated coverage.

***State Legislators Quoted and Attributed Most Often;  
CMS Not a Source in Most Coverage.***

Due to the abundance of election coverage, state legislators were the most commonly quoted or attributed sources in Year Two media coverage. Other national advocacy groups followed, such as the National Association for the Advancement of Colored



**People (NAACP), The National Academy of Sciences and the Kaiser Family Foundation. No source was attributed in 14% of the total coverage.**

**The Federal Government, CMS and Medicare were attributed sources in 10% of the coverage, 6% and 3% respectively. However, CMS was not a looked-to source in the majority of Medicare-related coverage. Rather, most occurrences of CMS quotes and attribution were in stories related to the organization's own initiatives and announcements.**



## Conclusions:

Based on our research questions and media analysis findings, Ketchum draws the following conclusions:

- **The earned media in these six markets are not effective resources for disseminating Medicare information. The coverage collected in our study did not frequently cite Medicare messaging or resources, or provide quality information about health care choices for people with Medicare.**
- **The Olympia and Sarasota markets included the best -- while limited -- examples of *local* media information on Medicare. The Olympia market featured an article on open enrollment that included quality information for local people with Medicare. Sarasota featured another example of local Medicare information – a story on local health plan options ran three times on a non-major TV network.**
- **CMS media outreach surrounding the launch of the NHQI worked well in five out of six markets (all except Dayton). In four of those markets (Tucson, Sarasota, Eugene and Olympia), it was a top five story. What made the NHQI coverage particularly effective was its consistent incorporation of key messaging and resources.**
- **In all six markets, the most effective media coverage originated from CMS sources. For example, media considered the NHQI launch newsworthy enough to cover. In addition, a handful of clips mentioned Medicare stop smoking pilots or the results of CMS studies that showed the rising cost of healthcare. Otherwise, very few placement efforts won quality earned media placements that cited Medicare resources and messages. Ketchum concludes that media in the six markets were inclined to cover “news” versus features or analyses. Therefore, CMS was successful when it executed proactive media tactics that positioned its initiatives as “news.”**
- **The Olympia and Eugene markets had the highest percentage of negative media. Negative print and broadcast stories that dominated the Olympia market included a story about the closure of a Seattle nursing home, local and national instances of fraud and abuse, and articles about state cuts to Medicare. In Eugene, negative angles included the rising cost of healthcare, state budget cuts to Medicare and a rape that occurred in a local nursing home. Most markets featured an abundance of election-related coverage. Because much of this coverage explored candidates’ criticism of prescription drug benefits, coverage tended to skew negative overall.**
- **Because Medicare resources only appeared in paid advertisements, or in media stories that originated from a CMS campaign (e.g., the NHQI launch), Ketchum concludes that media were not citing Medicare resources on their own volition.**



**In fact over 90% of the time, readers, viewers and listeners in these markets were not exposed to useful information to help them make important healthcare decisions.**

- **For the most part, media did not report on items that would increase awareness of Medicare issues among people with Medicare. Instead, media supplied information on specific news items that happened to relate to Medicare.**

### **Recommendations and Improvements:**

**Based on media coverage in the six case study sites, Ketchum recommends that CMS exercise the following tactics moving forward:**

***Continue to develop and launch Medicare/CMS initiatives and build local media outreach strategies around them.*** CMS should continue to create and pitch its own news hooks in order to increase its chances of positive media coverage. In particular, regional CMS public affairs officers should work to link national initiatives to local issues facing a particular market.

***Position CMS spokespersons as “go-to” media sources on a local/regional level.*** CMS/Medicare spokespersons were seldom quoted in coverage across the six markets, and it is probable that the reporters covering senior health issues do not know that CMS has experts available for comment. Local and regional public affairs officers can insert CMS into larger media stories simply by educating reporters and editors, encouraging them to consider specific CMS spokespeople their go-to resources on Medicare-related subjects.

***Educate and build relationships with state and local legislative staff members.*** Similarly, CMS should arrange briefings with the third parties quoted most often in stories about Medicare – state and local legislators. By educating legislative staff members and other influencers on positive Medicare initiatives, and by arming them with Medicare resources, these individuals may be more likely to repeat positive messaging or refer reporters to CMS spokespeople when they are conducting interviews.

***Encourage all national, state, local and regional CMS offices – as well as partners – to publicize Medicare resources.*** Medicare resources were very seldom cited in media coverage across the six markets. Moving forward, CMS must insist that all press materials include information on *medicare.gov* and/or *1-800 Medicare*.

***Concentrate earned media outreach on specific issues-oriented information rather than general Medicare information.*** Since issues stories tend to be the most popular, by trying to play into these issues, CMS will be able to get its messages into these often negative stories and perhaps even change the tone of the overall story.



***Leverage the best channels for Medicare stories and messages. Our analysis identified television and print outlets as carrying the bulk of Medicare related news. Considering the media habits of senior populations, CMS should continue to concentrate its efforts on major TV networks and daily newspapers.***

***Increase paid media outreach in each market. There is no question that earned media makes a more credible impact on readers, viewers and listeners. However because Medicare did not receive optimal earned media placements in these six markets, and because earned media is never a guarantee, Ketchum recommends that CMS increase its use of paid media in the six cities. This offers a controlled means of disseminating (and repeating) Medicare's best messages and resources.***

**Improvements:**

**This year's expanded search terms offered us a better coverage sample to analyze. In addition, focusing in-depth on topics and issues versus the "quality" of news (from Year One) makes our analysis much more valuable.**

**In future monitoring analyses, the monitoring team needs all CMS planned and final media buy schedules – including local advertising plans. The Central Office and Regional Offices should provide details of all outreach surrounding important local Site and/or State Medicare initiatives to the Contractor.**